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Forecasting life expectancy in couples based on the self-compassion variables and perceived social support.

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Abstract

This research conducted to predict the life expectancy of couples based on self- compassion variables and perceived social support. The research method is descriptive (non-experimental) correlational. Statistical population included all the couples in Ardabil in 2015 and 90 couples (180 individuals) were selected by sampling method. The scale of self-compassion, perceived social support and life expectancy were used to collect data. Research data were analyzed by Pearson and regression correlation coefficient and using 21 SPSS statistical software. Results showed that there was a positive relationship between self-kindness, common human feelings, mindfulness, social support of family and social support of friends and life expectancy and there is a significant negative relationship between the judge about themselves and isolation and increased replication and life expectancy. Self-compassion and perceived social support also have 49% of the ability to predict the life expectancy of couples. Due to the beta values , self- kindness 0/39, common human sense 0/43, social support of friends 0/28 and social support of family 0/37 percent can predict significantly the change about life expectancy of couples. As a result, it can be stated that self-compassion and perceived social support are included among the variables that are related to life expectancy.

Keywords: self-compassion, perceived social support, life expectancy, couples.

Introduction:

Each of us is seeking for inner peace, hope and life satisfaction we escape of stress and anxiety, we know fear and despair will make our life bitter and unpleasant. On the other hand, hope gives vitality and agility to man. But in the information age and the era of the third millennium, despite population growth and industrialization of affairs one of the features in the public behavior especially young people is the problem of hope weakness about the future and life. Therefore, the main issues that it is very necessary to be reminded to people especially young people is hope and hope to life, survival and the bright future (Halpin 2001, quoted from Kamari et al, 2013). Hope predicts the physical and mental health as specified by a variety of self-reported health indicators such as positive response to medical intervention, mental health, positive creation, an empowered immunology, effectively acceptance of re-evaluation, problem solving, avoiding stressors events in life, seeking social support and the behavior for promoting health. (Peter Son, 2000). Hope serves as a source of human confrontation. (Ripley et al, 2002). Hope can be described as a healer, multidimensional, dynamic and powerful factor that have an important role in coping with loss. (Russi Volt, et al, 2003).

One of the variables that can affect the life expectancy is self- compassion. Neff defined self- Compassion as three-component structure of kindness in contrary to self- judgments, human commonalities in contrary to isolation and extreme alertness of mind in contrary to extreme replication (Neff 2003). Self-compassion emphasizes on its acceptance or acceptance of its experience within the kindness framework to self and consciousness of mind. (Ghorbani et al, 2010).

Another social support variable is a multi-dimensional concept that has been defined in different shapes and ways. For example, it can be defined as a resource provided by others, as a means to cope with stress or exchange of resources (Schultz and Schoartz, 2004). Couples who have always supported each other feel more sense of respect and importance in their lives that this factor causes to reduce the emotional gap between them (Goor man, 2015).

Theoretical basis of research:

Life expectancy

Hope means the ability to have better feelings in the future that with its penetrating force stimulate the person's affairs to gain new experiences and create new forces (Tajrishi et al, 2013). Hope has a positive relationship to mental and physical health with a variety of measures such as positive response to medical intervention, mental health, and positive creation, avoid stressful events of life, vitality and happiness in life affairs and problem-solving activities and predicts them (Work, translated by Pasha Sharifi et al, 2006). It has shown that life expectancy has a steady increase in humans over the centuries that are mainly due to the better improvement and medical care. For example in 1776 AD life expectancy in America was 35 years and in 1975 it means after 199 years, life expectancy increased to 72 years and now it is also increasing. So it is not unlikely that life expectancy exceed from birth to 85 years. Life expectancy in Japan and France is over 80 years and in our country between 72 to 73 years and today the world's elderly population growth rate is increasing. According to international statistics, the population

growth rate in the world is calculated 2/4 per cent for each year and this growth is more than the growth of birth rate and the overall growth rate that is calculated 1/7% for each year. And it's another definition is that in 2050 the share of the elderly population in the world will increase from 11% of today to 22% and from the current 60/50 million people will increase to more than two billion (Kahrizak, 2014, quoted from Shokri 2014). According to Groupman (2005) when we see with our mind's eye that there is a path to a better future, life expectancy is a feeling that we experience in ourselves. So there is no place for delusion and delirium in the real hope with open eyes (Bahari, 2012, as quoted from Kazemi, 2015). Life expectancy is a good indicator that can show the level of mortality in the society. The World Health Organization is considered this index in the index of annual income, GDP and Female literacy rates and estimates the human development index which is an important indicator for the evaluation of current societies. The main application of hope life index is to distinguish the difference in the enjoyment of wellness in the community and to quantify them and also to calculate the life expectancy in a society in comparison with other periods. And paying attention to the factors influencing this index can be useful in these indicators (Yazdani ET al.2015).

Self compassion

Self-compassion is defined as a strategy to emotion regulation for an important adaptive response to disease. (Terry and Larry, 2011).self- Compassion includes the acceptance of doubt to self- negative, self-assessment and hardness as a part of the human condition (Marshall, Parr cher, Jackson, 2014). People with high self-compassion have a little more mental health in comparison with people with low self – compassion. Because the inevitable pain and feelings of failure that all people experience them will not continue by self-cruelly blame of an extreme sense of isolation and extreme replication with ideas and passion. Self- Compassion help to satisfy the basic needs for autonomy, competence and compassion to communicate with others and people who have a higher self-compassion, report more emotional coping skills. Also in distinction between popular feelings and emotions, the negative emotional states are more powerful. Research evidence shows that compassion lead to emotional resiliency for the people, so that people who have higher levels of these personality characteristics have less imitation thoughts (Gez lesflo et al, 2015).

Perceived social support

Perceived Social support is emphasized on the physical and mental state, life satisfaction and different aspects of life quality and is identified as a moderating factor influencing the cope and adaptation of stressful events of life. In received Social support, the amount of support received by the individual is emphasized. And in perceived social support, assessments of the available supports in needed times have been checked. Also scale of Perceived Social Support emphasizes on the assessment of individual recognition of his/her environment and the trust level about the availability of support and assistance (Hesam et al 2012).

Research Background:

Psychologists have accepted that the hope can have a psychological effect on sickness, for example in a search conducted by Roland (1998) on cancer patients, people with high hopes had endured better the

treat symptoms such as hair loss, fatigue and nausea. Researches shows that hope is positively correlated with positive feelings of self-worth and negatively is correlated with anxiety and feelings of depression and in general negative feelings. (Alizadeh et al, 2013). Having a positive attitude and hope will hearten individuals to face with their own situations and will increase their capacity to overcome them. Schneider believes that hope is an active trait, which includes a target, the power of planning and will to achieve the aim, paying attention to the obstacles, reach to target and the ability to achieve them (Yavari et al, 2015). In research that Sanghar Abadi and colleagues (2013) studied the role of religious orientation and life expectancy in the life satisfaction, they concluded that life expectancy can determine life satisfaction. Also Alizadeh et al (2014) concluded that hope therapy in group method can significantly increase the life expectancy of people with HIV.

Other research findings show that people who have high self- compassion, have more boldness in dealing with negative events. (Neff et al, 2007). Helis et al (2010) also concluded that the self-compassion is an important prediction of mental health and have a role in the expression of pleasure. Moreover Garcia et al (2014) in a research to verify the validity of the self- compassion 12 and 26 questions questionnaire concluded that the short form and long form of questionnaire is a valid and reliable tool for assessing the self- compassion in the general population. Also Ghazalsefloo et al (2015) concluded that whatever the individuals' deterministic thought is the less there would be more self-compassion for them.

Some researchers have defined social protection as the enjoyment of affection, companionship, care, respect, attention, and support from individuals or other groups, such as family members, friends, and others (Sarafinou, 1998, quoted from Riahi et al. 2011). In a study conducted by Riahi et al (2011) it was concluded that there is a direct and significant relationship between social support and mental health. Also Hossein Jenat Abadi et al (2014) concluded that when people have more need to social support they will experience more homesickness feelings. Regarding the importance of the issues and considered articles, this research aimed to determine the relationship between perceived social support and life expectancy of couple and also prediction of life expectancy based on self-compassion and social support variables.

Research Method:

The population, sample and sampling

The research methods in this study was correlational descriptive. Statistical population consisted of all couples in Ardabil in 2015 that 90 couples (180 individuals) were selected by the sampling method.

Research tools:

Self-compassion questionnaire, Multidimensional Scale of Perceived Social Support Scale and Schneider life expectancy scale were used to collect data .and for selection of the sample they used of satisfied couples for cooperation. Data collection tools are described as follows:

Scale of short form self- compassion: scale of 12-point short form self-pity was built by (Reese, Pamir, oil and Vengachet, 2011) that is including 6 of kindly planar with the judge about himself, a sense of

common humanity in contrary to isolation and awareness of mind against the heightened replication. The long form of this scale includes 26 points. Respondents should have responded to 5 degree Likert spectrum. Reese et al (2011) in their study reported internal consistency of the scale as 86%. In research of Sabz Araye Langeroodi (2014) in addition to the Cronbach's alpha scale of 68%, structure of factor scale of Iranian sample was reported. In study of, Ghorbani and colleagues (2012) internal consistency of the scale reported as 84%.

Multidimensional Scale of Perceived Social Support: This questionnaire is provided by Zemet and colleagues in 1988 to measure perceived social support from family, friends and the other significant peoples of one's life. This scale has 12 items and respondent specifies his/her opinion on a scale of 7 option of score 1 for strongly disagree to7 for strongly agree. The internal reliability of this tool in a sample of 788 young people from the high school have been reported by using Cronbach's alpha, 0/86 to 0/90 to for subscales of the tool and 0/86 for the entire tool (Brewer et al. 2008). also Cronbach's alpha coefficient have mentioned three dimensions of social support received from family, friends and the other significant people in life 0/89, 0/86 and 0/82 respectively (Salimi et al., 2009).

Schneider life expectancy questionnaire: This questionnaire has 12 questions and is aimed at evaluating the life expectancy of people. Scoring methods is based on the Likert-4 option spectrum (1 completely wrong, and 4 completely right) and the range of scores are between 8 and 32. 4 Questions are about the factor subscales and 4 questions are related to passages subscales and 4 questions are misleading and will not be scored. Total scores of factor and passage determines the total score of life expectancy. Preliminary evidence are provided about the validity and reliability of this test by Schneider and his colleagues .it's Cronbach's alpha is between 0/74 to 0/84 and its reliability is obtained 0/80. It's Reliability and validity is confirmed in Iran by Alaedinni (2009) (Siadatian et al. 2013). It should be noted that in this research as well as Siadatian and his colleague's research (2013) the total life expectancy score was used.

The Analysis of Data:

Data research were analyzed by Pearson correlation coefficient methods and multiple regression by using statistical software 21SPSS.

Research Findings:

According to the research findings mean and (SD) of respondents age were 31/88 (8/42) and duration of marriage was 5/58 (1/89). Also 81/23% of the studied samples had the highest percentage of undergraduate education.

Table 1: Mean and standard deviation of research variables

Variable	mean	Standard deviation

Self-compassion	Kindness of own	5/22	1/15
	Judge about own	7/11	2/19
	Human common sense	7/08	1/67
	isolation	5/99	1/85
	Increasing replication	7/06	2/22
	Awareness of mind	5/32	1/92
	Total self-compassion	39/29	13/10
Perceived social support	Social support of friends	10/85	2/33
	Social support of family	10/95	2/52
	Social support of other people	5/40	2/50
	Total social support	23/50	13/59
Life expectancy		96/18	33/40

Table (1) shows the information about mean and standard deviation of self- compassion parameter, perceived social support and life expectancy in entire life.

Table 2: correlation coefficient of self-compassion and perceived social support in predicting life expectancy

variables	**statistic**	**Life expectancy**
Kindness with own	Pearson coefficient	**0/478
Judge about own	Pearson coefficient	**-0/521
Human common sense	Pearson coefficient	**0/308
\isolation	Pearson coefficient	**-0/122

Increasing replication	Pearson coefficient	-0/248
Awareness of mind	Pearson coefficient	**0/253
Total self-compassion	Pearson coefficient	*0/331
Social support of family	Pearson coefficient	*0/252
Social support of family	Pearson coefficient	**0/558
Social support of other people	Pearson coefficient	0/350
Total social support	Pearson coefficient	**0/442

Significance of test for the error level 0/01**

Significant of test for the error level 0/05*

According to the result of above table there is significant positive correlation between kindness of own, human common sense, awareness of mind, total self-compassion, social support of family, social support of friends, social support of other people and total social protection with life hope. Also there is a negative correlation between judgment components on own and Increasing replication with hope life.

Table 3: results of multiple regression analysis standard variables of self- compassion, and perceived social support in predicting life expectancy in couples

model	ss	df	ms		F	P	
regression	5709/42	9	634/38		4/596	0/001	
The rest	23461/7	170	138/10				
total	29171/12	179	-				
Prediction variables	R	R2	Coefficient of non-index		Coefficient of index	T	P
			B	SE	BETA		
Constant value	-	-	85/62	3/54	-	24/12	0/005
Kindness with own	0/516	0/497	0/22	0/05	0/39	5/05	0/007

Judgment of own			-0/24	0/07	-0/41	-4/14	0/066
Human common sense			0/25	0/05	0/43	4/92	0/024
isolation			-0/27	0/08	-0/39	-3/37	0/061
Awareness of mind			0/30	0/04	0/40	4/61	0/070
Increasing replication			-0/21	0/06	-0/19	-1/26	0/081
Social support of friends			0/464	0/095	0/28	4/900	0/000
Social support of family			0/552	0/082	0/37	18/940	0/000
Support of other people			0/072	0/087	0/04	0/832	0/406

To determine the role of self-compassion and perceived social support as predictor variables and the couples' life expectancy were analyzed as main variable in the regression equation. Self-Compassion and perceived social support have 49% of ability to predict the couple's life expectancy. Due to the beta values , kindness with own 0/39, human common sense 0/43, social support of friends 0/28 and social support of family 0/37 percent can predict the changes in the couple's life expectancy ($p < 0/05$).

Conclusion:

This research is conducted to predict the life expectancy of couples based on self-compassion variables and perceived social support. The results of the study showed that among the parameters of the self-compassion, there is a significant positive relationship between kindnesses of own, a human common sense and awareness of mind with the couples 'life expectancy and there is a negative relationship between the judgment of own, isolation and excessive replication with the couples' life expectancy. Self-Compassion is defined as emotion regulation strategies in an important adaptive response to disease (Terry and Larry, 2011). Couple who answer more to human common sense and awareness of mind in the questionnaire, were more hopeful to life and the couples who answer them less than others, have less hope to life. Also the couples who reported less judgment of own, isolation and heightened replication were hoped to life and the couples who reported them more, were less hoped to life. Since no research examine the relationship between self-compassion and life expectancy in couples, the possibility of alignment and nonalignment reviewing was not feasible. But in examining the other variables to self-

compassion, Ghazalseflou et al (2015) concluded that whatever the less is deterministic thinking, the individual's self-compassion is more. In addition in abroad, Helees et al (2010) concluded that the self-compassion is an important and strong prediction of mental health and plays a role in the expression of pleasure. Gilandarz et al (2014) in examining the life quality in cancer patients concluded that cognitive fusion is the most powerful predictor of anxiety symptoms and self-compassion act as a moderating variable so that high self –compassion reduce the anxiety. Also Brince and Chien (2012) by examining four different experiments about self-compassion concluded that in self-compassion frame work, the adverse events were along with a positive response (Marshall, Parker, Jackson, 2014).

The other variable in our study was perceived social support. Brunnel and Shoumaker believe that social support is referred to mental feeling of belonging, acceptance and love. Social protection for any person creates a secure relationship where its main features are to feel intimacy (Gavam, 1996). The research results showed that there is a significant positive relationship between social support of family and friends and the other people with life expectancy. It means that the couples, who reported more these components, had hoped to life and vice versa. In other findings Barzagar Befroyee and colleagues (2016) concluded that there is a positive relationship between perceived social support and life expectancy. According to the findings there is an alignment between this study and Barzagar Befroyee's (2016). Amini et al (2016) also concluded that there is a significant positive relationship between perceived social support and hope that confirm the research alignment. Finally, the last part of results showed that among the variables kindness of own, human common sense, social support of friends and family can predict significantly the change in life expectancy of couples. In general it can be said that self-compassion and perceived social support had been among the variables related to life expectancy.

Practical suggestions:

Using the available sampling methods and being limited to couples in Ardabil are this study limitations. Therefore it is suggested to use random sampling in other studies and other cities to make possible the result generalization with more confidence. In addition it is suggested to prepare actions widely by IRIB officials in relation to the training about predicting the others social behavior, proper social support, self-pity and… for couples.

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