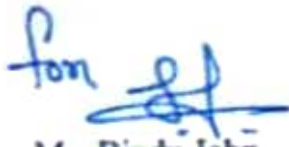


Certificate

This is to certify that the project report entitled, "Relationship between attachment style and rumination in intimate relationships in married couples", is a bonafide record submitted by Ms. Aida Sony Percy, Reg.no. SB21PSY002, in partial fulfilment of the requirements for the award of the Degree of Bachelor of Science in Psychology during the academic year 2021-2024.



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**Relationship between Attachment Style and Rumination in Intimate Relationships
among Married couples**

Dissertation submitted in partial fulfillment of the requirements for the award of
Bachelor of Science in Psychology

By:

Aida Sony Percy

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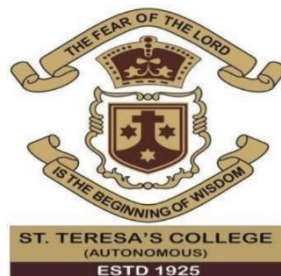
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ST. TERESA'S COLLEGE (AUTONOMOUS), ERNAKULAM

Nationally Re-accredited at 'A++' level (4th cycle)

Affiliated to: Mahatma Gandhi University

MARCH 2024

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Declaration

I, Aida Sony Percy, hereby declare that the study presented in the dissertation entitled, “Relationship between attachment style and rumination in intimate relationships in married couples”, which is submitted to the Department of Psychology, St. Teresa’s College, Ernakulam is a bonafide record of the research work carried out by me, under the supervision and guidance of Ms. Anjitha Venugopal, Assistant Professor of the Department of Psychology, St. Teresa’s College, Ernakulam, in partial fulfilment of the requirements for the degree of Bachelor of Science in Psychology and has not previously formed the basis for the award of any degree, diploma, fellowship, title or recognition before.

Place: Ernakulam

Aida Sony Percy

Date:

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Thanking you

Aida Sony Percy

Table of Contents

Abstract.....	
Chapter I: Introduction.....	10
Rumination.....	12
Theories of Rumination.....	13
Types of Rumination.....	13
Factors of Rumination.....	14
Attachment Styles.....	14
Theories of Attachment Styles	15
Types of Attachment Styles.....	16
Factors of Attachment Styles.....	18
Statement of the Problem.....	20
Rationale of the Study.....	20
Chapter II: Review of literature.....	21
Chapter III: Methodology.....	28
Aim.....	28
Objectives.....	28
Hypothesis.....	28
Operational Definition.....	28
Research Design.....	28
Sample.....	29
Sampling Design.....	29
Inclusion Criteria.....	29
Exclusion Criteria.....	29

Tools	29
Procedure.....	31
Statistical Analysis.....	31
Chapter IV: Results and Discussion.....	33
Chapter V: Conclusion.....	38
Findings.....	38
Limitations.....	38
Implications.....	39
References.....	40
Appendices.....	45
Appendix A.....	45
Appendix B.....	46
Appendix C.....	47
Appendix D.....	49

List of Tables

Table 1: Summary of Kolmogorov-Smirnov test of Normality of Rumination, Anxious Attachment styles, and Avoidant Attachment Styles.....	31
Table 2: Mean and standard deviation Rumination, Anxious Attachment Style, and Avoidant Attachment Style.....	33
Table 3: The Spearman Rank Correlation between Anxious Attachment Style and Rumination	34
Table 4: The Spearman Rank Correlation between Avoidant Attachment Style and Rumination	35
Table 5: The result of the Mann-Whitney U test comparing the gender difference in Rumination levels	36

Abstract

The current study investigates the relationship between attachment styles and rumination in intimate relationships among married couples. The sample consists of 150 Indian adults. The data was collected using the Ruminative Responses Scale and The Experiences in Close Relationships-Revised. Rumination is a passive, self-focused, and negatively oriented way of responding to stress. Attachment can be defined as a “lasting psychological connectedness between human beings”. Spearman’s correlation and Mann-Whitney tests were used for data analysis. The results revealed that there is a weak positive correlation between avoidant attachment style and rumination among married couples. Females tend to ruminate more than males. It was also found that there is no significant correlation between anxious attachment style and rumination among married couples.

Keywords: *Rumination, Anxious Attachment Style, Avoidant Attachment Style, Intimate relationship*

CHAPTER I

INTRODUCTION

I have neither the scholar's melancholy, which is emulation; nor the musician's, which is fantastical; nor the courtier's, which is proud; nor the soldier's which is ambitious; nor the lawyer's, which is politic; nor the lady's, which is nice; nor the lover's, which is all these: but it is a melancholy of mine own, compounded of many simples, extracted from many objects, and indeed the sundry contemplation of my travels, which, by often Ruminat[i]on, wraps me in a most humorous sadness.

-William Shakespeare

Rumination is a passive, self-focused, and negatively oriented way of responding to stress. It involves repetitive and persistent thinking about one's feelings and problems, often with negative psychological consequences (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008; Treynor, Gonzalez, & Nolen-Hoeksema, 2003). Repetitive thinking that is focused on negative self-related content appears to be the key deleterious component of Rumination (Mor & Winquist, 2002; Nolen-Hoeksema et al., 2008). Evidence from experimental and prospective studies suggests that an individual's tendency to ruminate about life stressors impairs psychological adjustment and exacerbates depressive symptoms in individuals (Morrow & Nolen-Hoeksema, 1990; Robinson & Alloy, 2003) and in couples (Puterman, DeLongis, & Pomaki, 2010).

Rumination is one of the most dysfunctional cognitive strategies in which to engage, whereas withdrawal is one of the most dysfunctional behavioral responses. A highly detrimental pattern of marital interaction can erupt whereby one spouse ruminates and the other withdraws, contributing to a vicious cycle of maladaptive responding (DeLongis et al., 2010).

Bowlby (1978) described human attachment as having an evolutionary basis. By maintaining proximity to an adult caregiver during early childhood, a period of physical

vulnerability, survival was more likely. Psychologically, attachment is hypothesized to play a significant role in the child's sense of security (Cummings & Davies, 1996). Based upon direct observation of responses to brief separations and reunification among young children and their mothers, Ainsworth (Ainsworth, Blehar, Walters, & Wall, 1982) described three Attachment Styles: secure, Avoidant, and Anxious-ambivalent. Securely attached adults are comfortable with dependence on a partner while maintaining a unique identity and separate interests. Avoidant adults are uncomfortable with emotional closeness and dependence and have difficulty trusting their partner. Finally, the Anxious-ambivalent Attachment Style is dominated by fears of abandonment and a desire for intense closeness that may drive a romantic partner away (Hazan & Shaver, 1987).

Marriage is a long-term relationship that can be viewed through attachment theory. Attachment refers to the bond formed with primary caregivers in infancy and affects relationships throughout life (Ainsworth, 1969, Bowlby, 1977). The internal working model formed by attachment is the representation we have about the world around us and ourselves and provides a useful framework to understand the motivation or stimuli that affect our responses and emotions (Lawler-Row, Hyatt-Edwards, Wuensch, & Karremans, 2011). Attachment affects marriage at its foundation: the development of a relationship. Many studies have explored attachment as an explanatory factor in satisfaction with romantic relationships or marriage (Feeney, 1999, Kobak and Hazan, 1991, Meyers and Landsberger, 2002, Paley et al., 1999).

One of the most significant aspects of human relationships is marriage, which is accompanied by a close and intimate relationship between couples. A married person expects a new life full of happiness and satisfaction; hence, the success of a marriage or marital satisfaction is more important than marriage itself. A factor affecting marital satisfaction is the Anxious-insecure Attachment Style, which is characterized by extreme attachment.

People with Anxious-attachment have a persistent tendency to interact with people and focus solely on their wants. They are always Anxious, viewing a seemingly insignificant remark or wrong response as a serious issue or even a threat that might ruin their marriage. The other variable affecting marital satisfaction is avoidance-insecure Attachment Style. Individuals who possess this attachment type generally avoid or flee from situations rather than resolving issues, feeling Anxious, or making contact with others. In facing a problem, they do not talk about it and instinctively assume they do not need others, especially when alone.

Individuals in midlife experience several transitions and experiences that differ from those among younger adults and that are unique to their stage in the life course. Mid-life is the period where many parents raise adolescents and then help them grow into young adults. Midlife is also the time when individuals face personal issues, such as menopause, family-of-origin responsibilities of caring for disabled older parents, and death of parents (Umberson, 1995). Although research indicates that societal perceptions of the “midlife crisis” are greatly exaggerated (Wethington, 2000), many people in midlife experience a period of self-evaluation, reflection, and reorientation in their lives (Hermans & Oles, 1999).

Rumination

Rumination is a coping style characterized by an unproductive cognitive rehearsal of recent life events and internal experiences – particularly those involving social situations. Research in the past two decades has linked Rumination to anxiety and depression (Nolen-Hoeksema, 2012). Chronic Rumination is characterized by a person's endless thoughts while they are by themselves, reflecting on how exhausted or unmotivated they are and maybe their low mood is interfering with their everyday responsibilities. They keep thinking about all the things that could go wrong in their lives when they are in these situations. Rumination is different from emotionally focused coping strategies, such as reframing and seeking social

support, as in Rumination the individual focuses all his or her attention on the symptoms and consequences associated with those symptoms. Therefore, he or she does not find the opportunity to focus on repairing negative emotions (Lyubomirsky & Nolen-Hoeksema, 1995; Reese, Lepore, Handorf, & Haythornthwaite, 2017; Stanton, Danoff-Burg, Cameron, & Ellis, 1994)

Theories of Rumination

Response Style Theory. According to the response style theory (Nolen-Hoeksema 1991), Rumination is defined as a mode of thinking that involves repetitively and passively focusing on one's symptoms of depression as well as on the causes and consequences of those symptoms. The theory proposes that individuals have dispositional differences in the way they react to negative mood states and those who respond to a depressed mood by consistently engaging in Rumination tend to have more persistent and severe depressive episodes. In contrast, responses that serve to distract one from a depressed mood are posited to alleviate feelings of sadness. Although the original theory suggested that Rumination should predict the duration of depressed mood or depressive episodes, recent evidence suggests that Rumination also predicts new onsets of major depressive episodes (Just and Alloy 1997; Nolen-Hoeksema 2000; Nolen-Hoeksema et al. 1994).

Types of Rumination

Brooding. This type of Rumination is described as passive thinking about one's mood or current situation. Brooding is often associated with adolescents, but it can happen at any age. With brooding, the individual is often negatively looking at themselves and thinking about the things they have done wrong.

Reflection. Compared to brooding, reflection is different in that it is an intentional inward examination of why a person feels the way they do. Rumination is often used as a way

for individuals to grasp why things are and try to find a solution to their problems. Reflection is a cycle of thinking that is analytical and focuses on problem-solving, which is a healthier subtype. For example, if you have an outburst toward a loved one, reflection could involve asking yourself where the anger stemmed from and processing the situation to learn and grow from it.

Factors of Rumination

Coping styles: Individuals who rely on Avoidant or emotion-focused coping are more prone to ruminative thinking (Aldao et al, 2010)

Mindfulness: Low level of mindfulness, or the ability to focus on the present moment, make it harder to disengage from ruminative thoughts (Koster et al, 2010)

Cognitive schemas: Negative cognitive schemas, such as “I am worthless” or “the world is a dangerous place”, can fuel Rumination about negative thoughts. (Beck & Dozois, 2004)

Social support: Lack of social support or experiencing negative social interactions can increase Rumination. (Lepore et al, 2012)

Media exposure: Exposure to negative news or violent media content can contribute to ruminative thinking (Bushman & Jamieson, 1992)

Substance abuse: Alcohol and certain drugs can worsen Rumination by impairing cognitive function and emotional regulation. (Ramo et al, 2010)

Attachment Style

Attachment can be defined as a “lasting psychological connectedness between human beings” (Bowlby, 1969, P.194). Attachment Styles can be classified into two groups: secure and insecure. Insecure attachment includes scared, Avoidant, and Anxious attachment. Anxious and Avoidant Attachment Styles are the ones that the research examined. An

excessive need for independence, a fear of dependence and interpersonal connection, and a reluctance to reveal personal information are all characteristics of attachment avoidance. An excessive need for approval from others, a fear of interpersonal rejection or abandonment, and distress, when one's partner is unavailable or unresponsive, are all considered symptoms of attachment anxiety.

Theories of Attachment Styles

Attachment Theory (Bowlby). Attachment theory is a lifespan model of human development emphasizing the central role of caregivers (attachment figures) who provide a sense of safety and security. Attachment theory hypothesizes that early caregiver relationships establish social–emotional developmental foundations, but change remains possible across the lifespan due to interpersonal relationships during childhood, adolescence, and adulthood. The initial and perhaps most crucial emotional bond forms between infants and their primary caregivers. Distinct behaviors characterize attachment in children and adults, such as seeking closeness with the attachment figure when distressed or threatened (Bowlby, 1969).

Bowlby's Monotropic Theory. Bowlby's monotropic theory of attachment suggests attachment is important for a child's survival. Attachment behaviors in both babies and their caregivers have evolved through natural selection. This means infants are biologically programmed with innate behaviors that ensure that attachment occurs. Although Bowlby did not rule out the possibility of other attachment figures for a child, he believed there should be a primary bond which was much more important than any other (usually the mother). Other attachments may develop in a hierarchy below this. An infant may therefore have a primary monotropy attachment to its mother, and below her, the hierarchy of attachments may include its father, siblings, grandparents, etc.

Bowlby believes that this attachment is qualitatively different from any subsequent attachments. Bowlby argues that the relationship with the mother is somehow different altogether from other relationships. The child behaves in ways that elicit contact or proximity to the caregiver. When a child experience heightened arousal, he/she signals to their caregiver. Crying, smiling, and locomotion are examples of these signaling behaviors. Instinctively, caregivers respond to their children's behavior, creating a reciprocal pattern of interaction.

Mary Ainsworth's Attachment Theory. Mary Ainsworth's attachment theory is a culmination of her work in Uganda, with the Baltimore Project, and John Bowlby's theories of research and development. Her theory states that children and infants need to develop a secure dependence on their parents before seeking unfamiliar situations. Research findings from the Strange Situation Test further reinforced these theories and helped to define distinct Attachment Styles. Based on her experiments, she concluded that early childhood experiences result in the development of Attachment Styles that can affect an individual's relationships and behavioral interactions throughout the rest of their lives. Ainsworth divided attachment into three different styles: secure, insecure Avoidant, and insecure ambivalent/resistant.

Types of Attachment Styles

Secure Attachment. Bowlby (1988) described secure attachment as the capacity to connect well and securely in relationships with others while also having the capacity for autonomous action as situationally appropriate. Trust, the ability to bounce back after abandonment, and a belief that one is worthy of love are the characteristics of secure attachment. Especially during the reunion stage, a baby exhibiting a secure attachment is defined as actively pursuing and sustaining proximity with the mother. The baby always

seems more interested in engaging with the mother, regardless of whether or not they are nice to the stranger. Furthermore, in the same situation, the baby tended to be slightly distressed when separated from the mother, although the baby didn't cry too much. Ainsworth and colleagues interpreted infants who were securely attached to their mothers, showed less Anxiousness and more positive attitudes toward the relationship, and were likely because they believed in their mothers' responsiveness towards their needs.

Anxious (Ambivalent) Attachment. Anxious attachment, also known as ambivalent attachment, is characterized by the fear that one's need for closeness won't be met by others. This occurs when a baby discovers that their parent or caregiver is unreliable and rarely shows concern for their needs. A baby that is Anxiously attached is described as having mixed feelings (and even resistance) toward the mother. The baby frequently showed characteristics of opposing relationships with the mother, particularly in the episode about the strange reunion.

However as soon as the baby made contact with the mother, it also demonstrated an intense desire to keep in touch. Overall, during the Strange Situation, ambivalent infants frequently exhibited maladaptive behaviors. Ainsworth and colleagues found ambivalent infants to be Anxious and unconfident about their mothers' responsiveness, and their mothers were observed to lack "the fine sense of timing" in responding to the infants' needs. As adults, those with an Anxious preoccupied Attachment Style are overly concerned with the uncertainty of a relationship. They hold a negative working model of self and a positive working model of others.

Avoidant Attachment. When a child has an Avoidant Attachment Style, they typically avoid interacting with their caregiver and are not upset when they are separated. This might occur from the parent's rejection of attempts at intimacy, which could lead the child to absorb

the idea that they can't rely on this or any other relationship. A baby that had little to no inclination to pursue closeness with the mother was identified as having an Avoidant attachment.

The infant often showed no distress during separation from the mother, interacted with the stranger similarly to how he or she would interact with the mother, and showed slight signs of avoidance (turning away, avoiding eye contact, etc.) when reunited with the mother. Ainsworth and colleagues interpreted infants' avoidance behaviors as a defensive mechanism against the mothers' own rejecting behaviors, such as being uncomfortable with physical contact or being more easily angered by the infants.

Disorganized (Fearful) Attachment. Main and Solomon (1986) discovered that a sizable proportion of infants did not fit into secure, Anxious, or Avoidant, based on their behaviors in the Strange Situation experiment. They categorized these infants as having a disorganized attachment type. Main and Solomon found that the parents of disorganized infants often had unresolved attachment-related traumas, which caused the parents to display either frightened or frightening behaviors, resulting in the disorganized infants being confused or forcing them to rely on someone they were afraid of at the same time.

Factors of Attachment styles

The factors that influence attachment start with the baby's journey beginning with the formation of the fetus inside the mother's abdomen and also involve the postnatal period. It has been demonstrated that the baby's cognitive and socio-emotional development in later life is shaped by prenatal and postnatal influences. In addition, it has also been observed that the attachment type also influences the baby's social, familial, and romantic relations in later life and their early care experiences with their baby when they become a parent themselves (Esposito G,2017).

In studies conducted with humans, it has been proposed that attachment relations start in the prenatal period and it has been reported that the fetus reacts to the mother's emotions with their perception, reaction, and capturing ability, especially in the 26th week (Bloom KC,1995). Mother-baby attachment shapes the neural pathways related to the socio-emotional adjustment in the baby. The mother's psychological tension, her difficulty in responding to the relevant metabolic changes, and the physiologic states, which could influence the mother's health, are effective in the mother's socio-emotional adjustment and balance. As a result, the mother-baby relationship and the baby's socio-emotional adjustment and balance are influenced. It is thought that the baby's socio-emotional balance is maintained stable for a lifetime with this influence. Examples of genetic factors include mood and being endurable and non-responsive to the states that introduce psychological tension in the mother, and environmental factors include parental-derived interactions (Esposito G,2017)

In the study conducted by Menardo et al, in which the relationship between caregivers and children and genetic structure were investigated, it was reported that environmental factors (e.g. socio-cultural level) were effective in attachment. It has been stated that brain response mechanisms, which are one of the factors used by the mother when adjusting her relationship with her child, are strongly influenced by socio-economic status (Kim MH,2017). The attachment type in babies is influenced by the conditions that create psychological tension in the mother. Socio-economic status is one of the most important titles. Children who live in poverty display insecure attachment more commonly compared with those who have high economic level (Cerezo MA,2008).

Conditions that negatively influence attachment have been investigated in many studies. A condition that negatively influences the relationship between the parents and the child is excessive crying. It has been found that eye contact and smiling are delayed in babies

who cry excessively in the first months and do not respond to lapping, and mothers reject these babies at the end of the third month (Robinson JP,1995). Ainsworth et al. reported that babies cried more when mothers ignored the crying of their babies. It was observed that a vicious cycle emerged because the mothers who remained non-responsive to excessive crying or gave up pacifying thinking that they were unsuccessful appeared indifferent and the babies cried more as a response to this. However, it was found that mothers who immediately responded when their three-month-old babies cried had a secure attachment with their babies at the 12th month (Salter Ainsworth MD,1978).

Statement of the problem

The study intends to find the correlation between Attachment Styles and Rumination in married couples, exploring how individual attachment patterns contribute to the tendency for repetitive thinking and reflection within intimate relationships.

Rationale of the study

Understanding the relationship between Rumination and Attachment Style in couples is significant as it can provide insights into how individuals cope with relationship stress. Rumination, dwelling on negative thoughts, may affect communication. Attachment Styles influence how people connect emotionally, impacting relationship dynamics. Identifying correlations helps therapists tailor interventions, fostering healthier communication and strengthening emotional bonds in couples.

CHAPTER II

REVIEW OF LITERATURE

Kirkegaard, Yung, Christensen, and Zachariae conducted a study on Rumination—relationship with negative mood and sleep quality. It was published on 21 April 2002. The purposes of this study were to investigate how Rumination is related to different negative moods and whether Rumination and negative mood may be independently associated with subjective sleep quality at a non-clinical level. The results showed that Rumination was independently associated with anger and depressive mood.

Nolen-Hoeksema and Jackson conducted a study on Mediators of the Gender Difference in Rumination. It was published on 10 January 2003. This study examined whether gender differences in the following beliefs would mediate the gender difference in Rumination: the controllability of emotions, the appropriateness of Rumination as a coping strategy, responsibility for the emotional tone of relationships, and mastery over negative events. The sample was 740 community-dwelling adults between 25 and 75 years of age, who completed a survey by mail. Tools used in this study are 10-item version of the 22-item Ruminative Responses Scale (cf. Jackson & Nolen-Hoeksema, 1998) was used to assess the participants' tendency to ruminate in response to their own symptoms of negative emotion with a four-point Likert scale, the 13-item form of the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) for a self-report measure of current depressive symptoms (e.g., sadness, hopelessness, suicidal ideation, sleep, and appetite changes) on a scale ranging from 0 (e.g., I do not feel sad) to 3 (e.g., I am so sad or unhappy that I can't stand it), The Perceived Mastery Scale (Pearlin & Schooler, 1978) was used to index the sense of mastery versus helplessness that respondents felt about their lives Participants responded on a scale from 1 (strongly agree) to 4 (strongly disagree), The Personal Attributes Questionnaire (PAQ) Expressivity 8-item subscale was used to measure the participants' tendency to outwardly convey thoughts and feelings (Spence & Helmreich, 1978). Respondents indicated on a 5-point bipolar scale, Helgeson's Unmitigated Communion Scale

were used (Fritz & Helgeson, 1998; Helgeson, 1994). The items were rated on a scale from 1 (strongly disagree) to 5 (strongly agree) and The social desirability measure used for this study was the Balanced Inventory of Desirable Responding (BIDR). It was answered on a 7-point Likert scale from 1 (not true) to 7 (very true; Paulhus, 1991). The results indicated Women had significantly higher scores than men on Rumination. Women also had significantly higher scores than men on distress, expressivity, socially desirable responses, and feeling responsible for the emotional tone for relationships.

Watkins conducted a study on Appraisals and strategies associated with Rumination and worry. It was published on 4 September 2004. This study aimed to test recent suggestions that particular appraisals and strategies in response to intrusive thoughts may be associated with an increased tendency to ruminate and worry. Tools used were The Cognitive Intrusions Questionnaire (CIQ; Freeston et al., 1992) evaluates intrusive thoughts. Each item is rated on a 1–9 Likert scale, The Worry List was derived from the Worry Domains Questionnaire (WDQ; Tallis, Eysenck, & Mathews, 1992), which consists of 30 items across 6 domains, the Ruminative Response Scale of the Response Styles Questionnaire (RSQ; Nolen-Hoeksema & Morrow, 1991), The Response Styles Questionnaire (RSQ; Nolen-Hoeksema & Morrow, 1991) includes a 22- item Rumination sub-scale. The scale has a 4-point scale (1 =almost never to 4 =almost always) , The Penn State Worry Questionnaire (PSWQ; Meyer et al., 1990), is a 16-item measure of pathological worry it is rated on a 5-point scale, The Hospital Anxiety and Depression Scale (HADS; Zigmond & Snaith, 1983) is a 14-item questionnaire with each item rated from 0 (no symptoms) to 3 (maximal symptoms). The results indicated that Depressive Rumination, worry, anxiety, and depression were all significantly and positively correlated with each other. The highest correlation occurred between worry and anxiety.

Namdarpour, Fatehizade, Bahrami, and Mohammadi conducted a study on How Rumination Affects Marital Conflict in Iranian Women: A Qualitative Study. It was published on 12 Jul 2018. This qualitative study has a thematic analysis design. Analysis of the data showed that findings could be grouped into 5 themes: insecure Attachment Style, deteriorating behaviors, deactivation, uncertainty about the relationship, and negative emotions. The finding of this research is that when marital conflicts are not solved, insecure Attachment Styles are activated, possibly resulting in Rumination. As a result, Rumination will exacerbate the negative emotions and marital relationship quality.

Markham and Mason conducted a study on the relationship between Rumination, gender, age, and posttraumatic stress. It was published in 2016. The purpose of the present study was to assess the relationship between Rumination and posttraumatic stress and to determine the effects of gender and age on that relationship. The result demonstrated women have higher levels of Rumination than men, and younger adults demonstrated higher levels of Rumination than older adults. In the community sample, increasing age was associated with a less negative response to trauma. Older community residents were less likely to report being emotionally bothered by traumatic experiences

R Sharma, R Dhawan, and S Sharma conducted a study on the influence of internal conflicts as Rumination in later years of life. It was published on March 2022. The aim of the current study was to assess the relationship between age and Rumination as an internal conflict. The current study utilised two scales; Rumination Response Scale (RRS) (1987, Susan NolenHoeksema) of the Response Style Questionnaire Each question item is rated on a 4-point scale, ranging from “1-(never)” to “4-(always)”. And The Geriatric Depression Scale (GDS) shortened form. The results, the study conclude that Rumination, brooding and depression is less prevalent in the later years of life.

Ali conducted a study on Relation of Attachment Style with marital conflict. It was published on June 2003. The aim was to examine the relationship of Attachment Styles with marital conflicts. Subjects were 20 couples who entered couples therapy for their marital conflict and a sample of 20 university student couples. The results indicate that couples with the Secure-Secure Attachment Style reported fewer marital problems than couples with either the Secure-insecure or Insecure-Insecure Attachment Style.

Carole conducted a study on Attachment in Adult Romantic Relationships: Style of Conflict Resolution and Relationship Satisfaction. It was published on November 1989. This study considers the issue of adult Attachment Style in relation to conflict resolution and relationship satisfaction. Analyses revealed significant differences among the groups on three styles of conflict resolution (compromising, obliging, and integrating) and on relationship satisfaction. The results are interpreted with regard to attachment theory. Compared with the Avoidantly and Anxious/ambivalently attached, the securely attached did report higher relationship satisfaction and were more likely to use a mutually focused conflict strategy, if it was integrated. In addition, the Anxious/ambivalently attached were more likely than those in the Avoidant group to oblige the partner's wishes.

Scott and Cordova conducted a study on The Influence of Adult Attachment Styles on the Association Between Marital Adjustment and Depressive Symptoms. It was published on 2002. This study tested the hypothesis that Attachment Styles moderate the relationship between marital adjustment and depressive symptoms among husbands and wives. The findings suggest that there is a relationship between insecurity and a predisposition to depressive symptoms in marital relationships.

Maria & Consedine conducted a study on the association of family support and well-being in later life depends on adult Attachment Style. It was published on 5 March 2009. The study examines the association between family support and wellbeing in the elderly, paying particular attention to the possible moderating role of Attachment Style. The analysis indicated that received emotional support had a stronger positive relation with wellbeing for individuals with greater attachment security.

Mohammadi, Samavi, and Ghazavi conducted a study on The Relationship Between Attachment Styles and Lifestyle with Marital Satisfaction. It was published on April 2016. The aim of this study was to investigate the relationship between styles of attachment and lifestyle with marital satisfaction. The results indicate that Attachment Style and lifestyle factors can predict marital satisfaction. There was also a meaningful negative relationship between insecure attachment Avoidant and insecure attachment Anxious-ambivalent styles and marital satisfaction. However, there was no meaningful relationship between secure Attachment Style and marital satisfaction.

Condea, Figueiredoa, and Bifulco conducted a study on Attachment Style and psychological adjustment in couples. It was published on 2021. The study examined Attachment Style and partner support in couples expecting a baby in relation to anxiety and depression symptoms both antenatally and postnatally. The results showed a significant main effect of gender on anxiety and depression symptoms was found, with elevated levels in women.

Reynolds, Russell, and Ratwik conducted a study on Adult Attachment Styles and Rumination in the Context of Intimate Relationships. It was published on 2014. The current study investigated the association of Rumination with young adults' interpersonal Attachment Styles (Avoidant, Anxious, and secure), as well as with dimensional ratings of attachment

(Avoidant, Anxious). The tools used are Personal demographic questionnaire. Participants completed a demographic questionnaire designed to assess age, gender, relationship status, and duration (currently or previously in a long-term relationship of at least six months duration; yes/no), Ruminative Responses Scale (RRS; Treynor, Gonzalez, & Nolen-Hoeksema, 2003). The RRS, a 22-item instrument with ratings on a four-point scale, Three-Category Measure Revised (TCM; Hazen & Shaver, 1987). The TCM is a self-report measure used to categorize participants' Attachment Style, and The Experiences in Close Relationships-Revised (ECR-R, Fraley, Waller, & Brennan, 2000) The ECR includes thirty-six items rated on a seven-point scale (1 = strongly disagree; 7 = strongly agree). Results indicated that females reported higher levels of Rumination than males. Compared with secure and insecure Attachment Styles, participants with ambivalent Attachment Styles reported significantly higher levels of Rumination.

Chung conducted a study on Pathways between attachment and marital satisfaction: The mediating roles of Rumination, empathy, and forgiveness. It was published on 21 June 2014. This study explored a path to marital satisfaction based on attachment theory. Tools used are 36-item Experience in Close Relationship Scale (ECR1 ; Brennan et al., 1998), translated into Korean, was used to measure Anxious and Avoidant attachment. Responses are given on a seven-point scale ranging from 1 (strongly disagree) to 7 (strongly agree), The Korean translation of the 10-item Trait Forgivingness Scale (TFS; Berry, Worthington, O'Connor, Parrott, & Wade, 2005) was used to measure forgivingness. Each item marked ranging from 1 (strongly disagree) to 5 (strongly agree), Korean translation of the Cognitive Emotion Regulation Questionnaire (CERQ; Garnefski, Kraaij, & Spinhoven, 2002) was used to measure Rumination. . Participants rated each statement on a five-point scale ranging from 1 (almost never) to 5 (almost always), The Korean translation of the Balanced Emotional Empathy Scale (BEES; Mehrabian, 2000) was used to measure empathy. ' Participants rate

their agreement with each item on a nine-point rating scale from 4 (disagree very strongly) to 4 (agree very strongly), and 6-item Quality of Marriage Index (QMI; Norton, 1983) adapted for the Korean language and culture was used to assess marital satisfaction. Participants answer the first five items on a 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree). The results revealed a path wherein insecure attachment led to reduced marital satisfaction through the lack of forgivingness; furthermore, distinctive paths for attachment orientations indicated that the excessive Rumination of Anxious attachment and the lack of empathy of Avoidant attachment negatively affected forgiveness and marital satisfaction

Naderi, Shiralinia, and Yasaminejad conducted a study on Investigation the Relationship between Anxiety Attachment Style, Anger Rumination, Spouse Forgiveness, and Marital Quality. It was published on 2021 The aim of the study was an attempt to investigate the structural relationships between anxiety Attachment Style, anger Rumination, spouse forgiveness and the quality of marital relationships in married people. Results showed that variables have a significant relationship with each other.

CHAPTER III

METHODS

Aim

To examine the association of Attachment Styles and Rumination in Married Couples.

Objective

- To explore the correlation between Rumination and specific Attachment Styles among married couples.

Hypothesis

H1: There will be a significant relationship between Rumination and Anxious Attachment Style among married couples.

H2: There will be a significant relationship between Rumination and Avoidant Attachment Style among married couples.

H3: There will be a significant difference in Rumination levels between males and females.

Operational definition

According to Ruminative Responses Scale (RRS; Treynor, Gonzalez, & Nolen-Hoeksema, 2003). Rumination is operationally defined as simply summing the scores on the 22 items.

According to the experience in close relationships-revised (ECR-R, Fraley, Waller, & Brennan, 2000). Attachment can be defined as the average of the responses in Anxious and Avoidant Attachment Styles.

Research Design

This present study was a cross-sectional study. The study uses correlational design and variance analysis.

Sample

In the study, the participants were 150 married couples residing in Kerala, India. The participants were middle-aged [45-59 years old].

Inclusion criteria

- Participants have to be married for a minimum of one year and to meet the specified age range.
- Individuals aged 45 to 59 years.

Exclusion criteria

- Individuals who did not meet the marriage duration criterion (less than one year or divorced).
- Individuals who did not meet the age group

Sampling design

In this study non-probability sample method, specifically, convenience sampling was used. The researcher selects subjects or participants based on their easy availability and accessibility. In convenience sampling, individuals who are readily accessible to the researcher are chosen for inclusion in the study.

Tools

In this present study, we use 3 questionnaires.

Informed Consent

The participants were informed about the study's purpose and confidentiality. They voluntarily agreed to participate and were assured they could withdraw without

consequences. The rights, autonomy, and welfare of all the participants involved were protected throughout the research process by this strict commitment to informed consent norms, which guaranteed ethical integrity.

Sociodemographic questionnaire

Demographic information of the participants was collected regarding age, gender, marital status, occupation and the years they are married.

Ruminative Responses Scale

Ruminative Responses Scale (RRS; Treynor, Gonzalez, & Nolen-Hoeksema, 2003). The RRS, a 22-item instrument with ratings on a four-point scale (1 = almost never, 2 = sometimes, 3 = often, 4 = almost always). To get the scoring on this scale, simply sum the scores on the 22 items. The RRS internal consistency reliability has been found to be above .85 (Lee & Kim, 2014; Treynor, Gunzalez, & Hoeksema, 2003) with test-retest reliability of .60 over a two-year period (Treynor, Gunzalez, & Hoeksema, 2003).

The Experiences in Close Relationships-Revised (ECR-R)

The Experiences in Close Relationships-Revised (ECR-R, Fraley, Waller, & Brennan, 2000) The ECR includes thirty-six items rated on a seven-point scale (1 = strongly disagree; 7 = strongly agree). The first 18 items of the scale are related to attachment-related anxiety. The items 19 – 36 on the scale are related to attachment-related avoidance. To get the scoring, the average of the responses for both of the subscales is found. There are reverse scoring items for both subscales. Internal consistencies of the subscales have been found acceptable with alphas at .92 (anxiety subscale) and .93 (avoidance subscale) (Wei, Russell, Mallinckrodt, and Vogel, 2007). Validity support comes from the moderate to strong associations between ECR-R scores and diary ratings of experiences interacting with a romantic partner (Sibley, Fischer, & Liu, 2003).

Procedure

The data in the present study has been collected from the population by giving out questionnaires. An informed consent form was provided at the beginning of the questionnaire to make sure that the confidentiality of the participant's data will be maintained. This was followed by a few questions that collected the demographic details of the participants. Ruminative Responses Scale (RRS; Treynor, Gonzalez, & Nolen-Hoeksema, 2003) was followed by The Experiences in Close Relationships-Revised (ECR-R, Fraley, Waller, & Brennan, 2000). The questionnaires were scored according to the scoring guidelines given in them and the final results were obtained using SPSS software version 29.0.

Statistical Analysis

The data collected from the participants was analyzed using SPSS software (Statistical Package for Social Science) version 29.0. Correlation and Variance tests were used according to the distribution of the population as found by the Kolmogorov-Smirnov test of Normality.

Normality Testing

Table 1

Summary of Kolmogorov-Smirnov test of Normality of Rumination, Anxious Attachment Style, and Avoidant Attachment Style.

Variables	Sig.
Rumination	0.074
Anxious Attachment Style	0.018
Avoidant Attachment Style	0.023

The Kolmogorov-Smirnov test of Normality of Rumination, Anxious Attachment Style, and Avoidant Attachment Style shows that the variables are not normally distributed in the sample($p < 0.05$). The significance values resulted were as follows Rumination 0.074, Anxious Attachment Style 0.018, and Avoidant Attachment Style 0.023. Based on the normality we used parametric tests such as Spearman's Rank correlation and Mann-Whitney U test.

CHAPTER-IV

RESULT AND DISCUSSION

The study was conducted to find the relationship between Attachment Styles and Rumination in intimate relationships among married couples.

Descriptive statistics

Table 2

Mean and standard deviation of Rumination, Anxious Attachment Style, and Avoidant Attachment Style.

	Mean	Std.Deviation	N
Rumination	1.8961	.42501	150
Anxious Attachment Style	3.7085	.55458	150
Avoidant Attachment Style	3.0185	1.13309	150

From the given table; the mean and standard deviation of Rumination are found to be 1.8961 and .42501 respectively. The mean and standard deviation of the Anxious Attachment Style are found to be 3.7085 and .55458 respectively. The mean and standard deviation of Avoidant Attachment Style are found to be 3.0185 and 1.13309 respectively.

Correlation Analysis

H1: There will be a significant relationship between Rumination and Anxious Attachment Styles.

Table 3

Indicates the correlation between Anxious Attachment Style and Rumination.

	Rumination
Anxious Attachment Style	.002

The p-value (0.981) associated with the correlation coefficient is above 0.05, which indicates that the correlation is not statistically significant. The value .002 does not correlate Anxious Attachment Style and Rumination ($p > 0.05$). Therefore, we reject the H1: There will be a significant relationship between Rumination and Anxious Attachment Styles.

Despite the anticipated correlation between Anxious Attachment Style and Rumination in married couples based on existing literature, the absence of a significant relationship in the research findings suggests that mindfulness may have played a crucial role in mitigating this association [Shaver, Lavy, Saron, and Mikulincer (2007)]. Mindfulness practices encourage individuals to focus on the present moment, reduce judgment, and cultivate awareness of their thoughts and emotions without becoming entangled in them. In the context of romantic relationships, mindfulness could have served as a buffer against Rumination for individuals with Anxious Attachment Styles [Shaver, Lavy, Saron, and Mikulincer (2007)].

Mindfulness training helps anxious attachment individuals observe and disengage from repetitive relationship concerns, fostering present-moment awareness. This practice also enhances emotional regulation, allowing them to respond to stressors calmly. As a result, there's a weak link between anxious attachment and rumination in married couples, as mindfulness reduces reliance on rumination as a coping mechanism. Given that their sample

was taken from the United States and ours Kerala, India, the discrepancy might be explained by differences in sample characteristics (e.g., ethnicity, age group) or cultural differences in attachment styles.

H2: There will be a significant relationship between Rumination and Avoidant Attachment Styles.

Table 4

Indicates the correlation between Avoidant Attachment Style and Rumination.

	Rumination
Avoidant attachment	.145

The p-value ($p = 0.077$) associated with the correlation coefficient is above 0.05, which suggests that the correlations are not statistically significant. The value 0.145 is the positive correlation coefficient and it suggests a weak positive correlation between Avoidant Attachment Style and Rumination. This implies that there is insufficient evidence to conclude that there is a significant relationship between Avoidant Attachment Style and Rumination. Therefore, we reject the H2: There will be a significant relationship between Rumination and Avoidant Attachment Styles.

Mindfulness, characterized by present-moment awareness and non-judgmental acceptance of one's experiences, is known to mitigate Rumination and its associated negative outcomes. However, individuals high in Avoidant Attachment Style may face unique challenges in engaging with mindfulness practices due to their tendencies to distance themselves from emotional intimacy and discomfort with vulnerability Styles [Shaver, Lavy, Saron, and Mikulincer (2007)]. The avoidance of emotional closeness and preference for

autonomy may lead individuals with Avoidant Attachment Styles to perceive mindfulness practices as threatening or discomforting, particularly when faced with intrusive or negative thoughts and emotions. The difference in results between their study conducted in the United States and ours in Kerala, India, could possibly be attributed to variations in sample demographics (such as ethnicity and age) or cultural distinctions in attachment patterns.

Variance Analysis

H3: There will be a significant gender difference in Rumination levels.

Table 5

The table shows the result of the Mann-Whitney U test comparing the gender difference in Rumination levels.

Variable	Mean Rank		t	Se	P
	Female	Male			
Rumination	84.88	66.12	-2.646	265.871	.008

Mann-Whitney U test was conducted to analyze the significant gender difference in Rumination levels. From the above table, the mean rank of females is 84.88, while the mean rank of males is 66.12. This shows that there is a difference in gender in Rumination levels. And the results indicate that females ruminate more than males. The p-value obtained is less than 0.05 indicating that the difference between the two groups is statistically significant. Hence, the hypothesis 3 is not rejected. H3: There will be a significant gender difference in Rumination levels. The consistent finding that women are far more likely than men to engage

in rumination has been suggested as an explanation for the well-established gender difference in major depressive disorder (Butcher, Mineka, & Hooley, 2012), as well as greater anxiety among women (Nolen-Hoeksema, 2012).

CHAPTER-V

CONCLUSION

Conclusion

The study was done to find the relationship between Attachment Style and Rumination in intimate relationships among married couples. This present study was a cross-sectional study. The study uses correlational design and variance analysis. In the study, the participants were 150 married couples residing in Kerala, India. The participants were middle-aged [45-59 years old]. The data collected from the participants was analyzed using SPSS software (Statistical Package for Social Science) version 29.0. Spearman's Correlation and Mann-Whitney U test were used according to the distribution of the population as found by the Kolmogorov-Smirnov test of Normality.

Findings

- There is no correlation in the relationship between Rumination and Anxious Attachment Styles.
- There is a weak positive correlation in the relationship between Rumination and Avoidant Attachment Styles.
- There is a significant gender difference in Rumination levels. Women tend to ruminate more than men.

Limitations

The findings may be limited by the characteristics of the sample used in this study. For example, if the sample primarily consisted of individuals from a specific demographic or cultural background. Selection bias must thus be considered because this study was limited to those who agreed to participate. Furthermore, as mentioned above, this study was cross-sectional, making it impossible to establish causality relationships among Attachment style, and Rumination. Participants might have been influenced to give responses they thought were socially acceptable rather than being completely honest.

Implication

The study's findings on the relationship between Attachment Style and Rumination in married couples carry several important implications. By revealing no significant correlation between Anxious Attachment Style and Rumination, but a slight positive correlation with Avoidant Attachment Style, the research emphasizes the complex interaction between attachment orientations and Rumination tendencies in marital contexts. These findings offer valuable insights for therapists, indicating the necessity for customized interventions that account for the unique attachment profiles of couples when addressing Rumination-related issues. Moreover, the observation that women tend to ruminate more than men in intimate relationships sheds light on gender differences in coping strategies, emphasizing the importance of gender-sensitive approaches in couples' therapy. Overall, the study deepens our understanding of how Attachment Styles and Rumination intersect in marital dynamics, paving the way for more targeted interventions and future research endeavors aimed at enhancing relationship well-being.

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APPENDICES

Appendix A

Relationship between Attachment Style and Rumination in intimate relationship among married couples. This research is to identify the relationship between Attachment Style and Rumination in intimate relationships among married couples. There are a total of two questionnaires. Please read the instructions carefully before giving your responses in the questionnaire.

Procedure

You will be asked to complete 2 questionnaires. Please ensure you answer the questions according to your true feelings and experiences. Your honest and open responses are crucial for the success of this study. There are no right or wrong answers, everyone possesses their views. Your participation is valued and your openness will contribute to the meaningfulness of the research.

Consent

I have read and understood the information provided above, I voluntarily agree to participate in this research.

Participant's Name/Initials:

Signature:

By signing this form, you acknowledge that you have been given the opportunity to ask questions and that you voluntarily consent to participate in this study.

Appendix B

Socio-Demographic details:

Name [Initials]:

Age:

Gender:

Occupation:

Marital status:

How long have you been Married for:

Appendix C

Ruminative Responses Scale

Please read each of the items below and indicate whether you almost never, sometimes, often, or almost always think or do each one when you feel down, sad, or depressed. By putting a tick mark corresponding to the column for each statement. Please indicate what you *generally* do, not what you think you should do.

SL. No	Statements	Almost never	Sometimes	Often	Almos t always
1.	Think about how alone you feel				
2.	Think “I won’t be able to do my job if I don’t snap out of this”				
3.	Think about your feelings of fatigue and achiness				
4.	Think about how hard it is to concentrate				
5.	Think “What am I doing to deserve this?”				
6.	Think about how passive and unmotivated you feel.				
7.	Analyze recent events to try to understand why you are depressed				
8.	Think about how you don’t seem to feel anything anymore				
9.	Think “Why can’t I get going?”				
10.	Think “Why do I always react this way?”				
11.	Go away by yourself and think about why you feel this way				
12.	Write down what you are thinking about and analyze it				
13.	Think about a recent situation, wishing it had gone better				
14.	Think “I won’t be able to concentrate if I keep feeling this way.”				

15. Think “Why do I have problems other people don’t have?”
 16. Think “Why can’t I handle things better?”
 17. Think about how sad you feel.
 18. Think about all your shortcomings, failings, faults, mistakes
 19. Think about how you don’t feel up to doing anything
 20. Analyze your personality to try to understand why you are depressed
 21. Go someplace alone to think about your feelings
 22. Think about how angry you are with yourself
-

Appendix D

The Experiences in Close Relationships-Revised (ECR-R)

The statements below concern how you feel in emotionally intimate relationships. We are interested in how you *generally* experience relationships, not just in what is happening in a current relationship. Respond to each statement by circling a number to indicate how much you agree or disagree with the statement.

1= Strongly Disagree

5= Mildly Agree

2= Moderately Disagree

6= Moderately Agree

3= Mildly Disagree

7= Strongly Agree

4= Neither Agree nor Disagree

SL.NO	QUESTIONS	1= Strongly Disagree...7= Strongly Agree						
1.	I'm afraid that I will lose my partner's love.	1	2	3	4	5	6	7
2.	I often worry that my partner will not want to stay with me.	1	2	3	4	5	6	7
3.	I often worry that my partner doesn't really love me.	1	2	3	4	5	6	7
4.	I worry that romantic partners won't care about me as much as I care about them.	1	2	3	4	5	6	7
5.	I often wish that my partner's feelings for me were as strong as my feelings for him or her.	1	2	3	4	5	6	7

- | | | | | | | | | |
|-----|--|---|---|---|---|---|---|---|
| 6. | I worry a lot about my relationships. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. | When my partner is out of sight, I worry that he or she might become interested in someone else. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. | When I show my feelings for romantic partners, I'm afraid they will not feel the same about me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. | I rarely worry about my partner leaving me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. | My romantic partner makes me doubt myself. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. | I do not often worry about being abandoned. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. | I find that my partner(s) don't want to get as close as I would like. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. | Sometimes romantic partners change their feelings about me for no apparent reason. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. | My desire to be very close sometimes scares people away. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. | I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. | It makes me mad that I don't get the affection and support I need from my partner. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. | I worry that I won't measure up to other people. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. | My partner only seems to notice me when I'm angry. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

19. I prefer not to show a partner how I feel deep down. 1 2 3 4 5 6 7
20. I feel comfortable sharing my private thoughts and feelings with my partner. 1 2 3 4 5 6 7
21. I find it difficult to allow myself to depend on romantic partners. 1 2 3 4 5 6 7
22. I am very comfortable being close to romantic partners. 1 2 3 4 5 6 7
23. I don't feel comfortable opening up to romantic partners. 1 2 3 4 5 6 7
24. I prefer not to be too close to romantic partners. 1 2 3 4 5 6 7
25. I get uncomfortable when a romantic partner wants to be very close. 1 2 3 4 5 6 7
26. I find it relatively easy to get close to my partner. 1 2 3 4 5 6 7
27. It's not difficult for me to get close to my partner. 1 2 3 4 5 6 7
28. I usually discuss my problems and concerns with my partner. 1 2 3 4 5 6 7
29. It helps to turn to my romantic partner in times of need. 1 2 3 4 5 6 7
30. I tell my partner just about everything. 1 2 3 4 5 6 7
31. I talk things over with my partner. 1 2 3 4 5 6 7

32. I am nervous when partners get too close to me. 1 2 3 4 5 6 7
33. I feel comfortable depending on romantic partners. 1 2 3 4 5 6 7
34. I find it easy to depend on romantic partners. 1 2 3 4 5 6 7
35. It's easy for me to be affectionate with my partner. 1 2 3 4 5 6 7
36. My partner really understands me and my needs. 1 2 3 4 5 6 7
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