

Cognitive Emotion Regulation Strategies Among Young Adults and Elderly

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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 were 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*

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

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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. 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.

Objectives 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.

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.

METHODOLOGY

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.

Data collection

Primary data collection was undertaken to complete the process of this research.

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Measures

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.

Research design

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.

Statistical analysis

The collected data is analyzed 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.

RESULTS

The results of the study are as follow:

Table 1 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					

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There was a statistically significant age difference between the cognitive emotion regulation activities on the dependent variables, $F(9,109)=15.978$, $p<.001$, Wilk's $\lambda=.431$. 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 2 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.

Table 3 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) Mean difference		1.364
Blaming others	9.252(3.811)	9.015(1.660)
Mean (SD)		.237

$N=120$

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The mean difference is significant at the .05 level.

There was a statistically significant difference between the cognitive emotion regulation activities on the combined dependent 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.

DISCUSSION

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 is 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)

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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 in 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 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

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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 subscales. 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.

REFERENCES

- Folkman, S., Lazarus, R.S., Pimley, D., & Novacek, J. (1987). Age differences in stress and coping processes. *Psychology and Aging, 2*, 171-184.
- Garnefski, N., Kraaij, V., & Spinhoven, P. (2001). Negative life events, cognitive emotion regulation and depression. *Personality and Individual Differences, 30*, 1311-1327.
- Garnefski, N., Kraaij, V. (2006) Relationships between cognitive emotion regulation strategies and depressive symptoms: a comparative study of five specific samples. *Personality and Individual Differences, 40*, 1659-1669.
- Gross, J. J., Carstensen, L. C., Pasupathi, M., Tsai, J., Gottestam, K., & Hsu, A. Y. C. (1997). Emotion and aging: Experience, expression, and control. *Psychology and Aging, 12*, 590-599.
- Pargament, K. I. (1997). *The Psychology of religion and coping: theory, research, and practice*. New York: Guilford Press.

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Pargement, K., Ensing, D., Falgout, K., & Olsen, H. (1990). God help me: Religious coping efforts as predictors of the outcomes to significant negative life events. *American Journal of Community Psychology*, 18(6), 793-824.

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Conflict of Interest

The author declared no conflict of interests.

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