



Original Article

The Relationship of Life Experiences with Social Health in Older Adults: The Mediating Role of Positive Feelings Towards Spouse

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ABSTRACT

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Introduction: As the elderly population grows, addressing the challenges of aging, including social health, becomes increasingly important. This study aimed to examine the relationship between life experiences, positive feelings toward a spouse, and social health in older adults.

Methods: This descriptive-correlational study involved 298 older adults referred to welfare centers in Tehran, Iran, in 2020. Participants completed the Social Well-Being Questionnaire, the Life Experience Survey, and the Positive Feelings Questionnaire. Data were analyzed using structural equation modeling with AMOS software.

Results: The results indicated a significant negative direct effect of life experiences on social health dimensions (social acceptance, integration, contribution, coherence, and cohesion) ($p < 0.05$). Additionally, positive feelings toward a spouse (kissing, cuddling, reduced loneliness, and touch) significantly mediated the relationship between life experiences and social health ($p < 0.05$).

Conclusion: These findings suggest that older adults can enhance their social health by acquiring knowledge about life experiences and cultivating positive feelings toward their spouses. The implications of this research can inform interventions aimed at improving the social health of older adults.

Keywords: Social Health, Life Experiences, Positive Feelings Towards Spouse, Aged

Introduction

The social health of older people is an essential priority in all societies (1), and successful aging is a crucial social topic for countries (2). While social health in older people is arguably one of the most critical aspects of aging, it has received less attention than physical and mental health, and its definitions remain broad and vague (3, 4). Living alone is increasingly common among older people and poses a significant threat to their social health (5).

Furthermore, today's world, characterized by declining birth rates and advancements in technology and healthcare, is witnessing a surge in the elderly population (6, 7). It is predicted that by 2050, older

adults will comprise a quarter of the population in most regions of the world (8).

Health is fundamental to human life (9). Social health is a crucial component of overall health (10). Recognizing its significance, the World Health Organization has included social health as a key component of general health since 1948 (11). Social health can be defined as the ability to fulfill social commitments, enabling individuals to actively participate in social activities (12). In other words, an individual possesses social health when they can effectively perform their social roles, adapt to societal norms, and integrate well within society (10).

A healthy society is characterized by social health, where all individuals have equal opportunities, access to essential services and basic needs, and are respected as citizens (4). However, with evolving economic, social, and family structures, the elderly are no longer as valued within families as they once were. Their relationships with friends and neighbors have diminished, leading to increased feelings of isolation and loneliness. These factors significantly impact the social health of older people (13).

Aging weakens the physiological, psychological, and social functions of elderly individuals, diminishing their ability to adapt to their environment (14). These developments can increase the economic and social costs associated with elderly life (15). Life experiences can have detrimental implications for older people who struggle to meet their daily needs, experience social isolation, lack social engagement, and grapple with fear and anxiety related to the loss of loved ones (16).

Undoubtedly, the quality of life experiences is not solely an individual or psychological matter; it is influenced by numerous economic, social, cultural, and normative factors (17). In this regard, Afsharkohan & Ghaderi Harsini (18) acknowledge that men and women experience aging differently. These differences stem from diverse experiences related to economic, social, cultural, health, and other factors. Some elderly individuals experience this stage with satisfaction and happiness, while others encounter numerous challenges and dissatisfaction (19).

Studies demonstrate that experiences accompanied by satisfaction in the elderly positively impact their emotional well-being (20). Conversely, there is a positive correlation between negative experiences and negative feelings toward spouses among older people (21).

Positive feelings toward a spouse encompass an individual's perceptions of their partner in various aspects, including friendship, marital relations, understanding, honesty, trust, happiness, and sexual pleasure (22). These feelings represent a general evaluation of the marital relationship status and are a crucial determinant of marital satisfaction, fostering intimacy and reducing distance between couples (23).

Positive feelings toward a spouse reflect a willingness to engage in a romantic and supportive relationship while maintaining one's own identity. These feelings are manifested through the availability and responsiveness of couples towards each other (24). The presence of positive feelings toward a spouse is an indicator of healthy interpersonal relationships (22). These secure relationships empower couples to support each other in navigating emotional challenges. In essence, high levels of positive feelings within a couple can contribute to authentic happiness (24). Positive feelings toward a spouse play a vital role in maintaining the relationship of the elderly and significantly influence their adaptability (25).

Several studies have investigated research variables related to social health in the elderly. For example,

Kolodziejczak et al., found that romantic life and intimate relationships significantly impact social health in the elderly (27). Oraki's research highlighted the impact of intimacy and connectedness on depression in older people (27). Similarly, Tough et al., study demonstrated that intimacy levels and perceived support are influential factors in overall health (28). Boyraz & Lightsey, in their study, concluded that positive cognition mediates the relationship between various factors and positive feelings (29). Based on the research findings of Besharat et al., negative feelings moderate the relationship between sexual attitudes and marital satisfaction (20).

Research on the social health of older people reveals several areas of ambiguity. Elderly individuals can effectively fulfill their roles when their interactions with others align with their own roles and the roles of others. While most elderly individuals are aware of their physical and mental health, many have limited awareness of the concept of social health. Consequently, if their social health is compromised, they may not recognize it due to this lack of awareness.

In the present study, the variables of social health, life experiences, and positive feelings toward spouses were used to design a structural equation model. As previously mentioned, life experiences appear to be a significant influencer of social health in older people. Furthermore, it is hypothesized that, in addition to its direct relationship with social health, positive feelings toward a spouse mediate the relationship between life experiences and social health in older people.

Existing research has not adequately addressed the role of life experiences and positive feelings toward spouses in the social health of older people. Therefore, the present study aims to contribute to this area by developing a structural model to predict the social health of older people based on these variables. The conceptual model of the research is shown in figure 1.

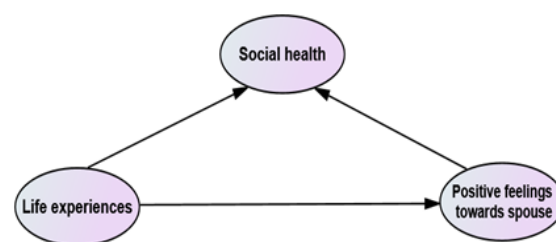


Figure 1. The conceptual model of the research

Methods

Study design and participants

This descriptive study employed correlational and applied research methodologies. While the study utilized structural equation modeling, which is often associated with causal research, its primary focus remains descriptive and correlational. The statistical population comprised all elderly individuals referred

to daily and round-the-clock care centers in Tehran in 2020. A sample of 298 elderly individuals was selected from this population using convenience sampling. The sample size was determined using the G*Power software.

Participants completed the Keyes' Social Well-Being Questionnaire (30), Life Experience Survey (31), and Positive Feelings Questionnaire (25). Inclusion criteria for participation included: providing informed consent to participate in the study, being aged 60 years or older, not having cognitive disorders such as memory disorders or Alzheimer's disease (as confirmed by medical records), not concurrently participating in other psychological interventions and not having psychotic disorders. Exclusion criteria included: lack of cooperation in the study due to participant fatigue and inaccurate or incomplete completion of the questionnaires.

Data collection

After obtaining authorization from the Islamic Azad University, Arak Branch, Iran, and receiving a letter of introduction from the Welfare center in Tehran; With having a corona vaccination card, referred to private centers under Welfare surveillance. After the agreement of the management of these centers, a meeting held with them; and the required information about the purpose of the study presented to them. Then, according to the timing announced in centers, the researcher visited older people in the center and after explaining the purpose of the study, and obtaining written consent from them, asked older people to complete the questionnaires. If older people were tired, answering the questionnaires was done at another time. The process of sampling and collecting data from the centers was 8 months.

The data collection tools

Keyes' Social Well-Being Questionnaire (KSWBQ): This instrumental made by Saffarinia (32) based on social health model of Keyes and Shapiro (33). The questionnaire consists of 28 items and has five subscales of social coherence, social integration, social contribution, social flourishing, and social acceptance. The items were graded on a five-point Likert scale (1: completely disagree to 5: agree entirely). Items 1, 2, 3, 4, 5, 6, 8, 9, 11, 14, and 21 receive reversed scores. The range of scores is between 28 to 140. Higher scores indicate a high level of social health in the subject. Saffarinia confirmed the construct validity of the questionnaire on 500 men and women aged 16 to 62 using confirmatory and exploratory factor analysis; and the reliability of the questionnaire calculated using the test-retest and Cronbach's alpha coefficient 0.85 and 0.77 (32).

Positive Feelings Questionnaire (PFQ): This questionnaire consists of 17 items and has three subscales of touch, kissing and cuddling, and being alone with your spouse and intimacy. The questionnaire made by O'Leary and Turkewitz to measure positive feelings or love towards spouse in two parts. The first part includes eight items; and the second part consists of nine items. In scoring of the

questionnaire, scores 1-7 assigned to options "strongly negative" to "strongly positive". The range of scores is between 17 and 119. Higher scores indicate a high level of positive feelings. The construct validity of the questionnaire confirmed using factor analysis by O'Leary and Turkewitz (34); and its correlation coefficient with the marital satisfaction questionnaire was 0.7. The reliability of this questionnaire with an interval of 1 to 3 weeks calculated using the test-retest 0.93. In Iran, the content validity of the questionnaire confirmed by experts in study of Mazaheri and Pouretamad (35). Also, the reliability of the questionnaire calculated using the Cronbach's alpha coefficient 0.89 (25).

Life Experience Survey (LES): This 60-item instrumental made by Sarason et al., (38) to evaluate the positive and negative effects of the severity perception of stressful life events during the past 6 months (in various fields such as teaching and education, near communication, to lose, death, disease or injury of friends, family members and kindreds, social activities, matters related to job and bread, family problems and physical health). The subjects rate the negative effects of the severity perception of stressful life events graded on a five-point Likert scale (severe adverse effect = 3 to no negative impact = 0). In Iran, Mohamadzadeh Ebrahimi et al., (31) calculated the criterion validity and reliability of this scale.

Data analysis

The collected data was analyzed using descriptive statistic, correlation coefficient, and structural equation modeling; in SPSS and Amos software, version 22.

Ethical considerations

To comply with the ethical considerations, the study process and the required time for respond to the questionnaires were explained to older people, the participants were assured that complete of the questionnaires is only a research design; and their questionnaires will be coded, and ethics fundamentals such as secrecy will be fully observed. The implementation license of this study has been issued by the Islamic Azad University, Arak Branch with the ethics IR.IAU.SRB.REC.1400.236.

Results

Demographic characteristics indicated that the mean age of older people was 85.55 ± 4.7 ; The majority of the participants had elementary education (124 people); the distribution of elderly' gender showed that 180 of them were female (60%); The majority of the participants were retired (108 people) and married (155 people).

The mean scores of the main study variables are shown in Table 1.

In the following, defaults of path analysis of structural equation were performed. First, the normality of the sample was analyzed. The skewness and kurtosis values were in the range of (+2 and -2)

and the distribution of scores was normal. Also, tolerance for all variables was more than 0.4, and variance inflation factor "VIF" was less than 10 and the default of collinearity between independent variables was confirmed. Finally, the value of Durbin-Watson test was less than four and this default was also confirmed. Therefore, the use of the path analysis of structural equation was unimpeded.

The Pearson correlation coefficients used to investigate correlations between the variables of life experiences and positive feelings with the social health. The results are shown in Table 2.

The Pearson correlation results indicated positive and significant correlations between life experience, social health, and positive feelings ($p < 0.05$), and there was no correlation between positive feelings towards spouse and social health ($p > 0.05$). (Table 2).

The results showed that the index of CMIN/DF was between 1 and 3. The root mean square error of approximation (RMSEA) index was 0.08 and less than 0.09. The normed fit index (NFI) was 0.97, and indicated the optimal fit of the model. The parsimonious normed fit index (PNFI) was 0.65, more than 0.05. Also, the IFI index (incremental fit index), CFI (comparative fit index), and GFI (goodness of fit index) were less than 0.9 and indicated the optimal fit of the model. To investigate the mediating role of positive feelings towards spouse between life experiences and social health, the path analysis of structural equation was used. (Table 3)

In Figure 2, estimation of standardized path coefficients in the model presented. The relationship analysis in model shows that all paths in the model are confirmed ($p < 0.05$); and the life experiences variable in relationship with the mediating role of positive feelings towards the spouse explain social health of older people. Also, the R Square (R^2) of social health was 0.30 and indicated that all the independent and mediating variables (life experiences and positive feelings towards the spouse) can predict 30% of the changes in social health.

The results in Table 4 indicated that all the relationships in the model were confirmed ($p < 0.05$). The direction of the effect of all variables was positive (except life experiences on positive feelings towards spouse and social health). The significance of the

regression weights in the default model for life experiences and social health variables was a sign of fit all the indicators for the latent variable.

According to results, standardized and direct path coefficients of life experiences to positive feelings towards spouse ($\beta = -0.25, \leq 0.001$); life experiences to social health ($\beta = -0.23, \leq 0.001$); and the indirect effect of positive feelings towards the spouse on social health ($\beta = 0.25, \leq 0.001$) was significant. According to the error level of less than 0.01, all variables had the value more than 0. Also, the results showed that positive feelings towards spouse had not direct effect on social health; and life experiences had effective on social health with mediating of positive feelings towards spouse. (Table 5)

Discussion

The present study aimed the relationship between social health based on life experiences with mediating role of positive feelings towards spouse. The results of this study showed that the life experiences directly affected on the social health of elderly; and positive feelings towards spouse indirectly and significant has a mediating role between life experiences with social health which is consistent with the results of other studies (18, 26, 28, 29).

Kolodziejczak et al., (26) assert that common goals, affectionate touch, and the evaluation of the sexual lives of the elderly significantly impact their health and social relationships, thereby confirming the results of this study. Tough et al. (28) in a review study (47 cross-sectional studies and 16 longitudinal studies), demonstrated that the quality of social interactions, family functioning, the amount of social support, and perceived intimacy are related to mental health, further supporting the findings of the present study. Additionally, Boyraz and Lightsey's study (29) on a sample group of 232 individuals indicated that those with less positive thinking experienced higher stress levels, which aligns with the current study's results. The results of Afsharkohan and Ghaderi harsini study (18) also support the present study. They believe that variations in older adults' experiences influence their satisfaction levels.

Table 1. The descriptive of research variables

| Variables | | Mean | Std. deviation | Minimum | Maximum |
|--------------------------|---|-------|----------------|---------|---------|
| Social health | Social flourishing | 21.81 | 4.83 | 11 | 36 |
| | Social integration | 32.76 | 4.29 | 18 | 40 |
| | Social contribution | 19.36 | 2.59 | 11 | 25 |
| | Social coherence | 14.25 | 2.07 | 7 | 20 |
| | Social acceptance | 10.65 | 1.83 | 6 | 15 |
| | Total score | 98.86 | 8.86 | 65 | 134 |
| Positive feelings | Touch | 40.61 | 9.38 | 9 | 56 |
| | Kissing and cuddling | 15.18 | 3.86 | 3 | 21 |
| | Being alone with your spouse and intimacy | 30.52 | 7.11 | 6 | 42 |
| | Total score | 86.37 | 19.33 | 20 | 119 |
| Life experience | | 82.16 | 17.65 | 115 | 212 |

Table 2. Pearson correlation coefficient between the studied variables

| Variables | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|-------------------------------|--------|---------|--------|--------|--------|-------|--------|--------|--------|-------|----|
| 1. Social flourishing | 1 | | | | | | | | | | |
| 2. Social integration | 0.11* | 1 | | | | | | | | | |
| 3. Social contribution | -0.02 | 0.20** | 1 | | | | | | | | |
| 4. Social coherence | 0.25** | 0.22** | 0.30** | 1 | | | | | | | |
| 5. Social acceptance | 0.08 | 0.30** | 0.13* | 0.14* | 1 | | | | | | |
| 6. Social health | 0.52** | 0.57** | 0.48** | 0.57** | 0.46** | 1 | | | | | |
| 7. Positive feelings | 0.11* | -0.21** | 0.13* | 0.07 | -0.01 | 0.03 | 1 | | | | |
| 8. Touch | 0.07 | -0.19** | 0.14* | 0.06 | -0.009 | 0.02 | 0.95** | 1 | | | |
| 9. Kissing and cuddling | 0.04 | -0.18** | 0.13* | 0.09 | -0.004 | 0.02 | 0.92** | 0.90** | 1 | | |
| 10. Being alone with a spouse | 0.16** | -0.22** | 0.11* | 0.07 | -0.02 | 0.04 | 0.95** | 0.83** | 0.80** | 1 | |
| 11. Life experience | 0.02 | 0.09 | 0.07 | 0.04 | 0.08 | 0.14* | 0.19** | 0.23** | 0.20** | 0.13* | 1 |

**p< 0.01 *p< 0.05

Table 3. Fit indices of structural equation model

| Fit | Index | Index Acronym | Value | Acceptable fit |
|--------------|---|---------------|-------|----------------|
| Absolute Fit | Goodness of Fit Index | GFI | 0.91 | ≥ 0.9 |
| Index | Adjusted Goodness of Fit Index | AGFI | 0.92 | ≥ 0.9 |
| Comparative | Normed Fit Index | NFI | 0.97 | ≥ 0.9 |
| Fit Index | Comparative Fit Index | CFI | 0.94 | ≥ 0.9 |
| | Incremental fit index | IFI | 0.91 | ≥ 0.9 |
| Parsimonious | Parsimonious normed fit index | PNFI | 0.65 | ≥ 0.5 |
| Fit Index | Root Mean Square Error of Approximation | RMSEA | 0.08 | ≤ 0.09 |
| | Chi-degree freedom | CMIN/DF | 2.63 | < 3 |

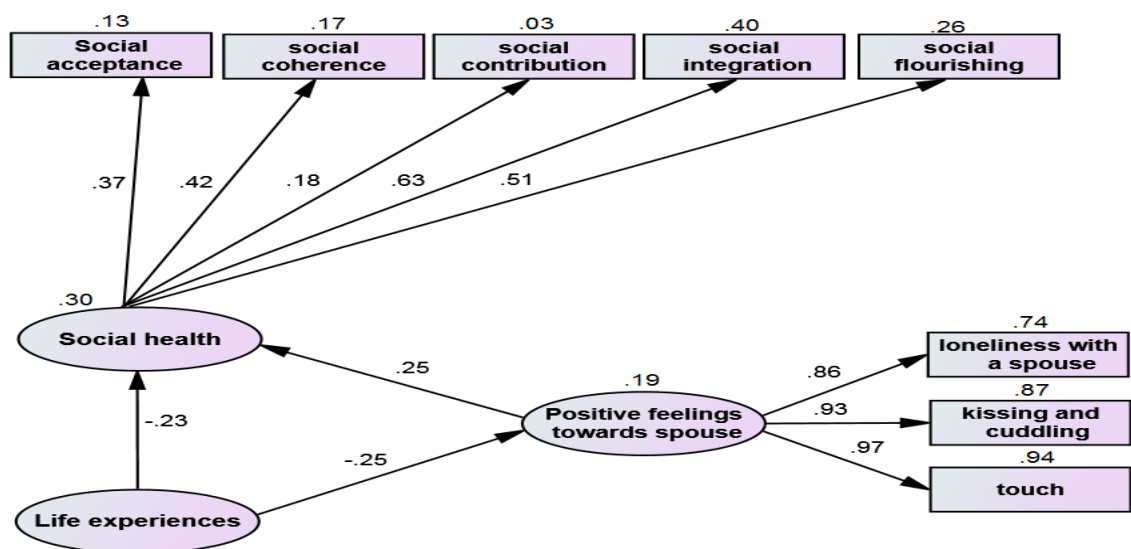


Figure 2. Standard estimates of the model of structural equation between social health and life experiences with the mediating role of positive feelings towards spouse

Table 4. Direct effects between research variables in the default model

| Paths | Standardized | Unstandardized | S.E | C.R | p |
|---|--------------|----------------|------|-------|---------|
| Touch → Positive feelings | 0.86 | 1 | - | - | - |
| Kissing and cuddling → Positive feelings | 0.93 | 0.44 | 0.01 | 24.38 | ≤ 0.001 |
| Social flourishing → Social health | 0.50 | 1 | - | - | - |
| Social integration → Social health | 0.63 | 1.09 | 0.25 | 4.28 | ≤ 0.001 |
| Social contribution → Social health | 0.17 | 0.19 | 0.09 | 2.12 | 0.05 |
| Social coherence → Social health | 0.41 | 0.34 | 0.08 | 4.10 | ≤ 0.001 |
| Social acceptance → Social health | 0.36 | 0.27 | 0.06 | 3.89 | ≤ 0.001 |
| Life experience → Positive feelings | -0.25 | -0.08 | 0.01 | -4.48 | ≤ 0.001 |

Table 5. Direct and indirect effects between research variables in the default model

| Paths | Direct | Indirect | Total | p |
|--|--------|----------|---------------------------------------|---------|
| Life experience → Positive feelings | -0.25 | - | -0.25 | ≤ 0.001 |
| Life experience → Social health | -0.23 | - | -0.23 | ≤ 0.001 |
| Positive feelings → Social health | - | 0.25 | 0.25 | ≤ 0.001 |
| Life experience → Positive feelings through Social Health | -0.23 | 0.25 | $-0.23 + (0.25 \times -0.23) = -0.29$ | ≤ 0.001 |

The results of this study indicate that life experiences have a significant direct negative impact on the social health of older adults. Older individuals encounter a variety of life experiences, including personal, familial, occupational, and social factors (18). Adverse experiences such as physical illness, the death of a spouse or close friend, and various life transitions—such as retirement, financial difficulties, and the loss of personal independence—are particularly detrimental to the social health of the elderly, which affect their social health (17). The first symptoms of aging are physical pain and suffering, and the decline of a person's abilities. The experience of psychosocial isolation, thinking about death, and mood disorders are topics experienced by the elderly (16). Following this way of thinking, the behaviors of older people changed, gradually. They separate from society, and they isolated. The mechanisms of introspection cause older people to create a new balance in them and adapt to the changes of old age. As time passes, the positive and negative aspects of aging become apparent, and older people lose their roles. Creating conditions that allow older adults to remain in their roles and relationships can promote their social health.

The life experiences of older individuals have a significant direct negative effect on their positive feelings toward their spouses. It can be observed that a spouse's reliability, understanding, and friendship contribute to a stage of maturity in which older individuals respect and harmonize with their spouse's thoughts and views, even when they may not personally agree. These elderly individuals maintain the dynamics of marital life by sharing their life experiences and engaging with their spouses (20). The

need for physical touch with a spouse encompasses simple gestures, such as caresses, as well as deeper interactions, including cuddling and kissing. This need does not diminish in importance despite a decrease in emotional affection. However, the impact of life experiences on individuals varies. Thus, intimate patterns in spousal relationships can be recognized and identified across all ages, and their continuity enhances the satisfaction of couples' interactions and the stability of their communication and integration (22).

The life experiences have an indirect positive effect on the social health of older adults through the cultivation of positive feelings toward their spouses. It is evident that fostering positive emotions can alleviate tensions between couples and plays a crucial role in their overall well-being. Therefore, if spouses reduce negative attitudes and increase pleasant behaviors, they are likely to experience greater satisfaction and positive feelings within their relationship (20). The physical and psychological aspects of aging cause changes in the attitude towards social interaction. Not having a proper understanding of the differences in attitudes, having the same expectations from both sexes, factors of natural and congenital cause creation behaviors and unrealistic expectations, and the loss of positive feelings towards the spouse. Because each of couples expects their spouse to act like the other in different situations. The researches indicates that the improvement of the family function in elderly couples related to the increase in the level of understanding and intimacy between the spouses; And romantic life, and how respond to each other shared goals are the factors effect and predictor in their social health (25).

Conclusion

Positive feelings towards a spouse mediate the relationship between life experiences and the social health of older adults, confirming the main hypothesis of the research. Therefore, it is suggested that a program be designed and implemented to enhance the social health of the elderly, focusing on life experiences and positive feelings towards their spouses. Additionally, it is recommended that mental health clinics take into account both positive feelings towards a spouse and life experiences when assessing the social health of older individuals.

Study limitations

This research had several limitations.

Questionnaire Length: The extensive number of questions in the questionnaires may have led to fatigue among older participants, potentially impacting the accuracy of their responses. To mitigate this issue, it is advisable to incorporate qualitative research methods to collect more in-depth information while reducing the burden on participants.

COVID-19 Pandemic: Data collection during the COVID-19 pandemic posed significant challenges, including the requirement for three doses of vaccination and strict adherence to hospital health protocols. Future studies in this area may become more feasible and efficient once the pandemic has subsided.

Cultural Sensitivity: Discussing marital issues is often considered taboo in Iran. This cultural norm may result in underreporting or inaccurate responses from some participants. Researchers can address this challenge by focusing on the general emotional dynamics between elderly couples rather than delving into specific marital problems.

Conflict of interests

There is no conflict of interest for the authors in this study.

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Authors' contributions

The first author conducted the research, and the second and the third were the research thesis advisor, and the fourth author was the research thesis consulting advisor. All the authors have read and approved the final manuscript.

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