

MODELING THE STRUCTURAL RELATIONSHIP BETWEEN HAPPINESS AND ATTACHMENT STYLES OF THE ELDERLY, MEDIATED BY SELF-COMPASSION

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Abstract

The aim of this study was to model the structural relationship between happiness and attachment styles of the elderly, mediated by self-compassion. Due to its nature, the present research method is descriptive-correlation (structural equations). The statistical population of this study included all the elderly living in nursing homes located in the cities of Gilan province in 2010-2011 and the sampling method was available. The statistical sample of this study is 400 people who were selected from the population according to the number of research variables. Oxford Happiness Scale, Hazen and Shaver Adult Attachment Style and Self, Compassion were used to collect data. Amos software version 24 and Pearson correlation method and path analysis were used to analyze the data. Findings showed that the direct path of attachment style to self-compassion (0.39) is positive and significant. The direct path of attachment style to happiness (0.2) is positive and significant. And according to Figure 1, also, the path of self-compassion to happiness (0.19) is positive and significant. Therefore, it seems that attachment styles and childhood events in the elderly can have a significant impact on the degree of compassion for their relationship and their well-being.

Keywords: Attachment style, Happiness, Self-compassion, Elderly.

INTRODUCTION

The increase in the elderly population is a significant phenomenon that began in the twentieth century and continues to rise. Iran is no exception to this rule and is currently experiencing the stage of transition of the age structure of the population from youth to old age. According to the UN Population Fund forecast in 2050, 25.9% of Iran's population will be over 60 years old (Asgari, Choobdari and Sakhaei, 1400). Decreased birth rates and increased life expectancy have caused the elderly population to grow much faster than the general population. Therefore, population aging

is a global phenomenon (Jadidi et al., 2011). Over the next 30 years, the elderly will make up about 20% of the world's population. The World Health Organization estimates that by 2050 the elderly population will reach 2 billion. The United Nations forecasts 2 billion people for this year (meaning that one in five people in the world is an elderly person. Thus, not only in developed countries but also in developing countries, a large part of the population is over 60 and this proportion increases every year (Gerstroff, Hollow, Driolis et al., 2020).

contrary to optimistic comments, being an elderly comes with many difficulties and

challenges that involve the body and soul. One of the challenges in trying to provide for the elderly is happiness. The world's elderly population has increased dramatically in recent decades. According to this process and the special conditions of these people, providing their health, physical and mental health needs requires special attention (Khodabakhshi, Zahmatkesh and Barzegar, 2017). Improving the mental health and emotional state of the elderly helps them to maintain good social functioning despite their physical problems (Somengren, Azerdo, Subgranon et al., 2015). Mental health is an integral part of individuals' physical health and includes their well-being and well-being (Trocell, pulpit, Thurston et al., 2017). One of the issues that should be considered in relation to mental health in old age is the issue of happiness. Decreased happiness in the lives of the elderly is one of the concerns today in counseling and psychotherapy of the elderly, which needs more attention. Happiness is one of the most important human needs (Lohmann, Neka, Chonbrede et al., 2016). It is a motivating force that creates motivation, activity and empowerment in a person and is an important psychological component for a good life.

Attachment styles can be mentioned as one of the indicators that play an effective role in determining happiness (Ilali, E. A., et. al., 2019; Khosravi, M., et. al., 2019). People's attachment styles are different. By observing people in different situations, attachment styles can be classified into three styles: safe, avoidant, and ambivalent. Attachment styles predict how older people respond to stress and stressful events (Ren, 2016). Research shows that aggressive behaviors and mental disorders such as anxiety disorders, personality disorders and depression are significantly associated with insecure attachment style. While there is no significant relationship between secure attachment style and mental disorders such as obsession and depression. There is a relationship between ambivalent and avoidant attachment styles with chronic diseases (Miniati, Calari and Piny, 2015). Ambiguous attachment style is significantly higher in people with obsessive-compulsive disorder

than in normal people. The experience of insecure attachment in childhood plays a crucial role in the damage of old age such as fear, anxiety, pessimism, anxiety and repetitive and dysfunctional thoughts. The physical and social contexts which the elderly live in affect their social experiences, mental health, development and attachment style and adaptation (Bitarfan, Kazemi and Yousefi, 2017).

Nazari & Taghipour (2022) studied The Role of Emotion Regulation Strategies and Self-Compassion in Predicting Test Anxiety (Including Case Study).

Tarverdizadeh et al.(2020), studied Predicting students' academic achievement based on emotional intelligence, personality and demographic characteristics, attitudes toward education and career prospects through the mediation of academic resilience.

Compassion itself is also crucial in creating and the quality of happiness in the elderly. In the elderly, psychological well-being is of particular importance. Psychological well-being means striving to reach perfection and maximize personal talents (Bakhov, I., et. al., 2020). Psychological well-being helps the elderly to adopt appropriate solutions when faced with the problems of this period of change (Besharat, Keshavarz and Lavasani, 2015). Welfare is of two types: mental (hedonistic) well-being, which means a pleasant and satisfying emotional life. Another well-being is psychological (virtuous) well-being, which means striving to reach perfection and maximize personal talents. Virtuous well-being is moderately related to mental well-being, and this suggests that mental well-being is a distinct aspect of mental functioning (Hooman, 2016). Because virtuous welfare focuses on the realization of human capacity, it is important to identify and examine the factors that facilitate its development. Being kind to oneself means behaving with forgiveness, intimacy, sensitivity and acceptance of oneself, especially in the face of personal failures and weaknesses. Common human experiences include recognizing that problems, sorrows, and shortcomings are in fact part of the human

experience, and that individuals are not alone in their problems, and that all human beings each grapple with one of the problems. Self-compassion positively predicts psychological well-being in the elderly (Imtiaz, 2016).

in the last decade, the country's elderly population has grown by about 0.2 to 0.3 percent and it is predicted that with this population growth rate by 1400, about 10 percent of the country's population will be elderly. This process of population aging requires the provision of suitable conditions for the growth and promotion of physical, mental and social health of the elderly. As a result, officials and planners in all societies have paid special attention to this issue from different angles, because special attention to this group will improve the level of public health (Jamalzadeh and Golzari, 2014). Retirement and old age are often interrelated phenomena that occur in a temporal symmetry with each other. The symmetry of the two with each other, although not for all retired seniors, but for many of them is accompanied by changes and developments that occur to them mentally and physically (Zhang, Wang, Liu and Schultz)., 2017).

This research is also necessary because a large number of people in the community are elderly. On the other hand, no significant research has been done in this regard. Therefore, conducting this research can have many fundamental and practical results. In a way that, by studying and reviewing the sources related to theoretical foundations, new topics in this field are presented. In addition, the findings of this research will be applied in practice.

In this regard, various organizations and individuals will benefit from the findings of this study, including; The pension organization, family counseling clinics, psychologists, counselors and assistants, researchers and all those who are interested in obtaining information about the subject of the study mentioned.

METHOD

Research plan and participants

Due to its nature, the present research method is descriptive-correlational and is of the structural equation type. The statistical population of this study included all the seniors living in nursing homes located in the cities of Gilan province in 1399-1399. The sample of this study included 400 seniors who were selected and studied by stratified random sampling. Thus, first, the number of retirement homes and the number of elderly people in each of them were determined. Then, using stratified random sampling and in order to observe the share of the elderly in the statistical population among the sample population, the sample population was selected. Data were analyzed using AMOS software version 24 and path analysis method.

TOOL

Tool Happiness Questionnaire. In this study, the Oxford Happiness Questionnaire will be used to assess the happiness of the subjects. This questionnaire has 29 items. This scale is characterized by four options that represent different levels of happiness, the options of which are scored from 0 to 30, respectively. The sum of 29 expressions constitutes the total score of the questionnaire and the total score of the subject varies from 0 to 87.. In this study, the Oxford Happiness Questionnaire will be used to assess the happiness of the subjects. This questionnaire has 29 items. This scale is characterized by four options that represent different levels of happiness, the options of which are scored from 0 to 30, respectively. The sum of 29 expressions constitutes the total score of the questionnaire and the total score of the subject varies from 0 to 87. The higher the score in the questionnaire, the greater the sense of happiness, and the lower the score, the lower the sense of happiness. In the Argyle and Hill study, using Cronbach's alpha coefficient the reliability of the questionnaire was 0.90. In Iran, Haghighi et al. Reported its reliability using Cronbach's alpha coefficient of 0.92.

Self-Compassion Questionnaire. Ross (2011) Short Scale of Self-Compassion Scale. The 12-item scale of self-compassion includes six subscales of self-compassion, self-judgment, shared human experiences, isolation, mindfulness, and extreme replication, and its ingredients are arranged in a 5-point Likert scale (never = 1, almost never = 2, I have no opinion = 3, almost always = 4 and always = 5) and its minimum and maximum scores are 12 to 60. Rees et al. (2011) reported the validity of this scale through Cronbach's alpha of 0.81. Naami et al. (2015) also calculated the reliability of the questionnaire using Cronbach's alpha coefficient of 0.88.

Attachment style questionnaire. Hazen and Schiver (1987) Adult Attachment Style Questionnaire will be used. This scale has 15 items and measures three styles of secure

attachment, avoidance and ambivalence on a 5-point Likert scale (very low = 1, low = 2, medium = 3, high = 4, very high = 5). The scores of each person's attachment subscales are the numerical values of Articles 1 to 5 of the ambivalent attachment style subscale, the scores of which are continuously distributed among individuals. Hazen and Schiver (1987) obtained a total retest validity of 0.81 and a validity of Cronbach's alpha of 0.85. Also, Rezaei et al. (2012) in a research have calculated the reliability of the questionnaire using Cronbach's alpha coefficient of 0.76.

FINDINGS

Table 1 presents the indicators of center orientation and dispersion related to research variables

Table 1. Indicators of center orientation and dispersion of research variables

more	less	Deviation	standard	average	Variable	
10	4		1/4	7/6	Kindness to yourself	Self-compassion
9	5		1/1	7/7	Self-judgement	
10	5		1/4	7/6	Shared experiences	
10	5		0/8	7/6	Isolation	
10	6		1/1	8/6	Mindfulness	
10	4		1/4	8/1	Replication	
47	36		2/8	42/2	happiness	attachement
23	13		2/2	17/7	Secure attachment	
22	12		2/4	18/1	Avoidance attachment	
23	14		2/1	18/3	Ambiguous attachment	

Table 2. Correlation matrix of research variables

10	9	8	7	6	5	4	3	2	1	indices
									1	happiness
								1	0/25*	Secure attachment
							1	-0/36*	0/24*	Avoidance attachment
						1	-0/18*	-0/24*	0/12*	Ambiguous attachment
					1	-0/24*	-0/18*	0/27*	0/20*	Self-compassion
				1	0/55*	-0/28*	-0/17*	0/24*	0/16*	Self judgement
			1	0/52*	0/48*	-0/31*	-0/28*	0/24*	0/14*	Shared experiences
		1	-0/59	0/58*	-0/49*	0/19*	0/25*	-0/22*	0/26*	Isolation
				-					-	
	1	0/54*	0/59*	0/47*	-0/19	-0/17*	0/24*	0/26*	0/15*	Mindfulness
1	0/56*	-0/51*	0/47*	0/43*	0/06	-0/27*	-0/29*	0/24*	0/22*	Replication

The table above shows that there is a significant relationship between happiness and self-compassion ($P < 0.05$). There is also a significant relationship between happiness with

attachment style and attachment style with self-compassion ($P < 0.05$). The following figure shows the research model and the coefficients obtained from the modified model.

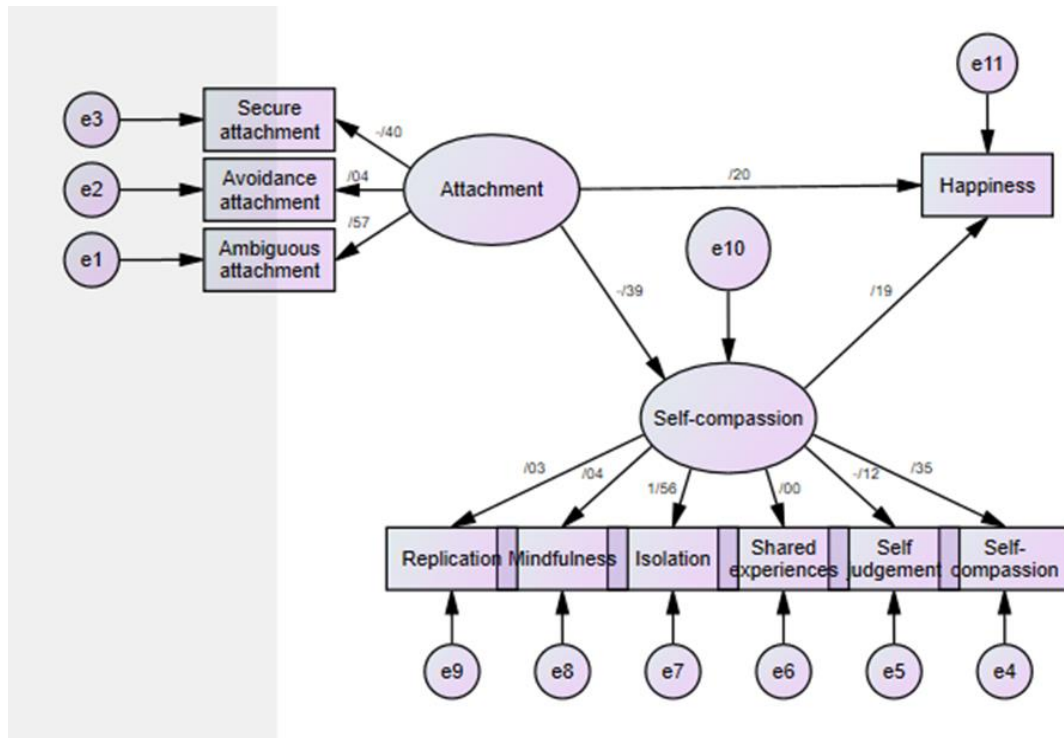


Figure 1. Structural relationships between attachment style and happiness: The mediating role of self-compassion

Figure 1 shows the structural relationship between attachment style and happiness with the mediating role of self-compassion. In this model, the attachment style variable has a direct effect and an indirect effect on the

happiness through the self-compassion variable. The fitting indices of the above model are given in Table 4, which is discussed at the bottom of Table 3.

Table 3: Fit indicators

Research model values	Optimal amount	Index name	Index type
57	-	Degree of freedom (fd)	Absolute indicators (model fit)
250/4	-	Chi-square (NIMC)	
0/001	0/05 Less than	Significance level (P)	
4/3	5to 1 between	Chi-square ratio to degree of freedom (CMIN / df)	
0/098	down 0/10	Root of Mean Calculation Error Squares ((RMSEA)	Relative indicators
0/93	up 0/90	Fit Goodness Index (GFI)	
0/97	Near one	Modified Fit Index (NFI)	
0/93	up 0/90	Tucker-Lewis Index (TLI)	
0/92	up 0/90	Increasing Fitness Index (IFI)	

0/81	up 0/60	Relative Fit Index (RFI)
0/74	up 0/60	Relative Fit Index (RFI)
0/75	up 0/60	Normalized Fit Index (PNFI)

Chi-square index is one of the absolute indicators that the lower its value, the more satisfactory the pattern is. One of the general indicators is the normal chi-square index, which is estimated by dividing the amount of chi-square by the degree of freedom, and values between 1 and 5 are considered acceptable for it. This value is 4.3 for the model in question, which is an acceptable value. The modified fit index is one of the adaptive indicators that a value greater than 0.8 and close to one indicates a good fit of the pattern. For the research model, this value is 0.97. The root mean square of the estimation error is based on the index of the remaining matrix. Accepted patterns have a value of 0.08 or less for this index. Fitting patterns that have values higher than 0.10 is considered poor. Therefore, the model of Figure 1 has a very good fit and therefore the significance of path coefficients can be paid.

According to Figure 1, the direct path of self-compassion attachment style (0.39) is positive and significant. The direct path of attachment style to happiness (0.2) is positive and significant. And according to Figure 1, also, the path of self-compassion to happiness (0.19) is positive and significant.

DISCUSSION AND CONCLUSION

The aim of this study was to model the structural relationship between happiness and attachment styles of the elderly, mediated by self-compassion. Therefore, according to the research model, the research findings are explained.

The results of this study are in line with the results of Sabahi, Rahimi and Irannejad (1398), Jazayeri, Delavar and Dortaj (1397), Tarzi (2013).

Explaining the relationship between attachment style and well-being, research has shown that secure attachment is associated with high well-being, while both anxious and avoidant

attachment are associated with lower well-being. People with insecure and anxious attachments seem to trust others less because they fear being harmed and deceived, and do not get along easily with others, and are always worried about being rejected by others; and therefore, they avoid interacting with others. Basically, people with secure attachment have a higher level of life satisfaction, while people with insecure attachment suffer from psychological problems and their level of psychological well-being is low. Empirical evidence in this regard also suggests that insecure attachment tendencies are associated with beliefs about fear of happiness and escape from happiness. Therefore, people with insecure and anxious attachment style experience less happiness in life (Joshanloo, 1397).

Also, in explaining the relationship between self-compassion and happiness, it can be said that self-compassion is in fact a healthy form of self-acceptance that indicates the degree of acceptance and acceptance of undesirable aspects of oneself and one's life (Nef, 2003). Self-compassion helps people avoid negative life experiences because the mental well-being of older people depends more on their own interpretation of their own circumstances (Siddelki et al., 2008) and a compassionate mindset can provide a soft perspective on the acceptance of many of the effects of aging and help solve your developmental task of cohesion against frustration in the elderly. Aging is associated with the loss of loved ones and reduced health and performance. In response to these events, self-compassion causes people to act with kindness and care instead of responding to these unpleasant events with anger and self-blame, and to consider these events and experiences as part of shared human experiences (Neff, 2003). Thus, compassionate self-esteem increases self-acceptance, improves the quality of interpersonal relationships (Hooman, 2016) and increases people's desire to grow, and increases their ability to manage life and dominate the environment (Hooman,

2016) and thus can increase a person's happiness.

On the other hand, in explaining the relationship between self-compassion and attachment style in the elderly, it can be said that when a person looks at his personal weaknesses and examines them, his compassion protects him against anxious self-assessment and On the other hand, people with a secure attachment style have a more positive view of themselves and their view of themselves is based on the ability to improve the situation; and in fact, because of their mental security, they can have high emotion regulation in the face of life issues and problems, and also life emotions and problems for these people are part of the nature of life, the ability to regulate emotion, self-growth and empathy, All require a secure attachment (Khoshabi and Abu Hamza, 2007).

The way people treat themselves seems to reflect the way attachment images have treated them. People with high levels of anxiety attachment and avoidance are less self-compassionate, indicating that they have difficulty developing kindness and forgiveness. Also, people with higher levels of anxiety attachment are more likely to be self-critical (like the active internal model) and more likely to feel overwhelmed by their personal anxieties. Thus, they are likely to dislike themselves, exaggerate their negative experiences that have just happened to them, and become overwhelmed by their painful thoughts and feelings (low levels of compassion). On the other hand, as Nef and McGee (2011) found, the experience of secure attachment allows individuals to extend this parental care to themselves in the future. People with secure attachments are likely to be able to respond to their inadequacies with understanding and patience, as well as the ability to acknowledge their thoughts and feelings without drowning in them.

One of the most important limitations of this study is the cross-sectional nature, the possibility of selection bias due to lack of cooperation of some elderly and the possibility of unrealistic answers due to the use of self-

report questionnaires. It is suggested that due to the limited studies on the elderly living in nursing homes, similar studies in other cities should be conducted longitudinally or qualitatively.

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