

## The Relationship between Positive Emotional Styles with Life Expectancy and Mediation of Quality of Life in Older Men

Mohammad Reza Izadpanah Kakhak<sup>1</sup>, Ali Akbar Samari<sup>2\*</sup>, Hassan Toozandehjani<sup>3</sup>

1. PhD Student in Psychology, Department of Psychology, Faculty of Basic Sciences, Neishabour Branch, Islamic Azad University, Neishabour, Iran.
2. Assistant Professor of Psychology, Department of Psychology, Kashmar Branch, Islamic Azad University, Kashmar, Iran.
3. Associate Professor of Psychology, Department of Psychology, Faculty of Basic Sciences, Neishabour Branch, Islamic Azad University, Neishabour, Iran.

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### Abstract

**Purpose:** The aim of the present study was to investigate the relationship between positive transsexual styles and life expectancy and mediation of quality of life in male seniors.

**Methodology:** This study was a descriptive-correlational study that was conducted to investigate the mediating role of quality of life in relation to positive metaphysical styles with life expectancy in male seniors. The statistical population of this study included all elderly men over 60 years of age in the Neishabour Welfare Department. The sample of the present study included 132 of these elderly people who were selected as available samples. Beck, Hoe per (2009), Snyder, et al (1991) Life Hope Questionnaire and the World Health Organization's Quality of Life Questionnaire (1998) were used to collect information. Data were analyzed and analyzed based on structural equations and correlation coefficients.

**Findings:** The direct effect of positive transcendental styles on life expectancy was 0.425 with a significance level of 0.008 and the indirect effect of positive transcendental styles on life expectancy was 0.404 and the corresponding significance level was lower considering the quality of life of the elderly. It is from 0.05, so the mediating role of quality of life is confirmed. The results of regression analysis and structural equations showed that there was a relationship between positive metaphysical styles with life expectancy and median quality of life in male seniors. ( $P < 0.001$ ). The results also showed that the role of quality of life in the relationship between positive metaphysical positive meta-sympathy and meta-interest with life expectancy was partial. ( $P < 0.001$ ).

**Conclusion:** Findings from this study show that extra-emotional styles such as being pleasant, sociable, restraining, and accepting a change in quality of life in older men increase their chances of experiencing a higher life expectancy.

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\* Corresponding Author Email: [aasamari871@gmail.com](mailto:aasamari871@gmail.com)

## 1. Introduction

The aging process can be considered a set of adverse structural and functional changes that accumulate with increasing age. These changes reduce the adaptation of the elderly to the environment and initiate changes in his social and psychological status (pooyao, 2019). Since the beginning of this century, nearly three decades of human life have increased around the world, so increasing the population of the elderly draws the attention of experts to their basic needs, including emotional, psychological, quality of life and ... Has attracted (Herman, et al, 2011). According to Lima (2019) Life Period Theory, in most cases, due to the similarity of a series of human ideals and needs at each stage of life, the contribution of a particular age group to a particular need is constant and can determine the needs and tastes of a particular group or age in the future, Predicted. The latest UNDP estimates that by 2050, even in developing countries such as Iran, China, Saudi Arabia and Kuwait, the aging population will accelerate to 20 billion by 2050 (Sadrollahi, 2015).

In recent years, one of the measurable indicators and criteria for determining the needs and health conditions of the elderly, as well as improving that index, has been life expectancy (Lima, 2019). It is essential to cope with loss, a sense of satisfaction and fulfillment, and hope for a purposeful life. Life expectancy can be defined as the average age at which a person is expected to live in a country and is one of the indicators that has led to an increase in the percentage of the elderly population in the world's population pyramid (Hansen, 2018). Omid's theory Snyder, Tsukasa, (2005) states that hope is a process by which individuals first determine their goals, and then create strategies to achieve those goals, and then motivate them to implement these strategies. They maintain the length of the route. Several studies have shown the importance of life expectancy in quality of life and positive transcendental styles in adulthood. For example, the results of a study of social interactions and life expectancy in the United States showed that positive experiences in individuals reduced stress, anxiety, and increased efficiency and longevity (Ebner, Fischer, 2019).

These studies show that people with higher life expectancy have higher positive thinking, higher self-esteem, better adaptation and more energy and health, and are more likely to participate in physical exercise. Hope has also been shown to be effective in curing diseases (Salami, 2010) According to some studies, high levels of life expectancy have been associated with transsexual styles, psychological well-being, coping with stress, emotional distress regulation, self-esteem, social competence, self-efficacy, and academic achievement (Hansen, 2018). Another important indicator of determining the needs and health conditions of the elderly is their transcendental styles. Transcendence is excitement about excitement. Whenever we experience pure emotion, we experience a feeling of feeling about that particular emotion. Transcendentalism is defined as the organization of a set of thoughts and feelings about emotions. In other words, people's emotional reactions to the emotions they experience are called transcendental. Gottman coined the term to describe parents' emotions about the emotions their children experience (Gottman, 1997).

Positive excitement is related to quality of life, life expectancy and happiness, and reduced feelings of loneliness, and has two components: transcendental and compassionate (Beck, Hoe per, 2009). Exciting theory, Beck, Hoe per (2009) refers to people's emotional response to the emotions they experience. According to this theory, emotional reactions such as anger, embarrassment, controlling thoughts and suppression are negative emotions, and empathy and affection are positive emotions. Positive excitement is associated with happiness and self-efficacy (Rezaee, Parsaei, 2012). Research has shown that being pleasant, sociable, Controlling and accepting change, optimism, satisfaction, empathy, kindness, spirituality, and religiosity are components of trans-emotional styles and are related to quality of life (Ebner, Fischer, 2019).

Another important indicator and criterion for determining the needs and health conditions of the elderly is the quality of life. Quality of life is associated with the characteristics of transcendental styles and

life expectancy. In the World Health Organization's theory of quality of life, the quality of life of each person is described as the state of their health and the level of satisfaction with this condition (Hamidizadeh, 2008). The World Health Organization considers quality of life to be a person's understanding of his or her place in life, the culture system, and the values in which he or she lives, in relation to his or her goals, expectations, standards, and concerns (Irons, 2017) in a study linking life expectancy and well-being. The cognitive psychology was examined with the quality of life of the elderly in Arak city; the results showed that there is a significant and positive relationship between life expectancy and quality of life in the elderly (Poorabdoll, 2015).

A study of research records shows that quality of life is directly related to trans-emotional styles, feelings of loneliness, and life expectancy (Rojer, 2006) Research has shown that in addition to being able to predict life expectancy, transsexual styles can also predict life expectancy to a greater extent through the mediation of quality of life and loneliness (Lima, 2019). Ebner, Fischer (2019) study showed a structural relationship between positive extrasensory styles and life expectancy mediated by quality of life in the elderly. Beck and Hoe per (2009) Positive Emotional Style Theorists believe that using positive metaphysical styles will increase life expectancy and be helpful in protecting mental health and regulating the emotions of the elderly. These findings suggest that the use of styles Positive hypersensitivity increases the quality of life in the elderly (Aldao, 2011). Therefore, the main purpose of this article is to answer the question (does the quality of life play a mediating role in positive extramarital relationships with life expectancy in male seniors?)

## 2. Methodology

The aim of the study was to investigate the relationship between positive metaphysical styles with life expectancy and mediation of quality of life in male seniors. The statistical population of this study included all elderly men over 60 years of age in the Neishabour Welfare Department. The sample of the present study included 132 of these elderly people who were selected as available samples. The research instruments included Beck and Hoe per (2009), a life expectancy questionnaire, Snyder, et al (1991), and the Mental Health Quality Questionnaire of the Mental Health Organization (1998). Prior to collecting the information, individuals were satisfied to participate in the research and answer the questionnaires.

Tools: Transcendental Styles Questionnaire: This questionnaire was developed by Beck and Hoe per (2009) and has 28 items, which are graded on a Likert scale of six options. Figures 2, 4, 7, 9, 11, 22, and 24 are for the meta-sympathetic subscale, and items 13, 16, 18, 23, and 28 are for the meta-subscale. The maximum total score of the scale is 168, the maximum score of the meta-comparative subscale is 42 and the maximum score of the meta-subscale is 30. Cronbach's alpha coefficient was reported to be 0.87 on the positive subscale scale and 0.70 on the negative meta-subscale scale and 0.89 for the whole scale (Rezaee, Parsaei, 2012). Schneider's Life Hope Scale: This scale was developed in 1991 by Snyder et al. And has 12 questions that are graded in a 5-point Likert scale from completely opposite to a score of 1 to fully agree with a score of 5. Rating questions 3, 7 and 11 are reversed. The internal consistency of the scale has been reported by Cronbach's alpha of 0.74 to 0.84 and its validity coefficient by the retrieval method 0.80 (Snyder and Tsukasa, 2005).

In Iranian society, a study conducted on the student population of Iran, its validity was calculated through Cronbach's alpha for the whole scale of 0.82 (Karimian, 2012) The World Health Organization's Short Quality of Life Questionnaire: This questionnaire was developed by the World Health Organization in collaboration with 15 international centers in 1989. It has 26 questions in the form of four levels of physical health, psychological, social relations and living environment. The first two questions do not belong to any of the environments and assess the general health and quality of life in general (Darvish

pourkakhki, 2009). Cronbach's alpha coefficient of this questionnaire was reported to be between 0.73 and 0.89 for the quadruple scales and the whole scale; 0.067, 0.87 and 0.84) have been reported.

### 3. Findings

**Table1.** Average and standard deviation of research variables

Variable	Sub-component	Number of items	The least amount	The maximum amount	Average	Standard deviation	skewness
Positive Meta-emotional Styles	Extravagant	7	13	37	24/757	4/674	0/290
	Compassionate	5	7	27	17/310	3/909	-0/086
	Total	12	25	56	42/068	5/791	0/049
Life expectancy		12	27	47	36/007	4/330	0/263
Quality of Life	physical health	7	12	29	20/681	3/960	-0/183
	mental health	6	10	26	17/007	3/487	0/134
	Community Relations	3	4	15	8/992	2/599	0/104
	Environmental health	8	16	35	24/568	4/030	0/254
	general health	2	2	10	5/909	1/990	0/122
	Total	26	60	92	77/159	6/611	-0/145

**Table2.** Kolmogorov-Smirnov test for research variables

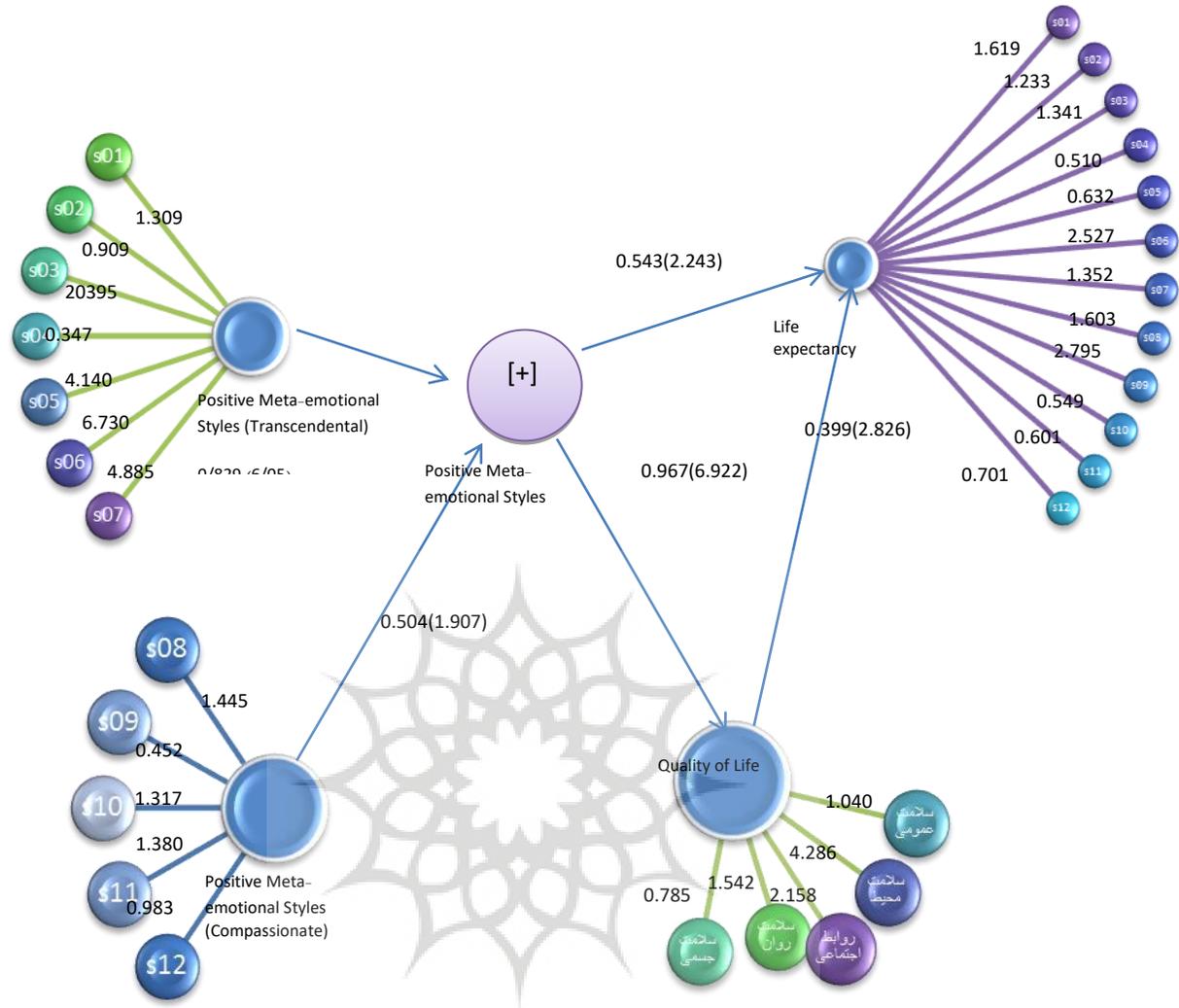
Variable	Test statistics	Significance level	Result
independent variable Positive Meta-emotional Styles	1/023	0/246	It's normal
The dependent variable Life expectancy	0/943	0/336	It's normal
Intermediate variable Quality of Life	0/760	0/610	It's normal

The results of the above table show that the absolute value of the Kolmogorov-Smirnov test statistic for life expectancy variable is less than the corresponding statistic in the standard normal table ( $Z = 1.96$  ( $1 - \alpha = 0.95$ )) and considering the higher level of the corresponding significance level However, from 0.05, it is concluded that with the reliability of 0.95, the mentioned variable is normal ( $p\text{-value} = 0/336 < 0.05$ ).

**Table3.** Summary of the results of the correlation test between the research variables

		Positive Meta-emotional Styles	Positive Meta-emotional Styles	Positive Meta-emotional Styles
Positive Meta-emotional Styles	The correlation coefficient	1		
	Significance level	-		
Life expectancy	The correlation coefficient	0/987**	1	
	Significance level	0/001	-	
Quality of Life	The correlation coefficient	0/991**	0/986**	1
	Significance level	0/001	0/001	-

The findings of the table above show that the relationship between the variables of positive transcendental styles, life expectancy and quality of life is direct and significant.



**Figure1.** Structural equations in order to examine the relationship between research variables and assess the mediating role of quality of life

Based on the model of structural equations performed, positive transsexual styles (in both meta-interest and trans-sympathetic dimensions) improve the life expectancy of the elderly. The regression coefficient corresponding to the relationship between positive trans-emotional styles with life expectancy of 0.425 and the absolute value of t-statistic value corresponding to 2.403 is higher than the corresponding value in the t-table of the student, so the effect of trans-emotional styles on hope for direct life And is significant ( $p > 0.05$ ).

**Table4.** Estimation of regression coefficients

	Coefficient	The standard error	Statistics t	P - value
direct impact				
Positive emotional emotions about life expectancy	0/425	0/176	0/403	0/008
Positive emotional emotions about quality of life	0/964	0/129	7/449	0/001
Quality of life based on life expectancy	0/420	0/205	2/047	0/020
Indirect effect				

Positive Emotional Styles with Life Expectancy and Mediation of Quality of Life	0/404	0/206	1/957	0/025
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According to the structural equation analysis chart, the indirect effect of positive transsexual styles on life expectancy of the elderly according to the mediating role of quality of life is  $(0.420) \times (0.964) = 0.404$ , which according to the Sobel test, is statistical. The test and its significance level are calculated. Based on the statistical basis expressed for the calculation of statistical statistics corresponding to the indirect effect of positive meta-emotional styles on life expectancy in the elderly, considering the mediating role of quality of life, Sobel's method has been used (Gratz, Gunderson, 2006). According to the results, the direct effect of positive trans-emotional styles on life expectancy of the elderly was 0.425 with a significant level of 0.0088 and the indirect effect of positive trans-emotional styles on life expectancy considering the quality of life of the elderly was 0.404. The corresponding significance level is less than 0.05, so the mediating role of quality of life is confirmed.

#### 4. Discussion

The aim of this study was to investigate the mediating role of quality of life in male seniors in relation to positive metaphysical styles with life expectancy. The main hypothesis of the present study was that "there is a relationship between positive extra-emotional styles with life expectancy and quality of life in male seniors." The results of Barron and Kenny's path analysis and structural equations test confirmed the research hypothesis; in other words, the effect of positive metaphysical styles (in both meta-interest and trans-compassionate dimensions) improves the life expectancy of the elderly; therefore, quality Life has a mediating role in positive extramarital relationships with life expectancy in older men.

This finding is consistent with the results of similar research by Ebner, Fischer (2019). Aldao (2011), Lima (2019), pooyao (2019), Snyder and Tsukasa (2005), Gottman (1997), Griffin (2013), Beck and Hoerper (2009), Irons (2017), Rojer (2006), Sadrollahi (2015), salami (2010), Rezaee, Parsaei (2012) is coordinated. As mentioned earlier, transsexual styles are considered as categories that include awareness, understanding and acceptance of emotions, and the ability to increase life expectancy and behave according to goals in order to achieve individual goals. Explaining the results of this hypothesis, we can say that dysfunctional emotions (such as anger, embarrassment, inhibition of thought and repression) and negative emotions can increase the feeling of loneliness and reduce the quality of life. . This finding is confirmed by the results of Aldao (2011) and Zlomke and Hahn (2010) who state that there is a significant relationship between negative and dysfunctional emotions with life frustration and stress, because positive emotions are positive (transcendental and transcendental). Compassion) includes controlling negative emotions and how to use positive emotions positively (Gratz, Gunderson, 2006).

Gottman (1997) transsexual pattern is one of the appropriate explanations for these research findings. Research by Irons (2017) found that families who used more positive transcendental styles (self-interest, empathy, or self-compassion) were less likely to experience physiological illnesses, more social interactions, and more self-disciplined, and their children were more focused and progressive. They showed better education and were less anxious. The results of Gottman (1997) research show that parents' positive extra-emotional styles protect and facilitate children's relationships with their peers, and that parents are more likely to be less humiliated and often more supportive of positive emotions. Irons (2017) also showed that positive transcendental styles lead to positive experiences in individuals and reduce stress and anxiety, and lead to greater efficiency and longer life in the elderly. They stated that the feeling of loneliness and low quality of life in the elderly causes a feeling of emptiness, abandonment, despair and apathy. They also showed that there was a significant and negative relationship between social effectiveness and loneliness and low quality of life of the elderly.

Self-interest and self-compassion are a healthy form of self-acceptance that reflects the extent to which we accept and accept the undesirable aspects of our lives. This structure includes the three main

components of kindness, a sense of public self-worth, and a balanced awareness of personal emotions. Several studies have shown that self-compassion is a predictor of life expectancy. For example, self-compassion has been negatively associated with self-criticism, depression, anxiety, rudeness, repression of thoughts, and ultimately psychoticism, and has been positively associated with life expectancy and social relationships (Shapira, 2012). This finding is also explained by Rojer (2006). He argues that people with high emotional abilities are better able to manage their emotions when faced with lonely and stressful situations, and that instead of being frustrated and exhausted, they have better control over the situation and actively try to solve the problem.

Other explanations for this information are based on Beck and Hoe per (2009) transcendental theory and Barlow (2008) vulnerability and triple pattern. According to Beck and Hoe Per (2009) theory, emotional response or subscales of negative transcendental styles (anger, shame, inhibition, and repression) reduce life expectancy. While the subscales of positive meta-emotional styles (empathy or self-compassion and self-interest) are associated with happiness and self-efficacy (Rezaee, Parsaei, 2012). In Barlow vulnerability model (2008), one of the reasons for the decline in life expectancy is the difficulty in cognitive regulation of emotion and negative transcendence. Because cognitive emotion regulation inhibits negative transcendental emotions, cognitive emotion regulation abilities can increase life expectancy.

Aldao (2011) found that abilities based on positive transcendental abilities increased life expectancy and reduced social isolation. They believe that the elderly in various situations of life may not be able to use positive emotions in a useful way and on the other hand they have a lot of negative emotions and this causes other problems such as frustration in life, negative self-perception, worries about relationships with Others and inappropriate social functioning in them, which in itself is a reason for feeling lonely. According to Gratz, Gunderson (2006), positive transcendental abilities reduce arousal and anger behaviors, symptoms of depression, anxiety and stress, and on the other hand increase self-esteem and positive social interactions. Other explanations for these findings are based on cognitive theories such as Beck and Hoe per (2009). These theories provide evidence of the impact of negative and dysfunctional cognitions as well as negative trans-emotional styles in lowering quality of life and thus reducing life expectancy (Lee, 2009).

Another explanation for this research finding is based on a model in which researchers believe that the elderly are often caught up in negative emotions and lack of control over emotions, because they are less aware of their emotions and efficiency and therefore feel no control over life. They do not have their own emotions, they do not make any effort, and these processes lead to more inefficiency and loneliness, and as a result, their life expectancy decreases (Sheldon, 2013). Thus, positive transcendental styles can play an important role in life and increase psychological well-being and hope in life. One of the limitations of this research was the lack of control over all variables affecting emotional and life expectancy styles, the impossibility of random selection of subjects, and having minimal mental abilities to respond to assessment tools.

## References

- Aldao A. (2011). . Emotional regulation strategies across Psychopathology: A meta-analytic review. *Clinical Psychology Review*, 1(5): 41-45.
- Barlow D H. (2008). *Clinical handbook of psychological disorders: A step-by-step treatment manual (4th ed.)*. New York: Guilford Press.
- Beck N, Hoe per E W. (2009). (Psychiatric disorders in a community sample of adolescents). *Adolescent Journal of psychiatry*, 144(5): 584-589.
- Darvish pourkakhki A A. (2009). measurement tools of health conditions and quality of life of elder people. *Journal of research in medicine*, 33(3): 162-173.
- Ebner N, Fischer H. (2019). Meta-Emotion and aging: evidence from brain and behavior, *Journal of Frontiers in Psychology*, Department of Psychology, University of Florida.
- Gottman J K. (1997). Parental meta-emotion structure and the emotion liqe oq amily: theatrical models and preliminary analysis. *Journal of family psychology*, 45(3): 143-168.
- Gratz K, Gunderson J G. (2006). Preliminary Data on an Acceptance-Based Emotion Regulation Group Intervention for Deliberate Self-Harm Among Women With Borderline Personality Disorder. *Behavior Therapy*, 37(1): 25-35.
- Griffin W S. (2013). Neuroinflammatory cytokine signaling and Alzheimer's disease. *Journal of medicine*, 368(8): 770-779.
- Hamidzadeh A, Maddah S B, Mohammadi F, Fallahi Khoshknab M, et all. (2008). comparison of quality of life of elder people resident in governmental and private elderly home in Tehran city. *Journal of Iranian elderly*, 4(4): 14-74.
- Hansen C. (2018). The effect of life expectancy on schooling. Evidence from the international health transition, University of Southern Denmark, department of business and economics.
- Herman D, et all. (2011). Resilience in infertile couples acts as a protective factor against infertility-specific distress and impaired quality of life. *Journal of assisted reproduction and genetics*, 28(11): 1111-7.
- Irons C L. (2017). .Using compassion focused therapy work with shame and self-criticism in complex trauma. . *Australian Clinical Psyc blogist*.3, 47-54. Linton SJ. A trans diagnostic approach to pain emotion *Applied Bio Behaviors Res*, 3(1): 82-103.
- Karimian A. (2012). the study of validity and reliability of Schneider life expectancy questionnaire. M.A, thesis in management, Ferdowsi university of Mashhad. 3(3): 67-75.
- Lee A H. (2009). Insecure Attachment, Dysfunctional Attitudes, and Low Self-teem Predicting Prospective Symptoms of Depression and Anxiety During Adolescence. . *Journal of Clinical Child and Adolescent Psychology*, 8(2): 219-231.
- Lima M G. (2019). differences by sex and functional limitations, *Rev Saude Publican*. Happy life expectancy among older adult, 10(50): 50-64.
- Poorabdoll S P. (2015). . relationship between life expectancy, psychological wellbeing and quality of life of elderly people. *Elderly psychology*, 3(5): 57-65.
- pooyao L. (2019). Assessing the Quality of life in Elderly people and Reltaed Factors in Tabriz. *Caring sciences*, 3(4): 257-263.
- Rezaee N, Parsaei E N. (2012). investigation on psychometric characteristics of meta-emotion in psychology. students of Allameh Tabatabaei University.
- Rojer D. (2006). Life changes, stress control and counteracting styles. Roshd Publications.
- Sadrollahi A k. (2015). *Psychology of elderly*. Tehran. Jameenegar publication.
- Salami A. (2010). casual model of antecedents and outcomes of loneliness.
- Shapira L. (2012). The bebenefits of self-compassion and optimism exercises for individuals vulnerable to depression. *The journal of Postivie Psychology*, 5(5): 311-389.
- Sheldon K B. (2013). . Variety is the spcie of happiness: The hedonic adaptation prevention (HAP) model. In Bonwell I & David, S(Eds), *Oxford handbook of happiness*. Oxford: Oxford University Press.
- Snyder C R, Tsukasa K. (2005). The relationship between hope and subjective wellbeing: Reliability and validity of the dispositional hope scale, Japanese version. *Japanese Journal of Psychology*, 76(3): 227-234.
- Snyder C R, Harris C, Anderson J R, Holleran S A, et all. (1991). The will and the ways: Development and validation of an individual- differences measure of hope. *Journal of Personality and Social Development*, 60(1): 570-585.
- The World Health Organization Quality of Life Assessment (WHOQOL) (1998). development and general psychometric properties. *Soc Sci Med*, 46(12):1569-85.
- Zlomke K R, Hahn K S. (2010). Cognitive emotion regulation strategies: Gender differences and associations to worry. *Personality and Individual Differences*, 48(5): 408- 413.