COGNITIVE EMOTION REGULATION STRATEGIES AMONG YOUNG ADULTS AND ELDERLY

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By

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Abstract

Emotion and emotion regulation is an integral part of all fields of Psychology. However studies in the field of cognitive emotion regulation strategies are scarce and furthermore a focused study on group differences between these cognitive emotion regulation strategies has not been done. This study aimed to see whether there was any significant age differences between young adults (18-35 years) and elderly (above 60 years) on the use of cognitive emotion regulation strategies, and whether the above differences would remain significant after controlling for religious coping. One hundred and twenty participants (young adults=60 and elderly=60) responded to standardized measures of Cognitive emotion regulation questionnaire (Garnefski & Kraaij, 2001) and Religious coping activity scale (Pargament, 1990). The results showed that there was a significant age difference between young adults and the elderly on the cognitive emotion regulation strategies of Self blame, Rumination, Positive refocusing, Putting in perspective, and Catastrophizing. Results showed that elderly scored higher in the positive subscales of Putting in perspective and Positive refocusing which shows the elderly are more capable and efficient in managing their emotions. Results also showed young adults scoring higher than elderly in the negative subscales of Self blame, Rumination and Catastrophizing. Also, these differences remained significant even after controlling for religious coping strategies. These age differences between the cognitive emotion regulation strategies could guide us through how emotion regulation strategies are learned and made efficient as life unfolds through various new emotion eliciting experience and situations.

Keywords: cognitive emotion regulation, young adults, elderly.

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Chapter I

Introduction

Much of psychology deals with emotions, both implicitly and explicitly, whether it is in the form of social cognition and judgment, interpersonal relationship or group behavior. Emotion and emotion regulation play a major role in the everyday lives of individuals and interest in this area of research has been growing over the past few decades. Emotions are experienced by everyone in this world irrespective of their caste, gender, age and race and these emotions are often managed or checked accordingly to the various social or cultural norms. Emotions play such an important part in our lives that it is very difficult to imagine life without emotions. According to popular belief there is a misconception that as people get older they have lesser emotional experiences. However age differences have been discovered in many researches related to emotion regulation which suggests that experiences gained in the later stages of human life also may affect various emotion regulation strategies. The present study plans to focus on these particular strategies and how they are related to individual and group differences. In this study we try to find out the differences in cognitive emotion regulation between young adults and the elderly and how these strategies can be influenced by religious coping strategies. However, before turning our attention to emotion regulation, let us first define who the young adults and the elderly are.

1.1 Young adults and the elderly defined

A young adult is generally a person in the age range of 18 to 35 years of age. The young adult stage in human development precedes middle adulthood which is generally between 35 to 60 years of age. This is the stage where social roles and relationships are

materialized and the person begins to fully develop as a social being and starts to experience different emotional experiences.

Old age comprises of the later part of life that which comes after adulthood. An elderly person is generally a person in the age range of above 60 years. In this life stage the individual has experienced almost all of life's difficulties and emotion eliciting experiences.

1.2 Emotion and emotion regulation

Emotions arise when an individual sees a situation as a significant one. When something important is at stake or even after a considerable meaning analysis, emotions can arise in individuals. Emotions call forth a coordinated set of behavioral, experiential and physiological response tendencies that guide our responses to perceived challenges and situations. The goals, standards, needs or wishes may be central and enduring or peripheral or transient. They may be conscious and highly elaborated or unconscious and simple. They may be biologically based or culturally derived. It is often said that when psychologists came onto the scene, they derived emotions from instinct theory. Darwin (1959/1962) in his book *Origin of species* stated that "instincts are as important as corporeal structures for the welfare of each species, under its present conditions of life… and if it can be shown that instincts do vary ever so little, than i can see no difficulty in natural selection preserving and continually accumulating variations of instinct to any extent that was profitable" (p. 245). The close relationship between instincts and emotions was further cemented by McDougal (1923). He asserted that human beings have 13 instincts (e.g., parenting, food seeking, repulsion, curiosity, gregariousness) and

defined emotions as “a mode of experience which accompanies the working within us of instinctive impulses”.

1.3 Emotion defined

William James (1894), regarded emotions as adaptive, behavioral and physiological response tendencies that are called forth directly by evolutionarily significant situations. Although while facing emotional experiences, individuals may showcase such tendencies, they may not always do so. This view of James which showcases emotions as response tendencies shows that individuals can manipulate their tendencies at will, for example an individual when angered can smile instead of shouting.

An emotion is a complex psychological state that involves three distinct components: a subjective experience, a physiological response and a behavioral or expressive response (Hockenbury & Hockenbury, 2007).

From the above definition we can see that emotions are subjective in nature which means that different people may have different emotions elicited from the same kind of experience. A physiological response is also a component where people may experience certain physiological changes such as sweating, shortness of breath, etc. The final component is an expressive response where individuals react to the emotion eliciting stimulus accordingly. There can be many causes of emotions which may vary from person to person.

Firstly, emotion arises when an individual sees an event as a significant one. The goals, standards, needs, or wishes that underlie this evaluation may be central and enduring or peripheral and transient. They may be conscious and highly elaborated or conscious and

simple. Therefore, whatever the source of the situational meaning for the individual, it is the meaning that triggers emotions.

Secondly, emotions can be regarded as multidimensional processes that involve changes in the domains of subjective experience, behavioural expression and central and peripheral physiology.

Thirdly, emotions can be described as categories or dimensions. These dimensional approaches describe change in emotion experience, expression and physiology. Emotions are seen as continuously distributed over a few dimensions, such as positive affect and negative affect, intensity and pleasantness, or approach and withdrawal.

Although emotions are said to address various adaptive problems (Ekman, 1992), they are generally involved in decision making (Oatley & Johnson-Laird, 1987). They also prepare the individual for rapid motor responses (Frijda, 1986), and also provide information on the basis the ongoing match between organism and environment (Schwarz & Clore, 1983).

Emotions are also related to many other constructs in the past and its research was regarded as a conceptual and definitional chaos in the early years. The terms affect and emotion are often used interchangeably in the field of emotion research. The term affect is often used to describe the experiential or behavioral component of emotion. The most important distinction made in the affect family is among emotions, emotion episodes and mood (Frijda, 1993). Whereas emotion episodes occur during a larger period of time, emotions are said to take place in a relatively shorter span of time (Ekman, 1984). Emotions can also be distinguished from moods. While moods are defined as a more

"pervasive and sustained emotional climate", emotions are said to be "fluctuating changes in emotional weather" (Sims, 2003). While emotions are caused by a specific reason and last very brief in duration, the cause of moods is often unclear and general and moods tend to last longer than emotions.

One of the most important studies in the field of emotions was done by Ekman (1981) in the 1970s and 1980s. He studied about the existence of universal facial expressions among the six basic emotions: anger, disgust, fear, happiness, surprise and sadness. His research has acted as a stepping stone for future research in the field of emotions and how emotions are controlled and expressed in different cultures.

However, he suggested that even though facial expressions were to be found similar across cultures, emotion regulation should be the focus of study to find out cultural variations in emotions.

1.4 Emotion regulation defined

Gross (1998) considered two precursors to the contemporary study of emotion regulation. The first was the psychoanalytic tradition which emphasized on two types of anxiety regulation. The first is a reality based anxiety which arises when situational demands overwhelm the ego. The second type of anxiety regulation arises when strong impulses press for expression. Here the regulation is based on id and superego- based anxiety. Processes that control and regulate these two types of anxieties as well as other painful negative affects are known as *Ego defenses*. There are difficulties with emotion regulation as being central to psychopathology (Gross & Munoz, 1995), however there is now greater attention to normative emotion regulation processes.

The stress and coping tradition is the second important precursor to the study of emotion regulation. The main organizing principle in this tradition is that all organisms produce the same psychological and physiological response to diverse challenges. Researches in the past focused more on responses related to more physiological challenges such as cold or crowding. Later researchers began to focus on responses related to more psychological challenges such as public speaking and exams. Coping is defined as "cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p. 141). Mainly there are two types of coping: *problem-focused coping*, which aims to solve the problem; and *emotion-focused coping* which aims to decrease the negative emotions (Gross, 2001).

Emotion regulation is regarded as an important factor in the determination of well being and efficient functioning of an individual. The general concept of emotion regulation can be described as “all the extrinsic and intrinsic processes responsible for monitoring, evaluating and modifying emotional reactions, especially their intensive and temporal features, to accomplish one’s goals” (Thompson, 1994, p. 27). By the above definition we can refer emotion regulation to a wide range of biological, social, behavioral and as well as conscious and unconscious cognitive processes.

Gross (1998) describes emotion regulation as “the processes by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions.”

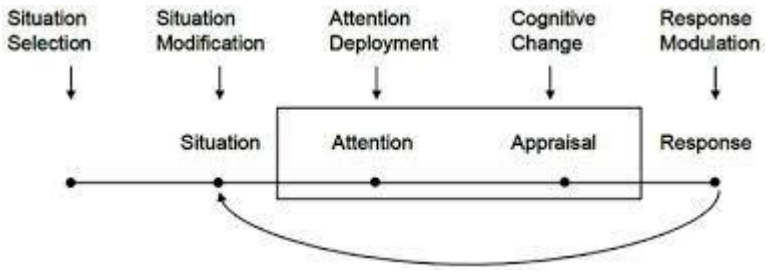
These processes may be relatively automatic or controlled, conscious or unconscious. Gross (1998) has also distinguished emotion regulation from three other form of affect regulation i.e. coping, mood regulation and psychological defenses.

Emotion regulation and coping may overlap, but coping is concerned with non-emotional actions related to non-emotional goals (such as studying hard to pass an exam). Emotion regulation on the other hand is always related to emotions in whatever context they may arise. Mood regulation as compared with emotions, are longer in duration and lesser in intensity and its research is mainly focused on activities people engage in to reduce negative mood states. Similar to coping the dimension of psychological defenses overlap with emotion regulation. However while emotion regulation focus on the full range of emotions and consider both stable individual differences and their processes operating across individuals, psychological defenses refer to stable characteristics of an individual that occur without awareness to decrease the subjective experience of negative emotions (Gross, Feldman Barrett, & Richards, 1998).

Gross (1998) focused on five aspects of the definition of emotion regulation. Firstly, all individuals increase, maintain, and decrease positive and negative emotions. Secondly neural emotion circuits do not appear to overlap completely which suggests that there may be important differences in emotion regulation processes across emotions. Thirdly the definition of emotion regulation focuses on self regulation, while other definitions focus on regulating emotions of others. He believed the double usage as unfortunate as it mixed two potentially different set of motives, goals and processes. Fourth, early examples of emotional regulation are conscious, but there have been discussions of conscious and well as unconscious emotional regulation. Gross thought of a continuum

from conscious, effortful and controlled regulation to unconscious, effortless and automatic regulation. Lastly he makes no prior assumptions as to whether emotion regulation is good or bad. This was because of the confusion created earlier in the stress and coping literature by predefining *defenses* as maladaptive and *coping* as adaptive.

Gross (1998) describes the scope of Emotion regulation into four key processes: (1) The situation or context, (2) the specific aspects of that situation, (3) meaning attribution/assignment, and (4) response. In order to simplify the above four key processes, Gross (2002) has given the modal model, highlighting five points at which individuals can regulate their emotions. These five points represent five families of emotion regulation processes: situation selection, situation modification, attentional deployment, cognitive change, and response modulation (Gross & Thompson, 2007).



Situation selection

Situation selection involves taking actions to make it more likely that we'll be in a situation we expect will give rise to the emotions we'd like to have (or less likely that we'll be in a situation that will give rise to emotions we'd prefer not to have).

Situation modification

Situation modification refers to the efforts to modify the situation directly so as to alter its emotional impact. It constitutes a second form of emotion regulation. In the stress and coping tradition, this type of emotion regulation is referred to as "problem-focused coping".

Attentional Deployment

The first two forms of emotion regulation situation selection and situation modification both help to shape the situation to which an individual will be exposed. However, it is also possible to regulate emotions without actually changing the environment. Situations have many aspects, and attentional deployment refers to influencing emotional responding by redirecting attention within a given situation.

Cognitive Change

Cognitive change refers to changing one or more of these appraisals in a way that alters the situation's emotional significance, by changing how one thinks either about the situation itself or about one's capacity to manage the demands it poses. One form of cognitive change that has received particular attention is reappraisal. "Reappraisal" involves changing a situation's meaning in such a way that there is a change in the person's emotional response to that situation.

Response modulation

Response modulation occurs late in the emotion-generative process, after response tendencies have been initiated. "Response modulation" refers to influencing

physiological, experiential, or behavioral responses relatively directly. For example, exercise and relaxation may be used to decrease physiological and experiential aspects of negative emotions. One of the best-researched forms of response modulation is "expressive suppression," which refers to attempts to decrease ongoing emotion-expressive behavior.

1.5 Cognitive emotion regulation

Emotion regulation is influenced by a lot of interpersonal factors including coping strategies which influence the effectiveness of emotion regulation. There are many precursors in the study of emotion regulation and stress and coping techniques is one of them. Researchers have heavily relied on past studies of coping techniques for further advancement in the field of emotion regulation. Researchers have distinguished between problem focused coping, which aims to solve the problem; and emotion focused coping which aims to decrease the negative emotion experience (Gross, 1998).

Coping is defined as "cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p. 141). The general definition of coping is given by Monat and Lazarus (1991) as an individual's efforts to master demands (conditions of harm, threat or challenge) that are appraised (or perceived) as exceeding or taxing his/her resources. Therefore, according to this definition, all coping strategies performed by an individual can be broadly classified under the term of emotion regulation.

However the concept of emotion regulation is a very broad conceptual topic encompassing many regulatory processes, such as the regulation of emotions by oneself

versus the regulation of emotions by others and the regulation of the emotion itself versus the regulation of its underlying features. Therefore, emotion regulation can refer to a large range of biological, social, behavioral, as well as conscious and unconscious cognitive processes. They can be managed by a range of conscious cognitive processes such as blaming oneself, blaming others, rumination, or unconscious cognitive processes such as denial, projection, or memory distortions.

Therefore, although the theoretical aspects or the explanation of the emotion regulation process is very useful, it is also too complex and too broad to empirically focus on all aspects, mechanisms and processes at once. Since not many studies have focused on the cognitive aspects of emotion regulation processes, this study is restricted to the cognitive self regulatory aspects of emotion regulation.

Cognitions or cognitive processes may help us to manage or regulate emotions or feelings, and to keep control over them and not get overwhelmed by them, when an individual is facing a stressful event or after an individual has faced a stressful event.

Cognitive emotion regulation refers to the conscious, cognitive way of handling the intake of emotionally arousing information (Garnefski, Kraaij, & Spinhoven, 2001; Thompson, 1991) and can be considered part of the broader concept of emotion regulation defined as “all the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features” (Gross, 1999; Thompson, 1994, p. 27).

1.6 Cognitive emotion regulation subscales and its importance

An instrument was developed which included nine conceptually distinct scales, each consisting of four items and each referring to what you think and not what you actually do following the experience of stressful and life threatening events (Garnefski, Kraaij, & Spinhoven, 2001).

The dimensions of cognitive emotion regulation are as follows:

Self-blame

Self-blame refers to thoughts of putting the blame for what you have experienced on yourself. Most studies have shown that an attributional type of self-blame is related to depression and other measures of ill health.

Other-blame/ Blaming others

Other-blame refers to thoughts of putting the blame for what you have experienced on the environment or another person. Studies have shown that across samples having experienced different forms of threatening events, blaming someone else is associated with poorer emotional well-being.

Rumination or focus on thought

Rumination or focus on thought refers to thinking about the feelings and thoughts associated with the negative event. It has been shown that a ruminative coping style tends to be associated with higher levels of depression.

Catastrophizing

Catastrophizing refers to thoughts of explicitly emphasizing the terror of what you have experienced. Past studies have shown catastrophizing to be related to maladaptation, emotional distress and depression.

Putting into perspective

Putting into perspective refers to thoughts of brushing aside the seriousness of the event/emphasizing the relativity when comparing it to other events.

Positive refocusing

Positive refocusing refers to thinking about joyful and pleasant issues instead of thinking about the actual event. Positive refocusing can a considered a way of "disengagement" and can be defined as turning or refocusing thoughts to a more positive situation so as to think less about the actual stress eliciting event.

Positive reappraisal

Positive reappraisal refers to thoughts of creating a positive meaning to the event in terms of personal growth. Past studies have shown that positive reappraisal is positively associated with optimism and self-esteem and negatively with anxiety.

Acceptance

Acceptance refers to thoughts of accepting what you have experienced and resigning yourself to what has happened. Studies have shown that acceptance as a coping strategy

has a moderately positive relationship with measures of positive optimism and self esteem and a moderately negative relationship with measures of anxiety.

Refocus on planning

Refocus on planning refers to thinking about what steps to take and how to handle the negative event. It is the cognitive part of the action focused coping, which does not automatically imply that some type of action or behavior will follow. This type of action focuses coping strategies are included in all types of coping measures.

Researchers have also studied emotion regulation with respect to age differences and it has been found that aging is associated with decreases in emotional experience (Gross et al., 1997). Gross et al. (1997) found out that older participants had greater control over their emotions which permitted them to selectively enhance positive emotions and dampen their experiences of negative emotions. It was also suggested that older participants may be better at certain forms of emotion regulation than younger participants.

1.7 Religious coping defined

Pargament (1997) defines that Religious Coping is the use of connecting to the sacred in order to gain support in the times of stress. For a long period of time religious scholars have have debated the importance of religion in mental health. Religion is said to fulfill everyday purposes as well as crisis. Pargament et al. (2000) identified five key religious functions:

Meaning

Religion plays a key role in the search for meaning. In the face of suffering and baffling life experiences, religion offers frameworks for understanding and interpretation.

Control

Other theorists have stressed the role of religion in the search for control. Confronted with events that push the individual beyond his/her own resources, religion offers many avenues to achieve a sense of mastery and control.

Comfort/Spirituality

According to the classic Freudian view, religion is designed to reduce the individual's apprehension about living in a world in which disaster can strike at any moment. It is difficult, however, to separate comfort oriented religious-coping strategies from methods that may have a genuine spiritual function. From the religious perspective, spirituality, or the desire to connect with a force that goes beyond the individual, is the most basic function of religion.

Intimacy/Spirituality

Sociologists such as Durkheim generally have emphasized the role of religion in facilitating social cohesiveness. Religion is said to be a mechanism of fostering social solidarity and social identity. Intimacy with others, however, often is encouraged through spiritual methods, such as offers of spiritual help to others and spiritual support from clergy or members. Thus, again, it is difficult to separate out many of the methods that foster intimacy from methods that foster closeness with a higher power.

Life Transformation

Theorists traditionally have viewed religion as conservational in nature—helping people maintain meaning, control, comfort, intimacy, and closeness with God. However, religion also may assist people in making major life transformations; that is, giving up old objects of value and finding new sources of significance (Pargament, 1997).

Furthermore studies have been conducted to find out the relationship between certain religious coping strategies and emotion regulation. Researchers such as Pargament (1997) investigated that religious coping strategies do have some kind of relationship with emotion regulation.

The way in which one seeks to engage God as a resource in times of stress is predictive of emotion regulation outcomes (Corsini, 2009). Pargament (1997) investigated the role of religious coping strategies and their link to emotion regulation. When faced with stressful life events, studies repeatedly demonstrate that most Americans turn to religion for comfort and support (Schottenbauer et al., 2006). Hathaway and Pargament (1992) note that religion provides a range of coping strategies which draw on social, cognitive, spiritual and behavioral aspects of a person's faith.

Pargament (1997) posits that these religious coping strategies can be categorized into general positive and negative constructs, based in part on typical outcomes. Research identifies religious coping strategies into positive and negative and these can be further categorized into three basic styles of religious coping: self-directed, deferring, and collaborative (Pargament, Kennell, Hathaway, Grevengoed, Newman, & Jones, 1988).

A *self-directing* style reflects the belief that God has little direct influence in the lives of individuals; therefore it is the individual's responsibility to solve problems for themselves. *Self –Directing* Religious Coping emphasizes personal responsibility. It sees responsibility for problem solving solely on the self. They may sense that God is passive and possibly disinterested. It emphasizes personal freedom. In this strategy, one might not engage the faith community for help or support during a job loss. Self-Directed coping is characterized by religious discontent where a person may be angry at God for his poor circumstance or see the church as useless or even uncaring. This view can ultimately lead to Religious avoidance where the person dismisses religious activities as unhelpful. This self-directing strategy is somewhat effective in some contexts but overall it has been linked to poor outcomes including depressive symptoms and poorer quality of life (Pargament, Koenig & Perez, 2000).

Conversely, the *deferring style* emphasizes the choice to wait for God to directly intervene in human affairs to provide a solution to the presenting problem. *Deferring* Religious Coping is a strategy in which the person sees God as being solely responsible for problem solving. The person displays a sense of personal helplessness. This person may disengage from problem solving and "give up" in a spiritual way. This approach is characterized by Religious Pleading and Good Deeds where one might beg God for intervention or perform good deeds to somehow convince Him to grant favor. This strategy is generally viewed as a negative form of coping and is consistent with poor outcomes and lower levels of competence. Pargament and colleagues acknowledge that deferring strategies may be somewhat helpful in situations where the problem is totally uncontrollable e.g. terminal cancer.

The *collaborative coping style* involves a decision to share responsibility with God for solving the problem. *Collaborative* Religious coping has been observed in instances where a person generally believes that God is benevolent and is a source for wisdom and guidance. This strategy allows for the work of man to be joined with the work of God in a way that is open and receptive but shows a sense of self responsibility. For example, a person who has recently suffered a financial stress due to a job loss may be able to view the incident as part of a bigger plan and seek to be comforted and guided by God through prayer and community support. But this person may also believe he needs to go out and look for a job. This collaborative approach is characterized by spiritual coping and community support. Spiritual coping may be characterized by such things as prayer and seeking social support is evidenced by church attendance etc. This collaborative style is considered to be positive because it is associated with adaptive emotion regulation and more effective problem solving. Collaborative religious coping has consistently been linked with positive outcomes and is predictive of emotional adjustment (Pargament et al., 1990).

The Collaborative coping strategy is the only approach to religious coping which consistently displays a positive relationship with emotional adjustment measures. The self-directive and deferring styles are generally negatively correlated with emotional adjustment measures, except in certain situations where events may be entirely beyond the control of an individual. For example, Friedel (1995) found that emergency health care workers benefitted from a deferring strategy of religious coping when they believed they had no control over the death of a patient. However in most situations a

collaborative coping strategy is most effective for emotion regulation (Pargament et al., 1998).

Summary

In this chapter we discussed about the various theoretical background of Emotion, Cognitive emotion regulation, Religious coping and their implications and their relationship with each other.

Chapter II

Review of Literature

2.1 Emotion regulation

Emotion regulation refers to the processes by individuals influence which emotions they have, when they have them, and how they experience and express these emotions (Gross, 1998). Emotion regulation occurs on both conscious and unconscious levels of awareness, and researchers have identified a number of strategies that individuals employ in managing emotional expressions. The emotion generative process begins when an event signals to the individual that something important may be happening.

The emotion cues are attended to and evaluated, triggering a coordinated set of internal and external processes in an effort to modulate the individual's observable response.

Response-focused strategies of emotion regulation address the ways emotions are experienced and expressed. First, one may reduce expression of a particular emotion by dampening the intensity of expression (e.g., minimizing facial expressions associated with sadness), or by masking the emotion with either a neutral expression (e.g. poker face) or substituting a different emotion to display instead (e.g. smiling to offset hurt feelings). Second, one may increase or amplify the intensity with which an emotion is expressed (e.g. crying loudly to communicate sadness). Thirdly, one may simply express the emotion just as it is felt with no intentional modification.

Conversely, antecedent-focused strategies of emotion regulation occur earlier in the emotion generative process and influence the ways in which individuals experience and

appraise events and emotions (Richards & Gross, 2000). For example, one may regulate the experience of emotion by distracting oneself, intentionally focusing thought away from the unwelcome event in order to avoid a particular emotion. Similarly, one may suppress internal felt emotion by avoiding the personal awareness of negative affect and denying its presence. Alternatively one may use a reappraise strategy, reframing a situation in order to change the felt response and dampen the intensity of emotional experience (Gross, 1999).

Garnefski (2001) defined cognitive emotion regulation strategies as the conscious mental strategies that individuals use to cope with the intake of emotionally arousing information. In his research he found out that cognitive emotion regulation strategies played an important role in the relationship between the experience of negative life events and the reporting of symptoms of depression and anxiety. The results also suggested the cognitive coping techniques as an important tool for prevention and intervention. In some situations past researches have also given more importance to cognitive coping strategies than other coping strategies. Kraaij (2010) in her study of 83 definitive involuntary childless people found out that cognitive coping strategies seemed to have a stronger influence on affect than the behavioural coping strategies. Her findings suggested intervention programs which should pay attention to both cognitive coping strategies and goal adjustment.

Cognitive emotion regulation refers to the conscious, cognitive way of handling the intake of emotionally arousing information and can be considered part of the broader concept of emotion regulation defined as “all the extrinsic and intrinsic processes

responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features."

Cognitive emotion regulation strategies are a strong and specific category in the area of emotion regulation, and refer to the cognitive strategies and process used to manage emotions. Cognitive emotion regulation strategies have a significant role in the development of emotional and behavioral problems after facing stressful events. The CERQ refers exclusively to an individual's thoughts after having experienced a negative event.

The psychometric properties of CERQ as well as it's prospective relationship with symptoms with depression and anxiety were studied in an adult general population. The results showed that CERQ has good factorial validity and high reliabilities; with Cronbach's α's ranging between .75 and .87. The use of CERQ might therefore be considered a valuable and reliable tool in the study of individual risk and protective factors associated with emotional problems, while providing us with important targets for intervention.

2.2 Religious coping techniques

Coping strategies also play a significant role in emotion regulation. The most widely held views of stress and coping emphasize both the subjective evaluation of external stressors and the assessment of the individual's capacity to cope using perceived resources. According to these views, individuals experience the consequences of stress when the perceived demands of a situation exceed the perceived resources for coping. An individual's religious beliefs are of particular interest, as they influence how individuals

evaluate stressors and assess their perceived resources for coping. When faced with stressful life events, studies repeatedly demonstrate that Americans frequently turn to religion to cope with distressful situations. For example, researchers found that prayer was the most common coping strategy used among elderly African Americans to response to personal problems. It was also reported that the most common response when experiencing a personal loss is to rely on one's religious faith. Likewise, men over the age of 65 identified religious thought and activity as the most important strategies for coping with illness. In support of this, Pargament (1997) found that the more stressful an event is, the more likely it is to evoke a religious response.

Pargament (1997) gave that these religious coping can be categorized into general positive and negative constructs. Pargament (1988) identify three primary strategies for religious coping: self-directed, deferring, and collaborative.

Self-directing strategies reflect the belief that God has little direct influence in the lives of individuals, and it is therefore the individual's responsibility to solve problems for themselves.

Conversely, deferring strategies emphasize the choice to wait for God to directly intervene in human affairs to provide solutions to presenting problems.

The collaborative coping strategies involve a decision to share responsibility with God for solving the problem. The collaborative coping strategies are the only approaches which consistently displays a positive relationship with emotional adjustment measures.

Positive religious coping includes a variety of strategies which involve aspects of social support, and positive cognitions, and they usually lead to constructive and beneficial

outcomes. In contrast, negative religious coping is generally associated with negative cognitions and less successful outcomes.

Within the three primary religious coping strategies Pargament (1990) developed a set of six subscales: spiritually based coping, religious social support, religious discontent, religious avoidance, religious pleading, and good deeds.

Spiritually based coping and religious social support are both considered collaborative forms of religious coping. Spiritually-based coping emphasizes the individual's loving and supportive relationship with God for coping. God is conceived as caring and supportive, available for help in times of need. Similarly, religious social support is a collaborative strategy in which the individual looks to relationships with other believers, such as clergy and other church members, for care and support. In a study of several hundred active church members, Pargament (1990) found that these collaborative religious coping strategies consistently predicted emotional adjustment and positive outcomes.

In contrast, self directing strategies of religious coping emphasize the individual's responsibility in responding to distress and a belief that God is unlikely to be an active or available resource. Both religious discontent and religious avoidance are self directing strategies and forms of negative religious coping. Religious discontent measures an individual's expression of anger and distancing directed towards God and other believers. God is not conceived as a viable resource, and religious discontent moves the individual away from God and other believers in order to avoid continued disappointment and hurt. For example, a man who suddenly loses his job may become angry with God and cease

going to (religious discontent). Similarly, religious avoidance involves coping activities used to divert an individual's attention away from the distress through religious means.

The deferring strategies of religious coping emphasize an individual's inability to cope on their own and the choice to wait for God to directly intervene in human affairs to provide solutions to presenting problems. The deferring strategies include pleading to God and participating in good deeds. Pleading strategies include petitions for God to miraculously intervene and bargaining with God for desired outcomes. Individuals who rely on this strategy do not believe they are capable of handling distressing events on their own, and they result to begging and bargaining in an attempt to convince God to provide for their needs. For example, a woman who has lost her job may choose to sit at home praying for God to provide new employment, without actually going out to look for job openings. The coping strategy of good deeds is similar, in that the individual seeks to focus attention on living a better life in order to please God and earn His approval. By choosing to live what they believe is a good life, these individuals hope that God will look favorably upon them and respond by removing stress and worldly problems.

Many researches in the past have studied the effects of age on emotion regulation and surprisingly they have found out that older people regulate their emotions more efficiently than young adults. This in turn has led to higher well-being in adults than in younger adults, efficient emotion regulation being one of the many causes.

In general, older people have been found out to be better at regulating their emotions than younger people. Many researches in the past have led to the discovery of age differences in some if not all emotion regulation processes.

Gross (1997) found out that older participants showed same capacity for recalling past events as the younger adults, rather the older adults consistently showed better control over their emotions than younger participants. Older adults' greater control of emotions permits them to selectively enhance positive emotions and selectively dampen their experience of negative emotions such as fear, sadness, and anger. He suggested that older participants may be better at certain forms of emotion regulation than younger participants, or at least may be better at matching their regulatory efforts to environmental needs.

Gross's distinction between antecedent focused and emotion focused coping also shows an important aspect in the age difference found in emotion regulation. Antecedent-focused emotion regulation involves attempts to alter the course of emotion before the emotion has begun to unfold, either by changing the environment or by cognitive means such as reappraisal, in which an individual actively reconstruct the environment. Response focused emotion regulation, by contrast, involves attempts to manage the emotion after it is already underway, such as suppression, in which one tries to hide ongoing emotion-expressive behavior. It has found that antecedent focused emotion regulation such as reappraisal reduces the subjective experience of negative emotion, while emotion focused emotion regulation fails to so and also may affect the physiological state of the person.

This study is also consistent with the above notion where coping styles of younger and older participants were studied across a variety of stressful contexts (Folkman et al., 1987). Older participants reported less confrontative coping and greater distancing and positive reappraisal than younger participants. The possible reasoning given in this study

is the older participants' use of emotion focused forms of coping such as distancing and positive reappraisal which helped short circuit the stress process so that incidents which were negative were neutralized.

Therefore, individuals report greater emotional control and lesser negative emotional experience with the unfolding of the life span. Gross (1997) suggested that these age related changes are due to better regulation of emotion, possibly the result of older adults adopting increasingly effective antecedent focused strategies to influence their emotions.

Garnefski and Kraaij (2006) also found out significant age differences in the reporting of cognitive emotion regulation strategies among five separate sample age groups. The highest scores for Acceptance, Positive Refocusing and Putting into Perspective were found in the elderly sample. In all cases the early adolescent sample had significantly lower mean scores on the cognitive emotion regulation strategies than the late adolescents, while in most cases the late adolescent sample had lower scores than the adults. This pattern signifies a pattern where the use of cognitive emotion regulation strategies increases with the increase in the age of the participants.

Recent research has also examined the differences in males and females in the use of cognitive emotion regulation strategies. Garnefski et al. (2004) found that males and females differed significantly on a number of strategies with the most striking differences for rumination, positive refocusing and catastrophizing. The findings were in line with earlier findings that showed women tend to focus more on their emotional experience, acknowledge and discuss emotions more openly and ruminate more on sadness than men.

2.3 Rationale of the study

Emotion regulation plays an important role and has an impact on every major subfield of Psychology. By including samples of different ages, insight might be gained into how the use of cognitive emotion regulation strategies unfolds during the life span. The age difference, if found to be significant, will also be observed by controlling the religious coping strategies. This, in turn, would carry important opportunities for new findings which can be used in the field of emotion and efficient emotion regulation. Also past studies have included age ranges which are very high in number which lacks in specificity and gives a very vague idea about individuals in that particular age group. Therefore this study has taken in age groups which are smaller in age range and therefore can provide a more specific and targeted analysis of the group.

2.4 Objective of the study

1. To find out if there is a significant age difference in Cognitive Emotion regulation strategies between young adults and older adults.
2. To see whether the above difference is independent of the religious coping strategies.

2.5 Hypotheses

H1a: The elderly will score significantly higher cognitive emotion regulation strategies than young adults in the positive subscales of putting into perspective, positive refocusing, positive reappraisal, acceptance and planning.

H1b: The elderly will score significantly lower cognitive emotion regulation strategies than young adults in the negative subscales of self-blame, other-blame, rumination, and catastrophizing.

H2a: Cognitive emotion regulation strategies of putting into perspective, positive refocusing, positive reappraisal, acceptance and planning will be positively correlated with religious coping strategies of spiritually based coping and religious social support.

H2b: There will be a significant positive correlation between Cognitive emotion regulation strategies of self-blame, other-blame, rumination, and catastrophizing and Religious coping strategies of religious discontent, religious avoidance, religious pleading, and good deeds.

H3: The age differences in Emotion regulation strategies will remain statistically significant even after the Religious coping strategies are controlled.

Summary

In this chapter, past researches of the variables are discussed. The objective and the rationale of the study, hypotheses are discussed.

Chapter III

Method

3.1 Overview

The current study aims to find out group differences in Cognitive emotion regulation strategies across two age groups (young adults and elderly) and also aims to find out whether this difference is consistent while controlling for religious coping strategies of the participants. The data has been collected through standardized questionnaires.

3.2 Sampling design

Sample: in the present area of research, sample was drawn from the state of Sikkim. Elderly people (above the age of sixty years) and young adults (between 18-35 years of age) were approached from urban areas of the state using purposive sampling technique.

Sample size: The total sample taken for this research was one hundred and twenty (120) out of which 60 samples were in the elderly category and 60 samples were in the young adult category. Each category was further divided into categories of male and female with 30 samples in each sub category.

Sample inclusion criteria were as follows:

- Elderly people above the age of 60 years and young adults between 18-35 years of age.
- Respondents who had a good understanding of the English language with minimum educational qualification of Class 10.

Sample exclusion criteria were as follows:

- People suffering from any type of physical or mental illness.
- People who were reluctant to take part in the study.
- People who had educational qualification less than that of 10^{th} standard.

3.3 Measures

A number of psychological tests were administered to assess the total number of variables in this study. A separate socio-demographic form was attached before the questionnaire to find out about the respondent's personal details, family background and socio economic status.

The following measures were used:

1. Cognitive emotion regulation questionnaire (Garnefski & Kraaij, 2001)
2. Religious activity coping scales (Pargament, 1990)
3. A socio-demographic sheet which aimed to collect personal information about the respondent, the family background, and socio-economic status of the respondent. The data sheet included questions like Name, Age, Gender, Educational qualification, etc.

Cognitive emotion regulation strategies

Cognitive emotion regulation questionnaire (Garnefski & Kraaij, 2001)

The CERQ is a 36-item questionnaire consisting of the following nine conceptually distinct subscales, each consisting of four items and each referring to what someone thinks after the experience of threatening or stressful life events: Self-blame refers to

thoughts of putting the blame for what you have experienced on yourself. Other-blame refers to thoughts of putting the blame for what you have experienced on the environment or another person. Rumination or focus on thought refers to thinking about the feelings and thoughts associated with the negative event. Catastrophizing refers to thoughts of explicitly emphasizing the terror of what you have experienced. Putting into perspective refers to thoughts of brushing aside the seriousness of the event/emphasizing the relativity when comparing it to other events. Positive refocusing refers to thinking about joyful and pleasant issues instead of thinking about the actual event. Positive reappraisal refers to thoughts of creating a positive meaning to the event in terms of personal growth. Acceptance refers to thoughts of accepting what you have experienced and resigning yourself to what has happened and Refocus on planning refers to thinking about what steps to take and how to handle the negative event. Cognitive emotion regulation strategies are measured on a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always). Previous research on cognitive emotion regulation strategies has shown that all subscales have good internal consistencies ranging from .68 to .86 (Garnefski, Kraaij et al., 2001).

Religious coping strategies

Religious activity coping scales (Pargament, 1990)

The RCAS inventory developed by Pargament (1990) is a 29–item questionnaire consisting of the following six primary subscales: Spiritually Based, Good Deeds, Discontent, Religious Support, Plead, and Religious Avoidance. Spiritually Based Coping, which assessed the degree to which respondents relied on an intimate

relationship with God to cope with the event; Religious Support, which measured respondents' perceived support from clergy and church members; Avoidance, which assessed the degree to which respondents tried to refocus their attention away from the event; Pleading, which assessed a passive dependence on God; Good deeds, which reflected an attempt to live a better life following the event; and Discontent, which measured feelings of anger toward and abandonment by God. It is measured on a 4 point Likert scale ranging from 1(Not at all) to 4(A great deal). Pargament et al. (1990) reported moderately high internal consistency estimates for each of the six subscales. The Cronbach alpha statistics calculated for internal consistency of each of the six subscales are: Spiritually Based (.92), Good Deeds, (.82), Discontent (.68), Religious Support (.78), Plead (.61), and Religious Avoidance (.61).

3.4 Procedure

The data for the current study was collected from young adults (aged from 18-35 years) and from the elderly (aged above 60 years) from various parts of Sikkim. A permission letter was issued from the Head of the department requesting cooperation from the concerned population. The data for young adults was taken from students of Sikkim University as well as working people aged between 18-35 years. The data for the elderly people was taken from known acquaintances and also from institutions which looked after the elderly people in the society. Before data collection each and every participant was briefed about the research study and what it aimed to achieve. People who were willing to participate were taken and no one was forced to participate. Every participant was assured about their responses being kept strictly confidential and also how the results were to be taken in a group and not individually. After giving instructions and briefing,

the questionnaires were handed out to the participants. Each and every participant was thanked for their cooperation after the data was collected.

3.5 Statistical analysis

The collected data is analysed through SPSS. To study overall differences in the reporting of cognitive strategies and religious strategies between the specific samples, Multivariate Analysis of Variance (MANOVA) will be performed, with age as independent variable and the nine cognitive emotion regulation strategies as dependent variables. If there is a significant difference then MANCOVA will be used by using six religious coping strategies as covariates.

Summary

In this chapter, Sample size and characteristics, the method of data collection, description of the measures used, inclusion and exclusion criteria, and the statistical techniques for data analysis, has been discussed.

Chapter IV

Result and Discussion

This section aims to study the results that were obtained after analysis of the data. It was analyzed using the Statistical Package for Social Sciences (SPSS).

4.1 Results

Let us first discuss the information that was gained in regard to the reliability of the scales. We calculated the Cronbach's alpha to check the reliability of the scales. The Cronbach's alpha coefficients are discussed below.

Table 1 showing Cronbach's alpha for each of the scales:

Variables	Number of items	Reliability
Self blame	04	.660
Acceptance	04	.446
Rumination	04	.709
Positive refocusing	04	.670
Refocus on planning	04	.656
Positive reappraisal	04	.754
Putting in perspective	04	.617
Catastrophizing	04	.705
Blaming others	04	.745
. Spiritually based	12	.881
. Good deeds	06	.705
. Discontent	03	.606
. Religious support	02	.694
. Plead	03	.647
. Religious avoidance	03	.563

N= 120

From the above table we can see that only the subscale Acceptance has scored low reliability (.446) while all the other subscales of Cognitive Emotion Regulation

Questionnaire have scored moderately well (Self blame=.660, Rumination=.709, Positive refocusing=.670, Refocus on planning=.656, Positive reappraisal=.754, Putting in perspective=.617, Catastrophizing=.705). Although it is lower than the Cronbach's coefficients obtained by Garnefski & Kraaij (2007) in which every subscale obtained coefficients above .75, it is very close. Similarly the subscales for Religious coping activity have also obtained good Cronbach alpha coefficients with Spiritually based coping=.881, Good deeds=.705, Discontent=.606, Religious support=.694, Plead=.647 and Religious avoidance=.563. Pargament et al. (1990) reported similar moderately high internal consistency estimates for each of the six subscales. The Cronbach alpha statistics calculated for internal consistency of each of the six subscales are: Spiritually Based (.92), Good Deeds, (.82), Discontent (.68), Religious Support (.78), Plead (.61), and Religious Avoidance (.61).

Table 2 showing Mean and Standard deviation of the variables:

Variable	Young adults		Elderly		F
	Mean	Standard deviation	Mean	Standard deviation	
Self blame	11.90	2.482	8.07	1.561	102.573*
Acceptance	13.88	2.935	13.57	2.212	.445
Rumination	12.52	2.658	8.85	2.550	59.445*
Positive refocusing	12.55	3.500	14.48	2.332	12.676*
Refocus on planning	14.33	3.261	13.97	2.365	.497
Positive reappraisal	14.52	4.057	14.28	2.108	.156
Putting in perspective	11.40	3.346	13.28	2.256	13.071*
Catastrophizing	11.00	3.594	8.57	1.872	21.637*
Blaming others	9.57	3.811	8.70	1.660	2.609

N=120

There was a statistically significant age difference between the cognitive emotion regulation activities on the dependant variables, $F(9,109)=15.978$, $p<.001$, Wilk's $\lambda=.431$.

From the above Table we can see the Mean and Standard deviation of the variables in both of the age groups (Young adults and elderly). We can see that there is a significant group difference in five of the subscales (Self blame, Rumination, Positive refocusing, Putting in perspective, Catastrophizing). From the Mean of these subscales we see that young adults have scored higher than the elderly in subscales of Self blame, Rumination and Catastrophizing. We can also see that the elderly have scored higher than the young adults in subscales of Positive refocusing and Putting in perspective.

Table 3 showing correlation of all the variables in the study:

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1.SELFBLAME															
2. ACCEPTANCE	.121														
3. RUMINATION	.520**	.085													
4. POSITIVE REFOCUSING	-.437**	.102	-.124												
5. REFOCUS ON PLANNING	-.007	.203*	.135	.513**											
6. POSITIVE REAPPRAISAL	-.091	.108	.046	.453**	.581**										
7. PUTTING IN PERSPECTIVE	-.273**	.257**	-.272**	.259**	.239**	.196*									
8. CATASTROPHIZING	.359**	-.046	.393**	-.169	-.135	-.089	-.090								
9. BLAMING OTHERS	.209*	.019	.223*	-.155	-.154	-.269**	-.091	.366**							
10. SPIRITUALLY BASED	-.410**	.048	-.269**	.305**	.209*	.157	.339**	-.154	.069						
11. GOOD DEEDS	.190*	-.032	.251**	-.229*	-.076	-.010	-.042	.178	.355**	.278**					
12. DISCONTENT	.209*	.044	.127	-.191*	-.114	-.344**	-.087	.294**	.375**	-.008	.118				
13. RELIGIOUS SUPPORT	-.356**	.107	-.283**	.258**	-.008	-.082	.278**	-.266**	.039	.579**	-.004	.045			
14. PLEAD	.269**	.217*	.267**	-.179	-.102	-.040	.006	.438**	.255**	.038	.326**	.388**	-.095		
15. RELIGIOUS AVOIDANCE	.121	-.104	.087	-.155	.071	.053	-.037	.100	.280**	.290**	.563**	.281**	.022	.241**	

N=120, * Correlation is significant at the 0.05 level (2-tailed), ** Correlation is significant at the 0.01 level (2-tailed).

From the above correlations table we can see that each and every subscale of Cognitive emotion regulation correlates with any one or more of the subscales of Religious coping strategies. This therefore strongly suggests that there is indeed a strong relationship between Cognitive Emotion Regulation strategies and Religious coping strategies.

From the above table we can see that the subscale of Religious coping (Spiritually based coping) correlates with subscales of Cognitive emotion regulation strategies (Self blame, Rumination, Positive refocusing, Refocus in planning and Putting in perspective).

Another subscale of Religious coping (Good deeds) correlates with subscales of Cognitive emotion regulation strategies (Self blame, Rumination, Positive refocusing, Blaming others).

Another subscale of Religious coping (Discontent) correlates with subscales of Cognitive emotion regulation strategies (Self blame, Positive refocusing, Positive reappraisal, Catastrophizing, Blaming others).

Another subscale of Religious coping (Religious support) correlates with subscales of Cognitive emotion regulation strategies (Self blame, Rumination, Positive refocusing, Putting in perspective, Catastrophizing).

Another subscale of Religious coping (Plead) correlates with subscales of Cognitive emotion regulation strategies (Self blame, Acceptance, Rumination, Catastrophizing, Blaming others).

The last subscale of Religious coping (Religious avoidance) correlates with the Cognitive emotion regulation subscale of Blaming others.

Table 4 showing Mean Differences of the Cognitive emotion regulation strategies between young adults and the elderly based on MANCOVAs controlling for Religious coping strategies:

	Young adults N=60	Elderly N=60
Self blame		
Mean (SD)	11.701(2.482)	8.265(1.561)
Mean difference		3.436*
Acceptance		
Mean (SD)	14.206(2.935)	13.244(2.212)
Mean difference		.961
Rumination		
Mean (SD)	12.416(2.658)	8.951(2.550)
Mean difference		3.464*
Positive refocusing		
Mean (SD)	13.613(3.500)	13.421(2.332)
Mean difference		.192
Refocus on planning		
Mean (SD)	15.386(3.261)	12.914(2.365)
Mean difference		2.472*
Positive reappraisal		
Mean (SD)	15.102(4.057)	13.698(2.108)
Mean difference		1.404
Putting in perspective		
Mean (SD)	11.883(3.346)	12.801(2.256)
Mean difference		-.918
Catastrophizing	10.465(3.594)	9.101(1.872)
Mean (SD)		1.364
Mean difference		
Blaming others	9.252(3.811)	9.015(1.660)
Mean (SD)		.237
Mean difference		

N=120

The mean difference is significant at the .05 level.

There was a statistically significant difference between the cognitive emotion regulation activities on the combined dependant variables after controlling for Religious coping strategies, $F(9,104)=6.431$, $p<.001$, Wilk's $\lambda=.642$.

The above table shows the Mean and standard deviation and also the mean differences between the two groups of young adults and elderly after controlling for Religious coping strategies.

4.2 Discussion

The present study aimed to study if there was any significant age difference in cognitive emotion regulation strategies between young adults and the elderly, and if there is then whether it will remain significant even after controlling for religious coping strategies.

Young adults can be described as a phase in which individuals are just mastering their cognitive emotion regulation strategies, while older adults have already experienced that phase. Researchers have found out in the past that Cognitive emotion regulation abilities continue beyond the young adult period, and maybe the number of emotion eliciting stressful encounters grows as the individuals grow older. Researches in the past have also found out that older participants reported fewer negative emotional experiences and greater emotional control so it can be said that the elderly will score higher than the younger adults in the positive subscales of cognitive emotion regulation strategies and lower in the negative subscales of the cognitive emotion regulation strategies.

It was hypothesized that the elderly will score significantly higher than young adults in the subscales of putting in perspective, positive refocusing, positive reappraisal, acceptance and planning. The hypothesis is partially supported because elderly have indeed scored higher than young adults but only in the subscales of putting in perspective and positive refocusing. The scores in other subscales can be considered as equal. This finding proves that elderly are more experienced when it comes to regulating their emotions. Positive refocusing refers to thinking about joyful and pleasant issues instead of the actual event, while putting in perspective refers to the thoughts of brushing aside the seriousness of the event while comparing it with other events. This in turn in supported by the findings of Garnefski and Kraaij (2006), where the highest scores for Acceptance, Positive refocusing and Putting in perspective were found in the elderly. This suggests that although young adults also use cognitive emotion regulation strategies, the knowledge of its proper usage increases with the life span. This in turn might be supported by the fact that as individuals grow older, they gain experience through many more emotion eliciting experiences which in turn help those individuals to regulate and manage their emotions better in the future.

Emotion regulation researchers have borrowed heavily from the stress and coping tradition. This relationship with stress and coping traditions also makes its relationship with religious coping an important aspect in the field of emotion regulation. An individual's religious beliefs are of particular interest, as they influence how individuals evaluate stressors and assess their perceived resources for coping. Past researches has led us to believe that when individuals are faced with any type of stressful events most people turn to religion for comfort and support. Likewise men over the age of 65 years

identified religious thought and activity as the most important strategies for coping with illness.

It was also hypothesized that the elderly will score significantly lower than young adults in the subscales of self-blame, other-blame, rumination, and Catastrophizing. This hypothesis has also been supported because elderly have scored lower than young adults in the subscales of self-blame, rumination and Catastrophizing. Elderly have also scored lower than young adults in the subscale of other-blame but the difference is not significant. Self blame refers to putting the blame of what you have experienced on yourself, Other-blame refers to putting the blame of the event on others, Rumination refers to thinking about the feelings and thoughts associated with the negative event, and Catastrophizing refers to explicitly emphasize the terror of what you have experienced. By the description of the above subscales we can find out that these subscales are associated with the negative aspects of cognitive emotion regulation. By scoring lower than young adults in these negative subscales, elderly are supporting the fact that as individuals get older, they are more capable of using positive emotion regulation techniques which in turn help them to manage their emotions effectively. The current finding is also supported by the work of Gross (1997) which states that older individuals may be better at certain emotion regulation techniques than young adults because their greater control of their emotions permits them to selectively enhance their experience of positive emotions and dampen their experience of negative emotions.

The above findings are also consistent with the other findings (Folkman et al., 1987, Gross, 1997) where older participants reported less confrontative coping and greater distancing from negative emotion experiences. This is turn could be explained by the use

of increasingly effective antecedent focused strategies used by the elderly in which the subjective experience of negative emotion is reduced. This in turn could be related to the elderly using more positive focused strategies such as positive refocusing and putting in perspective in which similar use of distancing and reduction of experience of negative emotion is used.

We also looked for gender differences among cognitive emotion regulation strategies and found out that although females scored higher than males in almost all of the cognitive emotion regulation strategies, the difference was not significant. Males scored higher than females only in the subscale of Blaming other, but as mentioned earlier, the difference was not significant.

It was hypothesized that cognitive emotion regulation strategies of putting in perspective, positive refocusing, positive reappraisal, acceptance and planning will be correlated with religious coping strategies of spiritually based coping and religious social support. The main reason for this given that the above mentioned subscales of both cognitive emotion regulation and religious coping are positive in nature. This hypothesis has been partially been proven with spiritually based coping and religious social support correlating with self-blame, rumination, positive refocusing, refocus on planning, putting in perspective and Catastrophizing. Although the subscales of self-blame, rumination and Catastrophizing are not positive in nature, they are correlated with the positive subscales of spiritually based coping and religious social support. Spiritually based coping emphasizes the individuals loving and supporting relationship with God while religious social support emphasizes the relationship with other members of the faithful. Their relationship with self-blame, rumination and Catastrophizing can be explained by how

the individual may keep thinking about the incident and its negative experience while ruminating to God for help or when approaching other members of the faithful for help. Nonetheless it is proven that cognitive emotion regulation and religious coping do have something in common. This relationship is supported by the findings of Pargament (1997) where he found out that whenever individuals faced any type of stressful events, they would turn to religion for support. An individual's religious belief influenced how they perceived stressors and assessed their coping accordingly.

Similarly it was also hypothesized that cognitive emotion regulation strategies of self-blame, other-blame, rumination and Catastrophizing will be correlated with religious discontent, religious avoidance religious pleading and good deeds. The reason for this hypothesis was the self directing and deferring strategies to which the religious coping subscales belonged. These strategies displayed a negative relationship with emotional adjustment measures therefore it was seen fit that they be related to negative emotion regulation strategies. This hypothesis has also been partially proven with religious coping strategies of religious discontent, religious avoidance, religious pleading and good deeds correlating with self-blame, rumination, positive refocusing, blaming others, positive reappraisal, Catastrophizing and acceptance. Similarly the main focus of the hypothesis was to find out whether there was any relationship between cognitive emotion regulation strategies and religious coping, which has been proven with almost all of the subscales correlating with at least one of the other subscale. This relationship between emotion regulation and religious coping is supported by the fact that the idea of emotion regulation has in fact been taken from basic coping traditions. Furthermore, studies in the past (Pargament, 1997) have also found out that individuals do indeed tend to follow

religious coping strategies in order to regulate their emotions. Men over the age of 65 years identified religious thought and activity as the most important strategies for coping with illness. It is not a mystery that India is a religious country with tens of thousands of people following their religion faithfully. Religion plays an important role in the everyday lives of almost every individual so therefore it is safe to say that when they face any stressful situation, they turn to their God instantly for support. Some may even turn to God for help before turning to family or friends. Therefore since the position of religion and God is very much dominant in the lives of people here in India, it is also important to see much of their emotion regulation strategies are related to their religion and religious coping.

Although religious coping strategies and cognitive emotion regulation strategies are stated to be related to each other, there will be no mediating effect on the age differences in cognitive emotion regulation strategies when religious coping techniques is controlled. This is because religious coping also is found to vary across the age groups with it being more prevalent in the older age group than the younger age group. Therefore we can say that religious coping and cognitive emotion regulation go hand in hand across the age groups so controlling religious coping will not affect the age differences in the use of cognitive emotion regulation strategies.

The third hypothesis has also been proven after cognitive emotion regulation strategies remained statistically significant for young adults and the elderly even after controlling for religious coping strategies. The main reason given for this was because cognitive emotion regulation and religious coping go hand in hand. The studies done by Pargament (1997) focused mainly on elderly people which showed the predominant existence of

religious coping in the elderly. Therefore it can be said that religious coping is more present in the elderly than in young adults. Since the effectiveness of the religious coping also increases with age, it can be said that it goes hand in hand with cognitive emotion regulation across the age group as well. Therefore when the religious coping strategies are controlled, the age differences in cognitive emotion regulation strategies should not be affected.

Summary

Therefore it can be summarized that there is a group difference in cognitive emotion regulation strategies among young adults and elderly and these strategies are also related to religious coping. However since cognitive emotion regulation and religious coping differ in the same way among the age groups, the age difference remained significant even after controlling for religious coping strategies.

Chapter V

Conclusion, Limitations and Suggestions for Future Research

The current study focused on the age differences in cognitive emotion regulation strategies among young adults and the elderly. It also aimed to study the relationship between cognitive emotion regulation and religious coping and whether the age differences occur even after controlling for religious coping strategies. This study focuses on two age groups (i.e. young adults and elderly) and their differences in the use of cognitive emotion regulation strategies. A study on age differences in cognitive emotion regulation has been done in the past by Garnefski & Kraaij (2006) which studied the age differences among five specific samples (ranging from adolescents to elderly). However there has been a major problem in this study which has taken the sample of adult general population from the range of 18 to 65 years. This age range is very large in number and also provides a very unclear focus of interest for that particular age group. Developmental psychologists argue that the human life is made up of many life stages and putting the concept of an adult from 18 to 65 years is wrong. There are many life stages between the ages of 18 to 65 years which may be considered important in the development of an individual emotionally. Therefore the current study has taken the age range for adults in the age range of 18 to 35 years which can provide a more precise and clear understanding of the emotional strategies and problems faced within that particular age group. The results of the study showed that there were some age differences in the cognitive emotion regulation strategies between young adults and the elderly with the elderly scoring higher than the young adults in the positive subscales of cognitive emotion regulation. The young adults also scored higher than the elderly in the negative

subscales of cognitive emotion regulation which led to the conclusion that elderly are more emotionally stable and can regulate their emotions more effectively than young adults. The correlation between cognitive emotion regulation strategies and religious coping strategies was also proven which led to the conclusion that there is some kind of relationship between cognitive emotion regulation and religious coping. The limitation of the current study is that only two age groups (i.e. young adults ranging from 18 to 35 years and elderly ranging above 65 years) were taken. In future researches, more age groups but with small age ranges can be taken to study the cognitive emotion regulation strategies within them. Also in case of the elderly, sample was taken from both institutionalized adults and non institutionalized adults and this may be taken into consideration for individual differences in future researches.

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APPENDIX

Name:

Age:

Gender:

Educational qualification:

Religion:

Are you suffering from any serious psychological or physical problems? Yes/No

Please rate your English fluency:

Not at all
completely fluent

1[ ] 2[ ] 3[ ] 4 [ ] 5 [ ] 6[ ] 7[ ]

General instructions: There are two sections regarding the emotion regulation survey in this questionnaire. This work is related to my research work in the field of emotion regulation and the information gained through this study will strictly be kept confidential. *There are no right or wrong answers*. Please respond to each question as honestly as possible.

INFORMED CONSENT

I Mr/Miss _____ , am participating in this study with my full consent after understanding the purpose and aims of the study.

DATE:

Signature

SELF AWARENESS SURVEY PART A

Instructions: Think about the time you experienced threatening or stressful events. Read the following statements carefully and use the following scale to respond to what you would do after experiencing such events:

EVENT:

Almost never = 1; Rarely = 2 Sometimes = 3; Often = 4; Almost always = 5

1. I feel that I am the one to blame for it
2. I feel that I am the one who is responsible for what has happened
3. I think about the mistakes I have made in this matter
4. I think that basically the cause must lie within myself
5. I think that I have to accept that this has happened
6. I think that I have to accept the situation
7. I think that I cannot change anything about it
8. I think that I must learn to live with it
9. I often think about how I feel about what I have experienced
10. I am preoccupied with what I think and feel about what I have experienced
11. I want to understand why I feel the way I do about what I have experienced
12. I dwell upon the feelings the situation has evoked in me
13. I think of nicer things than what I have experienced
14. I think of pleasant things that have nothing to do with it
15. I think of something nice instead of what has happened
16. I think about pleasant experiences
17. I think of what I can do best
18. I think about how I can best cope with the situation
19. I think about how to change the situation
20. I think about a plan of what I can do best
21. I think I can learn something from the situation
22. I think that I can become a stronger person as a result of what has happened
23. I think the situation also has its positive sides
24. I look for the positive sides to the matter
25. I think that it all could have been much worse
26. I think other people go through much worse experiences
27. I think that it hasn't been too bad as compared to other things
28. I tell myself that there are worse things in life
29. I often think that what I have experienced is much worse than what others have experienced
30. I keep thinking about how terrible it is what I have experienced
31. I often think that what I have experienced is the worst that can happen to a person

32. I continually think how terrible the situation has been
33. I think that others are to be blamed for it
34. I feel that others are responsible for what has happened
35. I think about the mistakes others have made in this matter
36. I think basically the cause lies with others

SELF AWARENESS SURVEY PART B

Instructions: Read the statements listed below and for each statement please indicate to what extent each of the flowing was involved in your coping with any stressful event. Please use the following scale to record your answers. Please note that the questionnaire is inclined to a particular religion but your responses should be accordingly to your religion.

1 2 3 4

Not at all Somewhat Quite a bit A great deal

1. _____ Trusted that God would not let anything terrible happen to me.

2. _____ Experienced God's love and care.

3. _____ Realized that God was trying to strengthen me.

4. _____ In dealing with the problem, I was guided by God.

5. _____ Realized that I didn't have to suffer since Jesus suffered for me.

6. _____ Used Christ as an example of how I should live.

7. _____ Took control over what I could and gave the rest to God.

8. _____ My faith showed me different ways to handle the problem.

9. _____ Accepted the situation was not in my hands but in the hands of God.

10. _____ Found the lesson from God in the event.

11. _____ God showed me how to deal with the situation.

12. _____ Used my faith to help me decide how to cope with the situation.

13. _____ Tried to be less sinful.

14. _____ Confessed my sins.

15. _____ Led a more loving life.

16. _____ Attended religious services or participated in religious rituals.

17. _____ Participated in church groups (support groups, prayer groups, Bible studies).

18. _____ Provided help to other church members.

19. _____ Felt angry with or distant from God.

20. _____ Felt angry with or distant from the members of the church.

21. _____ Questioned my religious beliefs and faith.

22. _____ Received support from the clergy.

23. _____ Received support from other members of the church.

24. _____ Asked for a miracle.

25. _____ Bargained with God to make things better.

26. _____ Asked God why it happened.

27. _____ Focused on the world-to-come rather than the problems of this world.

28. _____ I let God solve my problems for me.

29. _____ Prayed or read the Bible to keep my mind off my problems.