Humanities and Social Sciences Letters
2026 Vol. 14, No. 3, pp. 258-274
ISSN(e): 2312-4318
ISSN(p): 2312-5659
DOI: 10.18488/73.v14i3.5089

The role of rumination in explaining suicidal tendencies among widowed women in Jordan

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Article History
Received: 20 November 2025
Revised: 12 February 2026
Accepted: 18 June 2026
Published: 14 August 2026

Keywords
Rumination
Stressors
Suicidal tendencies
Widowed women
Widowhood.

ABSTRACT

This study aimed to determine the levels of psychological rumination (repetitive thinking) and suicidal tendencies among widowed women, to explore the degree of the influence of psychological rumination on suicidal tendencies. The research employed a descriptive methodology, appropriate for the study's objectives. The results revealed a moderate level of psychological rumination among the sample. On the suicidal tendencies scale, the Attraction to Life subscale showed a high level, whereas the Repulsion from Life subscale ranked lowest, showing a low level. The findings also indicated that psychological rumination acts as a stimulating factor for suicidal tendencies. Statistically significant differences were observed, attributable to the effect of age at widowhood on the psychological rumination scale, with differences favoring the age group under 25 years. No significant differences were found across all subscales of suicidal tendencies except for Repulsion from Life, where differences also favored the same age group (under 25 years). Furthermore, no differences attributable to educational level were recorded either in overall psychological rumination or in the subscales of suicidal tendencies. Regarding employment status, significant differences were found in the level of psychological rumination, favoring unemployed women. Conversely, no differences were observed in the subscales of suicidal tendencies except for Repulsion from Life, where differences also favored unemployed women. Finally, differences attributable to having children were recorded in the level of psychological rumination, favoring women with children, while no differences were found in the subscales of suicidal tendencies except for Attraction to Life, where differences favored women with children.

Contribution/Originality: This study distinguishes itself from previous literature by being the first to integrate rarely combined research variables: Rumination, suicidal ideation, widowed women, and the rural geographic environment in the Hashemite Kingdom of Jordan. It thereby addresses a significant knowledge gap in the field of psychological and family counseling.

1. INTRODUCTION

Passing of the husband is one of the most stressful experiences. Widowed women are more vulnerable to experiencing psychological suffering as a result of this negative experience (Mamidanna, Thagunna, Dangi, & Zelman, 2024). Several studies and previous literature have documented the connection between negative rumination

and the loss of a husband (Ludwikowska-Świeboda, 2023; Ludwikowska-Świeboda & Sekowski, 2024). Rumination is the recurrent and negative thinking about the negative emotions and feelings, which leads to distress (Ehring, 2021). Also, rumination implies that the individual inclines to focus negatively and repeatedly on his/ her psychological hardships, their causes and consequences (Singh & Mishra, 2023). Unlike other mechanisms of adjustment leading to solving the problem one faces, those who are prone to overthinking are more focused on their problems and negative emotions without the attempt to work on solving them (Chu et al., 2023). Furthermore, and according to Smith et al. (2021), rumination is described as a pattern of continuous and recurrent thinking related to the negative experiences one has. It includes two main sub-domains, and these are rumination (deep thinking) and self- blame (negative thinking). In the same vein, Freedle and Kashubeck-West (2021) point out that rumination consists of several domains, mainly: 1- Overthinking about the problem, 2- Unrealistic thinking 3-Recurent ideas, 4- Exaggeration in expecting evil. The study of Ludwikowska-Świeboda (2023) indicated that rumination has a negative effect on the physical and psychological wellbeing of widowed women. Likewise, Ludwikowska-Świeboda and Sekowski (2024) showed that rumination is statistically correlated with higher levels of grief among widowed women.

For women, the death of a husband is one of the most difficult and hurtful life-negative experiences, as it leaves a scar on the psychological well-being of widowed women. One of these negative disorders that may develop from the husband's death is rumination, which has been shown to be a major variable increasing the acuity of negative emotions and the development of suicidal tendencies (Rogers, Gallyer, & Joiner, 2021). Suicidal tendencies are the individual's readiness to end his or her life by repeatedly thinking about behaviors related to committing suicide and feeling worthless (Inderbinen, Schaefer, Schneeberger, Gaab, & Garcia Nuñez, 2021).

Suicidal tendencies go through three main phases: the first is thinking and visualizing suicide, which means that the suicide begins with latent ideas and perceptions related to the individual's inner struggles, psychological pain, and previous experiences. In this phase, the desire to end life by committing suicide begins, and scenarios of how to do this are formulated. The second phase manifests as the desire to commit suicide and planning for it. The individual selects the means for ending his/her life, as well as the time and place for doing it. This phase is the most significant for making judgments about whether the individual is suicidal or not. The third and final phase reflects the actual ability to commit suicide, which requires quick intervention to prevent the occurrence of suicide. In this phase, suicide may happen at any moment, as the individual has gone through all the phases of suicidal tendencies. The majority of individuals with suicidal tendencies and readiness do not directly commit suicide, indicating that careful attention must be paid to signs manifesting in the third phase, which can lead to suicide. If the individual has the ability to overcome the intuitive fear of death and becomes someone who does not fear death, it is necessary to take appropriate actions to prevent him/her from committing suicide (Inderbinen et al., 2021; Wibiharto, Setiadi, & Widyaningsih, 2021).

Widowed women are more inclined to suicidal tendencies compared to married women. This may be accounted for by the complicated social and physiological effects of being widowed. Supporting this notion, a study by Garrison-Desany et al. (2020) showed that suicidal tendencies were more prevalent among widowed women and that the level of suicidal tendencies among them decreases with age and with having more education. Furthermore, this study indicated that the longer a widowed woman has lost her husband, the lower her chances of having suicidal tendencies. By contrast, Garrison-Desany et al. (2020) confirmed that suicidal tendencies among widowed women are highly correlated with psychological disorders such as depression and anxiety.

Rumination is highly correlated with concurrent or future suicidal tendencies. It can be argued that rumination is a significant predictor of suicidal tendencies. Some studies indicate that widowed women reporting high levels of negative rumination are more likely to develop suicidal tendencies. Stressing this, Lo and Cheng (2024) showed in their study that higher levels of rumination and self- blame may predict suicidal tendencies and suicidal attempts.

Rumination may lead to despair and helplessness, and this increases the probability of developing suicidal tendencies. For instance, Chiang et al. (2022) found in their study that there is a positive and statistically significant

correlation between rumination and suicidal tendencies, which means that higher levels of rumination may be an indicator of riskier tendencies. Additionally, rumination reinforces suicidal tendencies as Rogers et al. (2021) found that individuals reporting higher levels of rumination are more likely to show symptoms of suicidal tendencies. As such, it can be argued that rumination may act as a short-term trigger for suicidal tendencies.

The loss of a husband is one of the most stressful experiences that can affect women's psychological well-being. Widowed women are at higher risk of developing suicidal tendencies due to accompanying psychological and social factors. Negative rumination may increase feelings of despair and helplessness, potentially serving as a major catalyst for suicidal tendencies. Reviewing previous studies in the counseling literature.

Although studies on suicidal ideation and rumination are common at a general level, there is a critical gap in research addressing the specific psychological mechanism linking rumination and suicidal ideation within a particularly vulnerable and marginalized population: widowed women. This gap is especially pronounced in the rural context of the Hashemite Kingdom of Jordan, where the circumstances of loss and grief interact with unique environmental-social challenges such as relative isolation, traditional pressures, and limited access to specialized mental health services, potentially amplifying the severity of negative psychological impacts.

Consequently, there are currently no focused quantitative or qualitative studies that integrate these variables (rumination, suicidal ideation, widowhood status, and the rural environment) into a single explanatory model. Furthermore, the literature lacks primary data based on reliable metrics (such as the Ruminative Response Scale and the Beck Scale for Suicidal Ideation) collected from a representative sample of this demographic within this specific geographic and cultural context. This deficiency impedes a precise understanding of the causative factors and limits the effectiveness of intervention and psychosocial support programs offered to them.

Therefore, the current study aims to: Examine and determine the nature and strength of the potential causal-explanatory relationship between rumination (as an independent or mediating variable) and suicidal ideation (as a dependent variable) among a sample of widowed women residing in rural areas of Jordan. The study will adopt a quantitative, descriptive-analytical methodology, employing a comprehensive questionnaire to gather data from a purposive sample across several rural governorates. The objective extends beyond merely identifying a correlation; it is to generate applied knowledge that aids in designing early preventative and counseling programs. These programs would consider the psychological, social, and cultural specificities of widowed women in rural Jordan, thereby contributing to bridging this significant knowledge and methodological gap.

To achieve the objectives of the study, it aims to answer the following research questions:

1. What is the level of suicidal tendencies among widowed women?
2. What is the level of rumination among widowed women?
3. To what extent does rumination influence suicidal tendencies?
4. Are there statistically significant differences ($\alpha = 0.05$) in rumination and suicidal tendencies based on age at widowhood, educational level, employment status, and the presence of children?

2. METHODS

2.1. Study Design

The current study aims to explore the role of rumination in explaining suicidal tendencies among widowed women, while also analyzing the differences in the levels of the two variables under study in light of some demographic variables such as age at the husband's death, educational level, work status, and with/without children status. In doing so, the study adopted a quantitative descriptive research paradigm as the most suitable research design. For data collection, two valid and reliable scales were employed. The first is the Rumination Scale, designed to assess the level of rumination, while the second was the Suicidal Tendencies Scale, used to assess levels of suicidal tendencies. The study employed a descriptive design that enables the researcher to analyze the effect of demographic variables while working concurrently on controlling the effect of other demographic variables. This approach helps

in detecting natural patterns and correlations in the collected data to ensure measurement validity and reliability. Two reference lists for the Rumination Scale and Suicidal Tendencies Scale were developed and thoroughly reviewed by a panel of experts to enhance the study's rigor. This process made it plausible and statistically acceptable to administer the two scales to the targeted study sample.

2.2. Participants

The study sample comprised 136 widowed women who were clients of social service centers and associations in the city of Irbid. Participants were selected using a convenience sampling method, with selection criteria aligned with the research objectives and the characteristics of the study population.

Demographic data were collected from participants based on the following variables: age at widowhood (Table 1), educational level (Table 2), employment status (Table 3), and having children (Table 4). The study instruments were then distributed electronically using Google Forms.

Given the non-probability sampling method and the geographical focus on Irbid city, the findings of the study are primarily interpreted within the specific context of the participants. Consequently, the generalizability of these results to a broader population of widowed women in Jordan or other societies is limited. Nonetheless, the findings offer valuable insights for understanding the phenomenon within a specific demographic and social group and can serve as a foundation for more comprehensive future studies.

Table 1. Frequencies and percentages in light of age at death of husband.

Category	Frequency	Percentage
Less than 25 years	40	29.4
25 years or more	96	70.6
Total	136	100.0

Table 1 shows the distribution of the study sample in light of age at death of husband. As seen, the majority of the sample were in the age group (more than 25 years), which represented (N= 96-70.6%), while the total number of the age group (less than 25) was (N=40) and represented (29.4%) of the total sample.

Table 2. Frequencies and percentages in light of educational level.

Category	Frequency	Percentage
Less than BA	18	13.2
BA	76	55.9
Higher Education	42	30.9
Total	136	100.0

Table 2 presents the distribution of the sample based on educational level. As seen, the majority of the study sample were from BA holders (N=76, 55.9%), followed by those holding higher education degrees (N=42, 30.9%), while those holding degrees less than BA totaled (18) widowed women and represented (13.2%) of the total sample.

Table 3. Frequencies and percentages in light of work status.

Category	Frequency	Percentage
Working	63	46.3
Non- working	73	53.7
Total	136	100.0

As noticed in Table 3 showing the distribution of the study sample in light of work status, the number of non-working women was (73) and represented (53.7%) of the total sample. As for the number of working widowed women, these totaled (63), representing (46.3) of the sample.

Table 4. Frequencies and percentages in light of being with/ without children.

Category	Frequency	Percentage
With Children	66	48.5
Without Children	70	51.5
Total	136	100.0

Table 4 presents the distribution of the sample based on being with/ without children from the late husband. The number of widowed women without children from the late husband was 70, representing 51.5% of the total sample. Those with children from the late husband numbered 66, representing 48.5% of the study sample. The distribution of the study sample based on demographic variables varies, with a clear tendency toward older age groups, BA educational level, being non-working, and without children.

2.3. Ethical Considerations

The participation in this current study was voluntary. The participants were given all the required information to make an informed decision to participate or not participate in the study. They were asked to provide an informed participation consent application, ensuring their willingness to participate after they were fully briefed about the objectives of the study, the procedures endorsed for data collection, and were warned of any future risks before participation. They were also informed that they have the right to withdraw from the study at their convenience without any future risks to them. They were also assured that all data collected will be kept confidential to ensure the secrecy of their responses and that all the information they provide will only be used for research purposes. Additionally, they were assured that none of the information provided by them will be included in the reports or research papers to be published. The participants were also informed about the possible hazards resulting from their participation, such as any psychological disturbances they may experience, while assuring at the same time that they can withdraw from the study without the need to specify their reasons for withdrawal and that they are not at any risk from withdrawal. The study employed all the endorsed ethical considerations recommended by the Ethical Research Committee to ensure that all research procedures were conducted in accordance with standard ethical guidelines.

3. INSTRUMENTS OF THE STUDY

3.1. Rumination Scale

To assess the level of rumination among widowed women, the Rumination Scale developed by Smart, Peters, and Baer (2016) was employed. The selection of this scale was based on its suitability for the targeted population and sample of the study. The scale includes (10) items. Smart et al. (2016) checked the validity of the original scale using exploratory factor analysis (EFA), as the analysis yielded a single scale model and was able to account for (58.41%) of the total variance of the responses provided by the pilot sample. Item loadings ranged between 0.65 and 0.77. To check for reliability of the scale, Smart et al. (2016) computed internal consistency coefficients using Cronbach's Alpha, which was 0.92 for the total scale.

3.2. Construct Validity of Rumination Scale in the Study

To compute the construct validity of the Rumination Scale in the current study, correlation coefficients between the individual items and the total scale were computed using the responses of a pilot sample totaling 30 widowed women out of the original sample of the study. The correlation coefficients between the individual items and the total scale ranged between 0.58 and 0.81. Table 5 presents the values of correlation coefficients between the individual items of Rumination Scale and the total scale.

Table 5. Correlation coefficients between the individual items of Rumination Scale and the total scale.

Item No.	Correlation coefficient
1	0.58(**)
2	0.81(**)
3	0.68(**)
4	0.68(**)
5	0.70(**)
6	0.74(**)
7	0.69(**)
8	0.68(**)
9	0.72(**)
10	0.70(**)

Note: **statistically significant at (0.01).

It should be acknowledged that all values of correlation coefficients were statistically acceptable and this means that none of the items in the original Rumination Scale was deleted.

3.3. Reliability of the Rumination Scale

To check the reliability of the Rumination Scale in the current study, the test-retest reliability method was employed. The Rumination Scale was administered to a sample of 30 widowed women and then re-administered to the same sample after a two-week interval. The correlation coefficient between the two administrations was 0.89.

Furthermore, the internal consistency reliability procedure using Cronbach's Alpha was employed to assess the Rumination Scale's reliability. The Cronbach's Alpha coefficient for the total score of the Rumination Scale was 0.82, which is statistically acceptable for achieving the study's objectives.

3.4. Suicidal Tendencies Scale

To measure suicidal tendencies among widowed women, the Multi Attitude Suicide Tendency Scale (MAST) was developed by Orbach et al. (1991). The scale initially contained 30 items across four domains: Repulsion of Death, Attraction to Life, Repulsion of Life, and Attraction to Death. After review by a panel of counseling experts, the final version included 23 items distributed among these domains: Repulsion of Death (1-7), Attraction to Life (8-13), Repulsion of Life (14-19), and Attraction to Death (20-23).

3.5. Construct Validity of Suicidal Tendencies Scale

To elicit the construct validity of the Suicidal Tendencies Scale, correlation coefficients between the individual items and the total scale were computed using the responses of a pilot sample totaling 30 widowed women out of the original sample of the study. The correlation coefficients between the individual items and the total scale ranged between 0.60 and 0.85. Table 6 presents the values of correlation coefficients between the individual items of the Suicidal Tendencies Scale and the total domain.

Table 6. Correlation coefficients between the individual items of suicidal tendencies scale and the total domain.

Item no.	Correlation coefficient	Item no.	Correlation coefficient	Item no.	Correlation coefficient
1	0.69(**)	9	0.70(**)	17	0.76(**)
2	0.75(**)	10	0.68(**)	18	0.64(**)
3	0.77(**)	11	0.76(**)	19	0.77(**)
4	0.60(**)	12	0.67(**)	20	0.70(**)
5	0.85(**)	13	0.70(**)	21	0.71(**)
6	0.75(**)	14	0.65(**)	22	0.79(**)
7	0.70(**)	15	0.77(**)	23	0.71(**)
8	0.67(**)	16	0.79(**)		

Note: **statistically significant at (0.01).

It should be acknowledged that all values of correlation coefficients were statistically acceptable and this means that none of the items in the original Suicidal Tendencies Scale was deleted.

3.6. Reliability of Suicidal Tendencies Scale

To check the reliability of the Suicidal Tendencies Scale in the current study, the test-retest reliability method was employed. The scale was administered to a sample of 30 widowed women and re-administered to the same sample after a two-week interval. The correlation coefficients between the two administrations were computed (Table 7).

Furthermore, internal consistency reliability procedure by computing Cronbach Alpha was also employed to check for the reliability of the Suicidal Tendencies Scale (Table 7).

Table 7. Internal consistency and test- retest reliabilities for suicidal tendencies scale.

Domain	Test- retest	Internal consistency
Repulsion of death	0.84	0.77
Attraction to life	0.87	0.79
Repulsion of life	0.85	0.80
Attraction to death	0.90	0.85

As seen in Table 7, the Suicidal Tendencies Scale shows a high level of both internal consistency and test- retest reliabilities. Internal consistency reliability coefficients fell between (0.77) and (0.85). Also, test-retest reliability coefficients were between 0.84 and 0.90, which indicates that the scale has high levels of reliability.

4. RESULTS

First Question: What is the Level of Rumination among Widowed Women?

To answer this question, means and standard deviations for the level of rumination among widowed women were computed as presented in Table 8.

Table 8. Means and standard deviations for the level of rumination among widowed women in descending order based on mean scores.

Rank	Item No.	M	SD	Level
1	2	3.57	1.13	Moderate
2	4	3.51	1.04	Moderate
3	1	3.42	1.11	Moderate
4	8	3.37	1.18	Moderate
5	3	3.04	1.21	Moderate
6	7	2.76	1.34	Moderate
7	5	2.67	1.17	Moderate
8	6	2.65	1.23	Moderate
9	10	2.57	1.40	Moderate
10	9	2.45	1.32	Moderate
		3.00	0.87	Moderate

As presented in Table 8, the level of rumination among the sample of the study was moderate (M=3.00, SD= 0.87). As for the individual items of the rumination total scale, the mean scores ranged between (M=2.45) and (M=3,57). Item (2) stating " I always seem to be rehashing in my mind stupid things that I've said or done" ranked first with a means score of (3.57, SD=1.3) with a moderate level. Item (4) stating " I can't stop thinking about how I should have acted differently in certain situations" ranked second with a means score of (3.51, SD=1.04) with a moderate level. Item (1) stating " My attention is often focused on aspects of myself that I'm ashamed of" ranked third with a means score of (3.42, SD=1.11) and with a moderate level. Item (9) stating " I spend a lot of time thinking I was not good enough" ranked last with a means score of (2.45, SD=1.32) with a moderate level.

Second Question: What is the Level of Suicidal Tendencies among Widowed Women?

To answer this question, means and standard deviations for the level of suicidal tendencies among widowed women were computed as presented in Table 9.

Table 9. Means and standard deviations for the level of suicidal tendencies among widowed women in descending order based on mean scores.

Rank	No.	Domain	M	SD	Level
1	2	Attraction to Life	4.08	0.77	High
2	4	Attraction to Death	2.31	0.99	Low
3	1	Repulsion of Death	2.20	1.11	Low
4	3	Repulsion of Life	2.10	0.80	Low

As presented in Table 9, it can be noticed that the mean scores ranged between (M=2.10) and (M=4.08). Attraction to Life domain ranked first with a mean score of (4.08, SD=0.77), indicating a high level. Conversely, Repulsion of Life ranked last with a mean score of (2.10, SD=0.80), indicating a low level.

Third Question: What is the Effect of Rumination on Suicidal Tendencies among Widowed Women?

To identify the effect of rumination on suicidal tendencies, AMOS- 17 statistical software was employed to conduct Structural Equation Modeling (SEM) to study the effect of rumination on suicidal tendencies among the sample under investigation in the current study. This allows the software to estimate the relationships between the different variables and to examine the goodness of fit of the total model of data using goodness of fit indicators such as CMIN/DF, GFI, CFI, and RMSEA. Table 10 and Figure 1 present the results of the structural equation modeling analysis examining the effect of rumination on suicidal tendencies.

Table 10. The effect of rumination on suicidal tendencies domains.

Correlation with rumination	Domain	Factor (Estimate)	Standard Error (S.E.)	C.R.	Sig. (P)
Rumination→	Repulsion of death	0.305	0.107	2.856	0.004
Rumination→	Attraction to life	0.179	0.075	2.380	0.017
Rumination→	Repulsion of life	0.330	0.074	4.472	0.001
Rumination→	Attraction to death	0.337	0.093	3.608	0.001

Table 10 presents the effect of psychological rumination on the different domains of suicidal tendencies, showing statistically significant positive relationships across all domains.

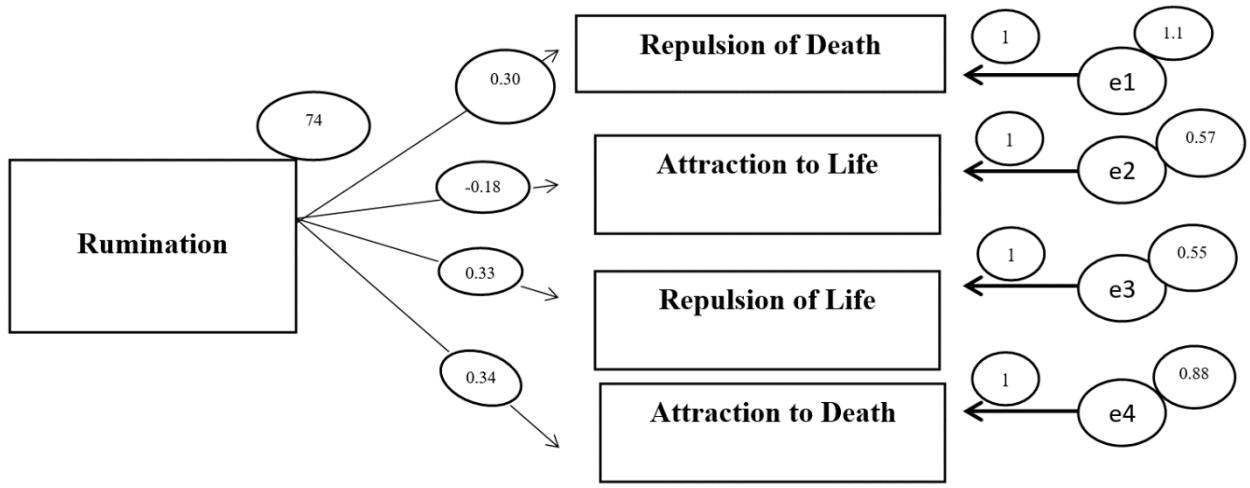

Figure 1. The effect of psychological rumination on the domains of suicidal tendencies.

Figure 1 illustrates the effect of psychological rumination on the domains of suicidal tendencies, showing its direct impact on attraction to death, repulsion of life, attraction to life, and repulsion of death. The value 0.74 in the

model represents the squared multiple correlation (R^2), indicating that rumination explains 74% of the variance in suicidal tendencies. The value -0.18 represents a standardized path coefficient, indicating a negative relationship between rumination and that specific domain.

The results show that rumination among widowed women has a statistically significant effect on all domains of suicidal tendencies.

First: Repulsion of Death: the results indicate that there is a positive correlation between rumination among widowed women and repulsion of death since the correlation coefficient was *(α=-0.179, p=0.004)*. This implies that the more there is rumination (negative thinking) among widowed women, the more this group of women feels repulsion of death. This shows the negative effects of rumination on psychological well-being related to suicidal tendencies.

Second: Attraction to Life: The results revealed a statistically significant positive correlation between attraction to life and rumination (r = .179, p = .017). This positive correlation suggests that a tendency towards rumination is associated with an increased sense of attraction to life and a stronger will to live among the study participants.

Third: Repulsion of Life: The effect was positive and clear since the correlation coefficient value between rumination and repulsion of life was high *(α=0.330)* and statistically significant *($p < 0.001$)*. This reflects that rumination increases the individual's feeling of repulsion of life, which is one of the most prominent indicators of suicidal tendencies.

Fourth: Attraction to Death: The results also showed that there is a positive effect of rumination on attraction to death *(α=0.337, $p< 0.001$)*. This means that continuous rumination leads to greater readiness to think about death and being driven towards it. This is a dangerous indicator increasing the possibility of committing suicide.

4.1. Model Goodness of Fit Indicators

Table 11 presents Model Goodness of fit indicators using AMOS- 27,

Table 11. Model Goodness of fit indicators using AMOS-27.

Indicator	Value
CMIN/DF	2.643
GFI	0.965
AGFI	0.914
RMR	0.070
CFI	0.913
TLI	0.945
RMSEA	0.064

Table 11 presents the model goodness-of-fit indicators estimated using AMOS version 27, all of which fall within the recommended thresholds, confirming the adequacy of the proposed structural model.

- CMIN/DF = 2.643 is less than 3, which is a good goodness of fit.
- GFI = 0.965 and AGFI = 0.914: Excellent compatibility between the model and data.
- CFI = 0.913 and TLI = 0.945: The model is able to explain the relationships between the variables.
- RMSEA = 0.064: Estimation error is low which enhances the credibility and validity of the results.

These indicators confirm that the SEM model employed in the study is suitable for analyzing the effect of rumination on suicidal tendencies. In sum, it can be concluded that rumination triggers suicidal tendencies since it increases repulsion of life and attraction to death while decreasing attraction to life.

Fourth Question: Are there statistically significant differences *(α=0.05)* in the level of rumination and suicidal tendencies among widowed women in light of age at death of husband, educational level, work status, with/ without children status?

To answer this question, means and standard deviations for both rumination and suicidal tendencies levels in light of age at death of husband, educational level, work status, with/without children status were computed. To identify the statistical differences in the mean scores, t-test was employed for age at death of husband, work status, and with/without children status. As for educational level, one-way ANOVA was employed, as presented in the following tables.

First: Age at death of husband.

Table 12. Means, standard deviations and test for the effect of age at death of husband on rumination and suicidal tendencies levels.

Variables	Age at death of husband	N	M	SD	T	df (Degrees of freedom)	Sig.
Rumination Scale	Less than 25	40	3.30	0.892	2.658	134	0.009
	25 or more	96	2.88	0.829			
Repulsion of Death	Less than 25	40	2.20	1.028	-0.043	134	0.966
	25 or more	96	2.21	1.142			
Attraction to Life	Less than 25	40	3.94	0.771	-1.352	134	0.179
	25 or more	96	4.14	0.767			
Repulsion of Life	Less than 25	40	2.39	0.856	2.807	134	0.006
	25 or more	96	1.98	0.741			
Attraction to Death	Less than 25	40	2.46	1.105	1.128	134	0.262
	25 or more	96	2.25	0.930			

As shown in Table 12, statistically significant differences ($\alpha = 0.05$) were found in the Rumination Scale according to age at the husband's death, in favor of widowed women whose husbands died before the age of 25.

In addition, a statistically significant difference was found only in the Repulsion of Life domain of the Suicidal Tendencies Scale, also in favor of the same age group.

However, no statistically significant differences were observed in the other domains of the Suicidal Tendencies Scale, namely Repulsion of Death, Attraction to Life, and Attraction to Death.

Second: Educational Level.

Table 13. Means, standard deviations and tests for the effect of educational level on rumination and suicidal tendencies levels.

Variables	Category	N	M	SD
Rumination Scale	Less than BA	18	3.06	1.059
	BA	76	3.01	0.859
	Higher Education	42	2.95	0.807
	Total	136	3.00	0.866
Repulsion of Death	Less than BA	18	2.51	1.387
	BA	76	2.20	1.055
	Higher Education	42	2.07	1.066
	Total	136	2.20	1.106
Attraction to Life	Less than BA	18	3.91	0.786
	BA	76	4.06	0.790
	Higher Education	42	4.19	0.729
	Total	136	4.08	0.771
Repulsion of Life	Less than BA	18	2.13	0.795
	BA	76	2.17	0.842
	Higher Education	42	1.96	0.704
	Total	136	2.10	0.796
Attraction to Death	Less than BA	18	2.13	0.871
	BA	76	2.35	1.056
	Higher Education	42	2.31	0.907
	Total	136	2.31	0.985

As presented in Table 13, it can be seen that there are apparent differences in the mean scores and standard deviations for both rumination and suicidal tendencies concerning the educational level variable. To determine the significance of these differences between the mean scores, one-way ANOVA was employed.

Table 14. One- way ANOVA statistical analysis on both rumination and suicidal tendencies.

Variables	Source of variance	Sum of squares	df	Squares average	f	Sig.
Rumination Scale	Between Groups	0.188	2	0.094	0.124	0.884
	Within Groups	101.122	133	0.760		
	Total	101.310	135			
Repulsion of Death	Between Groups	2.439	2	1.220	0.997	0.372
	Within Groups	162.767	133	1.224		
	Total	165.206	135			
Attraction to Life	Between Groups	1.126	2	0.563	0.947	0.390
	Within Groups	79.094	133	0.595		
	Total	80.220	135			
Repulsion of Life	Between Groups	1.242	2	0.621	0.981	0.378
	Within Groups	84.228	133	0.633		
	Total	85.471	135			
Attraction to Death	Between Groups	0.750	2	0.375	0.383	0.683
	Within Groups	130.280	133	0.980		
	Total	131.029	135			

As shown in Table 14, all significance (Sig.) values are greater than 0.05. Therefore, no statistically significant differences were found based on educational level in the total rumination score or in any of the domains of suicidal tendencies.

Third: Work Status.

Table 15. Means, standard deviations and test for the effect of work status on rumination and suicidal tendencies levels.

Variables	Work status	N	M	SD	t	df	Sig.
Rumination scale	Work	63	2.75	0.767	-3.256	134	0.001
	Don't work	73	3.22	0.893			
Repulsion of death	Work	63	2.07	1.048	-1.278	134	0.204
	Don't work	73	2.32	1.150			
Attraction to life	Work	63	4.21	0.759	1.911	134	0.058
	Don't work	73	3.96	0.767			
Repulsion of life	Work	63	1.78	0.598	-4.642	134	0.000
	Don't work	73	2.37	0.846			
Attraction to death	Work	63	2.17	0.860	-1.483	134	0.141
	Don't work	73	2.42	1.074			

Table 15 shows:

- There are statistically significant differences (α=0.05) in light of work status on the total rumination scale, in favor of non- working widowed women.
- There are no statistically significant differences (α=0.05) in light of work status on the individual domains of suicidal tendencies scale, except for repulsion of life domain whereas differences were in favor of non- working widowed women.

Fourth: With/ Without Children.

Table 16. Means, standard deviations and test for the effect of with/ without children on rumination and suicidal tendencies levels.

Variables	Having children	N	M	SD	t	df	Sig.
Rumination scale	With children	66	3.21	0.931	2.791	134	0.006
	Without children	70	2.80	0.756			
Repulsion of death	With children	66	2.21	1.177	0.096	134	0.924
	Without children	70	2.19	1.044			
Attraction to life	With children	66	4.24	0.604	2.434	134	0.016
	Without children	70	3.93	0.878			
Repulsion of life	With children	66	2.02	0.764	-1.181	134	0.240
	Without children	70	2.18	0.822			
Attraction to death	With children	66	2.29	1.018	-0.196	134	0.845
	Without children	70	2.33	0.961			

As seen in Table 16.

- There are statistically significant differences (α=0.05) in light of being with/ without children on the total rumination scale, in favor of widowed women with children.
- There are no statistically significant differences (α=0.05) in light of work status on the individual domains of suicidal tendencies scale, except for attraction to life domain, whereas differences were in favor of widowed women with children.

5. DISCUSSION

First Question: What is the Level of Rumination among Widowed Women?

The results of the first question indicated that the level of rumination among widowed women was moderate. This reflects a state of relative balance between the inclination to always think about the painful experiences and events of the past on one hand and the ability to control this inclination and limit it on the other hand. Also, the researcher explains this result by the fact that losing the husband is a traumatic life experience that may provoke certain types of ruminative thinking related to feeling loneliness and emptiness. Having some anchor variables such as social support from the family and society, accompanied by family commitments and life responsibilities, may contribute to mitigating the magnitude of the effects resulting from rumination, which in turn may hinder reaching higher levels. At the same time, rumination being at moderate levels stresses that widowed women are still experiencing some negative psychological traumas due to the loss of their husbands, which implies the need for counseling and therapy programs that may help them manage their negative ideas and adjust to this new stage of their lives. This decreases the probability of developing more serious disorders resulting from rumination, such as depression and suicidal tendencies.

This result is consistent with what was documented in the related literature and previous studies, indicating that rumination after the loss of a partner may be common among grieving partners, with severity varying based on the experiences of the griever and some demographic variables (Eisma, Franzen, Paauw, Bleeker, & aan het Rot, 2022). Furthermore, it can be claimed that losing a partner is in itself a shocking experience. leading to ruminative thinking related to grief and feelings of loneliness. However, having supporting variables such as social support from family and society and daily life responsibilities may contribute to decreasing the intensity of this rumination. This was also confirmed by several previous methodological studies Scott et al. (2007) that social support is negatively correlated with depression and grief-related disorders. Nonetheless, the fact that rumination among widowed women fell at a moderate level indicates that these women are still suffering from the negative consequences of losing their husbands. This is consistent with recent studies such as Eisma et al. (2022) and Huang et al. (2025), indicating that rumination is highly correlated with depression and suicidal tendencies among various study populations.

Second Question: What is the Level of Suicidal Tendencies among Widowed Women?

Attraction to life domain ranked first with a high level. This signifies that widowed women still have a sense of life and wish to live their life experiences to the fullest despite the difficulties and hardships related to the loss of their husbands, accompanied by feelings of sadness and psychological stress. Additionally, this reflects an outstanding ability for psychological adjustment along with high levels of resiliency, helping them concentrate on the positive aspects of their lives, such as family commitments, social relations with others, and participation in daily activities, which in turn gives them a sense of self-worth and achievement (Boerner et al., 2024). Furthermore, previous studies indicate that social support from family members and friends is one of the most important variables enhancing attraction to life, as it decreases levels of depression while increasing levels of life satisfaction, life orientation, and hope. On a psychological level, the ability to focus on positive aspects and the resilience to cope with the loss of a husband are effective coping mechanisms to overcome negative emotions and grief, which mitigates the possibility that these sad emotions develop into riskier disorders.

Repulsion from life ranked last with a low level. This reflects an inclination to withdraw from life or resort to drastic measures to end suffering, such as committing suicide. It also suggests that widowed women did not reach high levels of despair and helplessness; they tend to live their lives, which helped them overcome negative feelings from losing their husbands. This result can also be explained by the fact that low levels of repulsion from life are related to several personal, social, and psychological preventive factors, such as family commitments and daily responsibilities toward children. Previous studies such as Scott et al. (2007), have proven that some factors, including available social support from family members and friends decreases the possibility to develop suicidal tendencies. Finally, Scott et al. (2007) reported in their study having a supportive environment decreases the risk of developing psychological and behavioral disorders such as suicidal tendencies, while working at the same time on increasing the individual's quest for life goals and a sense of life achievement. It motivates the individual to be more inclined to strive for self- worth and this helps in being more emotionally and psychologically balanced and a buffering factor against developing depression and suicidal tendencies.

Third Question: What is the Effect of Rumination on Suicidal Tendencies among Widowed Women?

The results of the study indicated that rumination is one of the triggers for suicidal tendencies among widowed women. To elaborate on this, rumination increases repulsion of life and attraction to death, which are two domains of suicidal tendencies. At the same time, it decreases attraction to life. The researcher thinks that rumination, which is mainly the recurrent and continuous thinking about the loss of the husband and the painful events related to grieving him deepens the feelings of sadness, loneliness and psychological vacuum. This thinking style makes widowed women more engaged and involved in the negative aspects of this life experience, thus limiting their ability to retrieve the once-positive resources in their lives such as social support and daily achievements. This eventually leads to the development of despair and hopelessness.

Previous studies documented that rumination is related to high levels of depression and anxiety. It is one of the major risk factors for developing suicidal ideations among various populations. In the case of widowed women, the loss of the husband is dual trauma as it combines emotional loss and social loss. This makes rumination more intense and severe and directly and negatively affects attraction to life (Bahat-Yaacoby & Hamdan, 2025; Eisma et al., 2022). Nonetheless, more recent studies have indicated that some buffering factors against the negative effects of rumination, such as social support from family members and friends, family commitments, and participation in daily activities, may mitigate these negative effects of rumination and thus decrease the levels of repulsion of life while increasing levels of purpose and sense of life (Boerner, Jopp, & Park, 2024; Scott et al., 2007). This result is consistent with what was reported in other related previous studies such as Huang et al. (2025) and Lo and Cheng (2024), emphasizing that negative recurrent thinking increases the risk of developing suicidal tendencies.

Fourth Question: Are there statistically significant differences (α=0.05) in the level of rumination and suicidal tendencies among widowed women in light of age at death of husband, educational level, work status, with/ without children status?

The results of the study showed that there are statistically significant differences due to age at death of the husband on the rumination total scale, in favor of the (less than 25 years) age group. This implies that this age group of widowed women has reported higher levels of rumination compared to older widowed women. This result may be explained by the researcher's perception that younger widowed women, despite having potential psychological and social resources, face challenges related to their trauma in an intense and direct way because they do not have the necessary life experiences that can help them deal with the negative emotions emerging after losing their husbands. Younger age groups are less likely to manage their negative emotions related to grief since they lack the psychological support once provided by the late husband. This makes them more vulnerable to engaging in ruminative thinking about their loss (Bahat-Yaacoby & Hamdan, 2025; Motsoeneng, 2022).

By contrast, older widowed women may have more experiences they can lean on to help handle the negative emotions related to the loss of their husband in a more balanced manner. Furthermore, they may possess a stronger social support network or better coping strategies that can mitigate the continuous rumination of ideas (Boerner et al., 2024; Scott et al., 2007).

It was also found in this study that there are no statistically significant differences due to age at death of husband on all domains of the suicidal tendencies scale, except for the repulsion of life domain, whereas differences were in favor of the (less than 25 years) age group. This is an indicator that younger widowed women reported higher levels of repulsion from life compared to their older counterparts. These results may be due to the fact that widowed women, despite their young age and possible ability to cope with a stressful life event such as losing their husband, face the experience of losing their husband in a more intense and emergent manner. It is plausible to assume that they do not have the adequate life experiences to pass through this negative life event effectively, as is the case for widowed women in an older age group. Moreover, one can assume that younger widowed women suffer from a lack of necessary psychological and social resources to help them navigate this stressful situation successfully. Additionally, the loss of the husband at an early age leads to higher levels of loneliness, emotional vacuum, and loss of direction in life. This undoubtedly increases the level of repulsion, making this age group more at risk of developing negative thinking. By contrast, widowed women in older age groups may have more life experiences, positive coping mechanisms, and a more solid social support network. This, in turn, has effects on reducing levels of repulsion of life and increasing their ability to manage negative emotions resulting from the loss of their husband (Boerner et al., 2024; Scott et al., 2007).

The study results showed no statistically significant differences based on educational level in the total rumination scale score or the individual domains of the suicidal tendencies scale. It can be claimed that educational level is not a crucial factor influencing rumination or suicidal tendencies. Losing a husband is a strong, intense emotional trauma that has a relatively negative effect on all women, regardless of educational level. This suggests that the negative emotional experience resulting from losing a husband and grief may transcend the impact of traditional educational variables, such as having a university degree or not. Affirming this, in their study, Zheng and Yan (2024) reported that educational level was not a crucial factor in determining levels of rumination or the inclination to psychological withdrawal.

Likewise, more recent related literature and previous studies indicated that other psychological and social factors such as resilience, coping strategies, social support from family members and friends, having a strong and cohesive social network and the ability to find purpose and meaning in life after losing the partner were the most influential factors in determining levels of rumination and suicidal tendencies among widowed women (Li, Ge, Dong, & Jiang, 2023). To explain further, a widowed woman receiving continuous emotional support and has more positive coping strategies may handle the traumatic event related to loss of the husband in a les ruminative manner regardless of her educational level. In the same vein, a widowed woman with a university degree, but lacks social support and positive coping strategies, is more likely to develop ruminative thinking and inclination to repulsion of life.

As for being with/ without children, the results of the study showed statistically significant differences among widowed women on the total score of the rumination scale, in favor of widowed women with children. This result can

be explained by that being a mother of children motivates widowed women to be stronger and to abandon the negative thinking styles, including rumination. Widowed women with children are more concerned with providing them with a decent life by concentrating their efforts on fulfilling the needs of these children instead of being immersed in negative ideas related to loss of the husband or the painful events while grieving. Moreover, children are an important resource for social interaction and emotional support, which in turn increases the psychological balance and stability while working at the same time on reducing level of continuous negative thinking. Previous studies have supported this assumption as Jiao, Pang, and Hu (2024) and Falk, Angelhoff, Alvariza, Kreicbergs, and Sveen (2021) reported in their studies widowed parents with younger children manifested lower levels of psychological disorders compared to widowed parents without children. Thus, it can be assumed that being with children may be considered as a buffering factor reducing levels of rumination and suicidal tendencies.

Likewise, there were no statistically significant differences among widowed women with or without children on individual domains of the suicidal tendencies scale, except for the attraction to life domain, as differences were in favor of widowed women with children. It can be argued that having children can be seen as a rich resource for meaning and purpose in life. Having children means that the widowed mother has a responsibility toward her children, as she is committed to meeting their daily needs. This increases the desire to continue living a full life and decreases feelings of despair or helplessness (Falk et al., 2021). It has been documented in recent studies that family responsibilities and commitments, especially children care, has been a strong psychological motivator for the widowed woman since it helps her cope with the emotional trauma be focusing her attention to the meaningful life experiences. Furthermore, having children increases levels of social belonging and emotional support. This in turn has positive effects on increasing attraction to life and minimizes levels of negative thinking (Jiao et al., 2024).

6. CONCLUSIONS

The present study examined the relationship between rumination and suicidal tendencies among widowed women. The findings revealed that rumination is significantly associated with suicidal tendencies among widowed women, indicating that higher levels of rumination are linked to increased vulnerability to suicidal thoughts. However, it should be emphasized that, given the cross-sectional nature of the study, these findings reflect statistical associations rather than causal relationships. The results also demonstrated statistically significant differences in rumination levels according to the age at the husband's death, with higher rumination observed among widowed women whose husbands died when they were younger than 25 years. In contrast, no statistically significant differences were found across most domains of suicidal tendencies based on age at the husband's death, except for the repulsion of life domain, which was higher among the same younger age group.

Furthermore, the study found no statistically significant differences attributable to educational level in either the total rumination scores or the domains of suicidal tendencies. Regarding work status, non-working widowed women exhibited significantly higher levels of rumination, while differences in suicidal tendencies were generally non-significant, except for the repulsion of life domain, which was higher among non-working women. With respect to parental status, widowed women with children reported significantly higher levels of rumination. However, differences in suicidal tendencies were largely non-significant, except for the attraction to life domain, which was higher among widowed women with children, suggesting a potentially protective psychological dimension associated with motherhood. Taken together, these findings highlight the importance of addressing rumination as a key psychological correlate of suicidal tendencies among widowed women. While causality cannot be inferred, the observed associations underscore the need for counseling and therapeutic interventions aimed at reducing maladaptive rumination and enhancing adaptive coping strategies. Particular attention should be directed toward younger widowed women and non-working widows, as well as supporting widowed women with children through integrated psychological and social support programs that reinforce family relationships and promote psychological adjustment to loss.

7. LIMITATIONS

Several limitations should be considered when interpreting the findings of this study. First, the use of a cross-sectional design limits the ability to draw causal conclusions regarding the relationship between rumination and suicidal tendencies. Longitudinal studies are needed to examine the directionality and temporal dynamics of these relationships. Second, the study relied on self-report measures, which may be subject to response bias, social desirability effects, and underreporting of sensitive issues such as suicidal ideation. Third, the sampling method and sample characteristics may limit the generalizability of the findings to all widowed women, particularly those in different cultural or socioeconomic contexts. The study was conducted within a specific cultural and social context, which may influence both the experience of widowhood and the expression of psychological distress. Therefore, caution is advised when generalizing the results beyond similar cultural settings.

Funding: This work was supported by the Deanship of Scientific Research, Vice Presidency for Graduate Studies and Scientific Research, King Faisal University, Saudi Arabia (Grant number: KFU253711).
Institutional Review Board Statement: This study was approved by the Institutional Review Board of Ajloun National University, Jordan, under protocol number [IRB No. 3018/UN37.11/TU/2025], dated August 30, 2025. Informed verbal consent was obtained from all participants, and all data were anonymized to protect participant confidentiality.
Transparency: The authors state that the manuscript is honest, truthful, and transparent, that no key aspects of the investigation have been omitted, and that any differences from the study as planned have been clarified. This study followed all writing ethics.
Competing Interests: The authors declare that they have no competing interests.
Authors' Contributions: All authors contributed equally to the conception and design of the study. All authors have read and agreed to the published version of the manuscript.

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