

Exploring the Interplay of Purpose in Life, Conflict Resolution, and Quality of Life in Middle Adulthood: A Correlational Study

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Abstract: *The aim of this research is to study the relationship between purpose in life, conflict resolution styles, one's quality of life & attitude towards seeking professional psychological help in the middle adulthood, a study-population important in utilizing the knowledge already gained, re-identifying values, beliefs and generating new sources of wisdom. This correlational study identifies possible associations between purpose in life, conflict resolution styles with the marital partner, quality of life, and attitude towards seeking professional psychological help and their strength and direction. Results show significant inverse relationships of Physical health with conflict engagement style, and self-protection style. Positive problem solving shows direct association with Psychological health. Conflict engagement and self-protection showed inverse relationship with Psychological health, Relationships as well as the Environment domains of Quality of Life. No statistically significant relationship was found among attitude towards seeking professional psychological help, Purpose in Life and Conflict resolution styles. Nonetheless, the relationship of conflict engagement, self-protection and acceptance with help seeking attitude was inverse unlike positive problem solving. The study gives a strong rationale for training programs tailor-made for male and female participants for effective conflict resolution to prevent psychological health issues and to promote positive growth among individuals in middle age.*

Keywords: Quality of Life, Conflict Resolution, Middle adulthood, Correlational study, Help-seeking

1. Introduction

Middle adulthood is a very multi-faceted period of human development. It is considered as a period of negotiation, creation across physical, social and psychological aspects of human life (Schultz & Schultz, 2009). Among many scientifically proposed theories, the period is mentioned as from 20 years to 40 years of age. However, the range is quite wide from 30 to 75. Studies have shown that this is the least studied and almost neglected period of the human lifespan. Even though we keep talking about the mid-life crisis as a most common topic of layman discussions, it is rarely that its bio-psycho-socio-spiritual aspects are empirically studied and explored in order to discover what is still not explored. Current study aims to assess the strength and direction of relationship of Purpose in Life and Conflict Resolution Style with Quality of Life and Attitude towards seeking professional psychological help in this middle adulthood period.

2. Key Concepts

2.1 Understanding Middle adulthood

According to Carl Jung (1875–1961), this period is a period of experiencing one's true self – “The Creative Self” in the “afternoon of life”. Jung believed that major personality changes occur between the ages of 35 and 40. This period of middle age was a time of personal crisis for Jung and many of his patients. By then, the adaptation problems of young adulthood have been resolved. The typical 40-year-old is established in a career, a marriage, and a community. Jung asked why, when success has been achieved, so many people that age are gripped by feelings of despair and worthlessness. Through his patients, he got the answer: they

felt empty (Schultz & Schultz, 2009). Adventure, excitement, and zest had disappeared for them and life had lost its meaning. It is a natural time of transition in which the personality undergoes necessary and beneficial changes. Ironically, the changes occur because middle-aged persons have been so successful in meeting life's demands. They had invested a great deal of energy in the preparatory activities of the first half of life, but by age 40 that preparation is finished and those challenges have been met. Although there is still considerable energy, the energy now has nowhere to go; it has to be rechannelled into different activities and interests. Jung states that, the second half of life must be devoted to the inner, subjective world that is neglected. The attitude of the personality must shift from extraversion to introversion. The focus on consciousness must be tempered by an awareness of the unconscious. Our interests must shift from the physical and material to the spiritual, philosophical, and intuitive. A balance among all facets of the personality must replace the previous one-sidedness of the personality. Thus, at middle age, a process of realizing or actualizing the self begins. It is the shift in the nature of the archetypes. The first change involves dethroning the persona. People become aware of the destructive forces of the shadow and acknowledge the dark side of their nature with its primitive impulses, such as selfishness. A greater awareness of both the destructive and the constructive aspects of the shadow will give the personality a deeper and fuller dimension, because the shadow's tendencies bring zest, spontaneity, and vitality to life. This central theme in Jung's individuation process is thus to bring each aspect of the personality into harmony with all other aspects (Schultz & Schultz, 2009).

A successful integration of the conscious and unconscious helps to attain a new level of positive psychological health. The onset of middle age, around age 40, was a time of crisis

for Jung and many of his patients. Once individuation is achieved, the next developmental stage can occur, which he called as transcendence, an innate tendency toward unity or wholeness in the personality, uniting all the opposing aspects within the psyche. He states that environmental factors, such as an unsatisfactory marriage or frustrating work, can inhibit the process of transcendence and prevent the full achievement of the self (Schultz & Schultz, 2009).

Commenting on middle adulthood of women, the midlife transition has been found to be less difficult for women who had actively pursued careers than for women who had focused solely on marriage and family. Many subjects in the latter group concluded that their marriage had been a partial or complete failure. Their regret over their choice led them to consider drastic changes. The career women felt significantly less need to make major changes at midlife (Levinson, 1996). Another sample of women studied at midlife also showed that two-thirds of them believed they had been less successful in life than their daughters who worked outside the home (Carr, 2004). A sense of dissatisfaction at midlife motivated many women to change, but not all were able to return to school to enhance their skills or find a job that made full use of their abilities. Those women who were able to effect satisfactory life changes by age 43 reported significantly greater feelings of general well-being than those women who were unable to make such changes. The changed group experienced an increased sense of personal identity and an enlarged view of their own capabilities. Thus, regret about their earlier choices led to positive changes in midlife (Stewart & Ostrove, 1998; Stewart & Vandewater, 1999).

Margie Lachman (2004) provides a comprehensive overview of the challenges facing midlife adults, outlining the roles and responsibilities of those entering the “afternoon of life” (Jung). These include losing parents and experiencing associated grief, launching children into their own lives, adjusting to home life without children (often referred to as the empty nest), dealing with adult children who return to live at home, becoming grandparents, preparing for late adulthood, and acting as caregivers for aging parents or spouses.

There are few biologically based physical changes in midlife other than changes in vision, more joint pain, and weight gain (Lachman, 2004). Vision is affected by age. As we age, the lens of the eye gets larger but the eye loses some of the flexibility required to adjust to visual stimuli. Middle aged adults often have trouble seeing up close as a result. Autoimmune disease such as rheumatoid arthritis often starts in the 50s. Weight gain, sometimes referred to as the middle-aged spread, or the accumulation of fat in the abdomen is one of the common complaints of midlife adults. The metabolism slows during midlife by about one-third (Berger, 2005). Consequently, midlife adults have to increase their level of exercise, eat less, and watch their nutrition to maintain their earlier physique. It becomes important for midlife adults to take preventative measures to enhance physical well-being. Those midlife adults who have a strong sense of mastery and control over their lives, who engage in challenging physical and mental activity, who engage in weight bearing exercise, monitor their nutrition, and make

use of social resources are most likely to enjoy a plateau of good health through these years (Lachman, 2004). During midlife, men may experience a reduction in their ability to reproduce. Women, however, lose their ability to reproduce once they reach menopause. After menopause, a woman’s menstruation ceases ([NIH], 2007). Changes in hormone levels are associated with hot flashes and sweats in some women, but women vary in the extent to which these are experienced. Depression, irritability, and weight gain are not menopausal (Avis, 1999; Rossi, 2004). Depression and mood swings are more common during menopause in women who have prior histories of these conditions rather than those who have not. And the incidence of depression and mood swings is not greater among menopausal women than non-menopausal women. It is natural for sex drive to diminish slightly as men age, but a lack of sex drive may be a result of extremely low levels of testosterone.

Tacit knowledge (Hedlund, Antonakis, and Sternberg, 2001) increases with age. Tacit knowledge is pragmatic or practical and learned through experience rather than explicitly taught. It might be thought of as “know-how” or “professional instinct.” It is referred to as tacit because it cannot be codified or written down. It does not involve academic knowledge, rather it involves being able to use skills and to problem-solve in practical ways. Verbal memory, spatial skills, inductive reasoning (generalizing from particular examples), and vocabulary increase with age as well (Willis and Shaie, 1999). Those who exhibit wisdom in midlife, may have made wiser choices at younger ages as well.

Tasks of the midlife transition include 1) ending early adulthood; 2) reassessing life in the present and making modifications if needed; and 3) reconciling “polarities” or contradictions in one’s sense of self. Neugarten (1968) notes that in midlife, people no longer think of their lives in terms of how long they have lived. Rather, life is thought of in terms of how many years are left. If an adult is not satisfied at midlife, there is a new sense of urgency to start to make changes now. Changes may involve ending a relationship or modifying one’s expectations of a partner. These modifications are easier than changing the self (Levinson, 1978). Midlife is a period of transition in which one holds earlier images of the self while forming new ideas about the self of the future. However, Results of a 10 year study conducted by the MacArthur Foundation Research Network on Successful Midlife Development, based on telephone interviews with over 3,000 midlife adults suggest that the years between 40 and 60 are ones marked by a sense of well-being. Only 23 percent of their participants reported experiencing a midlife crisis. The crisis tended to occur among the highly educated and was triggered by a major life event rather than out of a fear of aging (Research Network on Successful Midlife Development, accessed 2007). A clear sense of self, identity, and control can be important for meeting the challenges of midlife (Lachman and Firth, 2004).

According to Erik Erikson (1950), midlife adults face the crisis of generativity vs. stagnation. This discomfort can motivate a person to redirect energies into more meaningful activities. It is important to make revisions here so that in

later life, one may feel a sense of pride and accomplishment and feel content with the choices that have been made.

2.2 Purpose in life

Martin Seligman, the founding father of Positive Psychology, talks about importance of purpose in life as a predictor of well-being in his PERMA model (Seligman, 2011). According to Viktor Frankl (1905 – 1997), the neurologist from Austria who survived the Holocaust, striving to find meaning in one's life i.e. will to meaning is the primary motivational force in man. In his famous book 'Man's search for meaning', he states that "What man actually needs is not a tensionless state but rather the striving and struggling for some goal worthy of him. What he needs is not the discharge of tension at any cost, but the call of a potential meaning waiting to be fulfilled by him." Depression, aggression and addiction are the main problems of human functioning explained by Frankl's hyper-intention and hyper-reflection along with the concept of existential vacuum. A definition of existential well-being is a person's present state of subjective well-being across the domains of meaning, purpose and satisfaction in life along with feelings of comfort with the concept of death as well as suffering.

2.3 Quality of Life

Quality of life, is defined by WHO as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. From a psychoanalytic view is a sense of pleasure and happiness and relief of pain. It is a fundamental goal of human behaviour. It the root of it is satisfying human instincts. The principal of pleasure is the motive for the permanence of life and satisfaction (Mahfouz, 2006). According to cognitive viewpoint, the difference between one's original attitudes and actions incompatible to those attitudes leads to a mental discomfort. Thus, the lesser the cognitive dissonance between the attitudes and actions of an individual, the more the satisfaction with life. Perceived well-being and satisfaction are derived from how one lives one's life not just from episodic good feelings or transient pleasures. Social cognitive theory addresses well-being and satisfaction in terms of commitment to a valued future and enablement to take the steps to realise it. Self-satisfaction and subjective well-being are rooted in temporal comparison on whether one's life is better or worse than in the past; social comparison on whether the quality of one's life compares favourably or unfavourably with the quality of life others enjoy; and aspirational comparison on how one's life status measures against the life ambition one set for oneself. Abraham Maslow emphasized a set of basic needs which he developed hierarchically, according to importance. According to him, the quality of life depends on the level of satisfaction of those needs. This may lead to a sense of deep happiness and a high sense of the individual's inner life. (Gepner, 2003). According to the theorists in the human school, the idea of the quality of life always requires the necessary connection between two important elements: (a) Existence of an organism, (b) The existence of a good environment in which this organism lives, because the phenomenon of life comes into existence through the mutual

influence between these two elements, and emphasizes theorists in this model to interpret the quality of life on the concept of self. (Bin Saleh Hamad Al-Mudhi, 2017)

The conceptual model of QoL given by Campbell et al. (1976) states that individuals judge their objective situation in each of various life domains according to standards of comparison based on aspirations, expectations, feelings of what would be just, reference group comparisons, personal needs, and personal values. Their resulting evaluation is their satisfaction with that domain. These domain satisfactions combine to produce a general sense of well-being.

A model given by Perry & Felce (1995) is multidimensional including objective life conditions of Physical well-being, Material well-being, Social well-being, Development & activity and Emotional well-being, subjective feeling of well-being based on satisfaction with these four life conditions and personal values and aspirations generating out of these four life conditions.

Schallock (2004) has eight dimensions of quality of life: *The emotional quality of life, relations between people, physical quality of life, personal upgrading, physical quality of life, Self-determinants, Social interaction, and rights.* (Khaddam Al-Mashkaba, 2015, p. 36)

Coping i.e. acceptance, positive reorientation and religious coping is increasingly related to meaning in life and it also increased meaning over time. It was also found that the meaning in life was related to health related Quality of life including both the physical and mental components (Park & Colleagues, 2008).

There is a significant negative relationship identified between spiritual well-being and psychological distress. The ability to maintain or redefine a sense of meaning in life, by either integrating the trauma of a fatal disease in one's own life story or accommodating oneself to this new reality seems to guarantee a preserved psychological wellbeing among patients in palliative care. Depression was the most significant predictor of the quality of life resulting from existential distress (Bernard & Colleagues, 2017). There is a significant and direct relationship identified between quality of life and meaning in life, self-efficacy, body-area satisfaction and health evaluation. The best predictors of quality of life were body area satisfaction, health evaluation and self-efficacy among menopausal women (Jafary, Farahbakhsh, Shafiabadi & Delavar, 2010)

Jacobson (2008) states that, life becomes meaningful for people only when they can maintain a role or keep a goal in mind in their life events. Studies have shown that people with higher life-goals (i.e., greater meaning in life) have more self-acceptance (Crumbaugh & Maholick, 1969) and greater life satisfaction (Reker & Cousins, 1979). Such people bear greater responsibilities, and have more self-control (Simmon, 1980). Changes in the meaning of life may occur, for example, with retirement and having fewer consequential activities. The supposition that goals might not be reached, and the fear of death coming closer, are significant factors that affect the quality of life.

2.4 Conflict and Conflict resolution

On conflict, Freud's view of psychosexual development was largely of the constant struggle between the biologically rooted infantile id and the socially determined, internalized parental surrogate, the superego. Freud describes the great metamorphosis from life in the womb to life in the world abound with images of war, coercion, reluctant compromise, unwelcome necessity, imposed sacrifices, uneasy truce under pressure, enforced detours and roundabout ways to return to the original peaceful state of absence of consciousness and stimulation (Schachtel, 1959).

From a Social psychological view, Lewin's field theory with its dynamic concepts of tension systems, driving and restraining forces, own and induced forces, valences, levels of aspiration, power fields, interdependence, overlapping situations created a new vocabulary for thinking about conflict and cooperation-competition. Lewin presented a wonderful theoretical discussion of three basic types of psychological conflicts mainly approach-approach, in which the individual stands between two positive valences of approximately equal strength; avoidance-avoidance, where the individual stands between two negative valences of approximately equal strength; and approach-avoidance, meaning the individual is exposed to opposing forces deriving from positive and negative valences. Numerous experimental studies supported the theoretical analysis. Conflict often produces psychological states, such as stress, and affective reactions that include anxiety, anger, and elation (Mann, 1992). From the perspective of Janis and Mann's conflict theory of decision making (1977), there are important linkages among stress, conflict, and coping patterns (Janis, 1993; Mann, 1992).

According to Problem-solving Decision Making Model (PDSM Model) (Eben & Weitzman, 2000), cooperative conflict resolution process consisting of four general phases: (1) diagnosing the conflict, (2) identifying alternative solutions, (3) evaluating and choosing a mutually acceptable solution, and (4) committing to the decision and implementing it. This process is not strictly linear, and it will often loop back through parts of it repeatedly.

First introduced by Blake and Mouton (1964), and reinterpreted by Thomas (1976), the scheme of conflict resolution includes the five modes of competing, collaborating, compromising, avoiding, and accommodating. As interpreted by Thomas (1976), the scheme is based upon the two separate dimensions of cooperation (attempting to satisfy the other person's concerns) and assertiveness (attempting to satisfy one's own concerns): competing is assertive and uncooperative, collaborating is assertive and cooperative, avoiding is unassertive and uncooperative, accommodating is unassertive and cooperative, and compromising is intermediate in both cooperativeness and assertiveness.

Rahim and Bonoma (1979) differentiated the styles of handling interpersonal conflicts into two dimensions concern for self and concern for others. Conflict styles refer to the different ways in which conflict can be handled. These dimensions result in the following five styles of conflict

resolution: The interactional component of conflict manifests itself through the concept of conflict styles. Through the process of modeling, observations, and imitation, people develop patterned responses of conflict. One pure style usually does not characterize the individual conflict interaction but rather a combination of different styles can exist. No one style is automatically better than another. Although most people have preferred styles, their styles change to adapt to the demands of a new situation or different partners (Danes, Leichtenritt, Metz, and Huddleston-Casas, 2000)

Most scholars acknowledge the importance of two basic dimensions: (a) avoiding vs. engaging conflict styles and (b) constructive vs. destructive styles (Metz & Dwyer, 1993) Engaging styles are assertion, aggression, and adaptation, and three avoiding styles are withdrawal, submission, and denial.

Researchers Sharon Danes, Ronit Leichtenritt, Micheal Metz, and Catherine Huddleston-Casas conducted a study in 2000 to assess the impact of six conflict styles on severity of conflict and quality of life on husbands and wives in 206 farm family businesses. Structural equation modelling revealed positive and high correlations between the measurement indicators of both latent variables; severity of conflict (.53 between frequency and intensity of conflict for women; .64 for men); and quality of life (.58 between level of living and family life for women; .59 for men).

When Campbell (1981) queried respondents about the meaning of "quality of life," the two most highly ranked responses were economic security and family life. The two central indicators refer to the concrete environment within which conflict occurs and the symbolic relationships between the conflict partners.

Looking from the interventions viewpoint, conflict resolution skill program is found to be recommended to promote health level and quality of life of individuals especially among veteran's families (Parande, Khaghanizadeh, and Karimizarchi, 2007).

2.5 Help-seeking behaviours

Researchers emphasised the role of quality of life on successful ageing and positive health behaviours in people with chronic disease. Fernández-Ballesteros (2011) noted reciprocity between quality of life and healthy ageing, stating that they may each predict the other. Further, good quality of life may be a protective factor against ill health and poor health behaviours among people with chronic disease and has been shown to predict help-seeking among people with health problems (Gartland et al., 2019; Howard & Steggall, 2010; Pophali et al., 2018; Warner et al., 2016). Therefore, quality of life may be pertinent to mental health help-seeking in older adults with chronic disease. Physical health status and quality of life were found to influence health-related attitudes and behaviours including help-seeking (Adams, Gringart, Strobel & Masterman, 2021) There is a substantial evidence that poor quality of life and worse physical health are associated with help-seeking in primary health care and mental health care (Clarke & Currie,

2009; Crabb & Hunsley, 2006; Garrido et al., 2011; Gartland et al., 2019; Verhaak et al., 2005)

3. Problem definition

The current study aims to examine the relationship of purpose in life, and conflict resolution style with quality of life and attitude towards seeking professional psychological help in middle adulthood.

4. Methodology

4.1 Research design, variables and hypotheses

The study follows a correlational research design. Among the variables are purpose in life, quality of life, attitude towards seeking professional psychological help and conflict resolution style towards romantic partners.

Following were the hypotheses generated in the current study:

- 1) There will be no significant relationship between purpose in life and quality of life.
- 2) There will be no significant relationship between conflict resolution styles and quality of life.
- 3) There will be no significant relationship between purpose in life and attitude towards seeking professional psychological help.
- 4) There will be no significant relationship between quality of life and attitude towards seeking professional psychological help.
- 5) There will be no significant relationship between conflict resolution style and attitude towards seeking professional psychological help.

4.2 Method of data collection

The data was collected via Google forms through snowball sampling method from 104 married participants from age group 35 to 59 years (Female participants = 61, male participants = 43). Informed consent was collected from all the participants. The data was collected on WHO-QOL-BREF, Purpose in Life Scale (PIL), Attitude towards Seeking Professional Psychological Help Scale (ATSPPH) and Conflict Resolution Style Inventory (CRSI).

4.3 Data analysis

The data was analyzed by calculating bivariate correlation (Cronbach's Alpha) in SPSS software of statistical analysis. Marital status was held constant. Further the data was also analyzed separately for male and female participants to see the relationship among the studied variables.

5. Results and Discussion

Descriptive statistics was calculated for each of the variable as well as for male and female participants separately. Table 1 shows the demographic details of the participants.

Table 1: Demographic characteristics of the samples

Sex	Education	Age range	Sample size
Female	Post graduate = 52.48%	35 – 40	12
	PhD = 6.56%	41 – 45	11
	Graduate = 36.08%	46 – 50	10
	12th Pass = 3.28%	51 – 55	25
	10th pass = 1.64%	55 - 59	3
Male	Post graduate = 41.76%	35 – 40	7
	Graduate = 37.12%	41 – 45	6
	PhD = 4.64%	46 – 50	7
	12 th pass = 2.32%	51 – 55	9
	Other = 13.92%	55 - 59	14

5.1 Quality of Life

Descriptive statistics showed that the participants scored highest on Relationships domain (M = 78.19, SD = 13.19) followed by Environment (M = 72.46, SD = 11.63) Physical health domain (M = 72.40, SD = 12.99), and least on Psychological health (M = 68.62, SD = 12.20). Female participants (N = 61) scored highest on Relationships domain (M = 75.51, SD = 14.16), followed by Environment (M = 72.36, SD = 11.69), Physical health (M = 69.75, SD = 13.19), and least on Psychological health (M = 67.15, SD = 11.64). Male participants (N = 43) scored highest on Relationships domain (M = 82.00, SD = 10.73), followed by Physical health (M = 76.16, SD = 11.87), Environment (M = 72.86, SD = 11.68), and least on Psychological health (M = 70.72, SD = 12.82). 13 of 61 female participants and 3 out of 43 male participants identified as being ill with health issues.

5.2 Purpose in Life

Descriptive statistics showed that majority of the participants showed lack of clear meaning in life (M = 69.73, SD = 9.99). Among female participants, the mean was calculated to be 69.48 with an SD of 10.69. 74.98% female participants showed average level of purpose in life with 16% and 6.5% showing high level and poor level respectively. Among male participants, 83.52% participants showed average level of purpose in life with 9.28% and 6.96% indicating high and low levels respectively.

5.3 Conflict Resolution Styles among marital partners

Descriptive statistics showed that majority of the participants (N = 82) predominantly used Positive Problem Solving as a conflict resolution style towards the marital partner (M = 14.74, SD = 2.55) followed by Acceptance (N = 07) as a style (M = 10.59, SD = 2.38). Self-protection (N = 02; M = 9.18, SD = 2.83) and conflict engagement (N = 02; M = 7.80, SD = 3.11) were the least used as dominant styles. 27.84% participants (N = 29) found to be using two or more than two styles in an equally predominant manner. Among Female participants, 75.4% predominantly used positive problem solving, 4.92% used acceptance, 3.3% used conflict engagement and 8.2% used two or more than two styles equally predominantly. Among male participants, 78.8% used positive problem solving, 2.32% used self-protection as well as acceptance and no participant predominantly used conflict engagement. 27.84% used two or more styles in conflict resolution equally predominantly.

5.4 Attitude towards Seeking Professional Psychological Help

Descriptive statistics showed the mean of 18.74 with an SD of 4.69 (N = 104). 19.2% participants (N = 20) showed highly favorable attitude towards seeking professional psychological help. 69.12% participants (N = 72) showed moderately favorable attitude and 11.52% participants (N = 12) showed unfavorable attitude towards seeking professional psychological help. Among 61 female participants, 19.68% (N=12) showed highly favorable attitude 67.24% (N=41) showed average favorable attitude, and 9.84% (N=6) showed more unfavorable attitude towards seeking professional psychological help. Among 43 male participants, 16.24% showed highly favorable attitude, 69.6% showed average favorable attitude, and 13.92% showed more unfavorable attitude towards seeking professional psychological help.

5.5 Relations among the constructs

The bivariate correlations calculated among domains of quality of life and purpose in life showed no statistically significant results, however, showed inverse relationship with all four domains. Table 2 provides the statistical data for the same.

Table 2: Quality of Life and Purpose in Life: Bivariate Correlation (N = 104) (Non-sig.)

		PIL	PhysH	PsyH	Rel	Env
PIL	Pearson Coefficient	1.000	-.076	-.125	-.024	-.152
	Sig. (2-tailed)		.446	.205	-.812	.124
	N	104	104	104	104	104

Among Quality of Life domains and Conflict Resolution Styles, a statistically significant definite small inverse relationship was found in Physical health domain and conflict engagement style and a statistically significant definite small inverse relationship in self-protection style and Physical health. There was a significant definite small positive relationship among positive problem solving style and Psychological health domain. Moreover, there was a significant definite small inverse relationship of conflict engagement style as well as self-protection style with Psychological health domain. Both conflict engagement and self-protection styles showed a significant definite small inverse relationship with the Relationships domain as well as the Environment domain. Statistical data for the same is showed in the Table 3 below.

Table 3: Quality of Life and Conflict Resolution Styles: Bivariate Correlation (N = 104)

		PhysH	PsyH	Rel	Env	ConflEn	PosP	SelfP	Accept
PhysH	Pearson Correlation	1.000	.640 _s	.393 _s	.497 _s	-.333 _s	.183	-.264 _s	-.159
	Sig. (2-tailed)		.000	.000	.000	.001	.064	.007	.107
	N	104	104	104	104	104	104	104	104
PsyH	Pearson Correlation	.640 _s	1.000	.399 _s	.626 _s	-.363 _s	.211 _s	-.221 _s	-.132
	Sig. (2-tailed)		.000	.000	.000	.000	.032	.024	.181
	N	104	104	104	104	104	104	104	104
Rel	Pearson Correlation	.393 _s	.399 _s	1.000	-.519 _s	-.362 _s	.137	-.325 _s	-.145
	Sig. (2-tailed)		.000	.000	.000	.000	.165	.001	.143
	N	104	104	104	104	104	104	104	104
Env	Pearson Correlation	.497 _s	.626 _s	.519 _s	1.000	-.270 _s	.158	-.202 _s	-.120
	Sig. (2-tailed)		.000	.000	.000	.005	.109	.039	.224
	N	104	104	104	104	104	104	104	104

Relationship of Purpose in Life with Attitude towards Seeking Professional Psychological Help was statistically non-significant, negligible and inverse in nature. Table 4 shows the statistical data.

Table 4: Purpose in Life and Attitude towards Seeking Professional Psychological Help: Bivariate correlation (N = 104)

		PIL	ATSPPH
PIL	Pearson Coefficient	1.000	-.088
	Sig. (2-tailed)		.376
	N	104	104
ATSPPH	Pearson Coefficient	-.088	1.000
	Sig. (2-tailed)	.376	
	N	104	104

It was found that the relationship of attitude towards seeking professional psychological help showed statistically non-significant negligible positive relationship with positive problem solving style and statistically non-significant negligible inverse relationship with conflict engagement, self-protection and acceptance styles showed in Table 5 below.

Table 5: Attitude towards Seeking Professional Psychological help and Conflict Resolution Styles: Bivariate correlation (N = 104)

		ATSPPH	ConflEn	PosP	SelfP	Accept
ATSPPH	Pearson Coefficient	1.000	-.028	.087	-.045	-.031
	Sig. (2-tailed)		.781	.382	.651	.759
	N	104	104	104	104	104

It was found that the relationship among attitude towards seeking professional psychological help and quality of life was statistically non-significant as shown in Table 6 below:

Table 6: Attitude towards Seeking Professional Psychological help and Quality of Life: Bivariate correlation (N = 104)

		ATSPPH	PhysH	PsyH	Rel	Env
ATSPPH	Pearson Coefficient	1.000	-.135	-.066	-.035	-.095
	Sig. (2-tailed)		.171	.505	.726	.337
	N	104	104	104	104	104

5.6 Gender specific correlations

Among female participants, there was a statistically non-significant negligible inverse relationship among purpose in life scores and scores on four domains of QoL as showed in Table 6.

Table 6: Quality of Life and Purpose in Life in Female participants: Bivariate Correlation (N = 61)

		PIL	PhysH	PsyH	Rel	Env
PIL	Pearson Coefficient	1.000	-.005	-.050	-.010	-.219
	Sig. (2-tailed)		.971	.702	.938	.089
	N	61	61	61	61	61

Regarding variables QoL and Conflict resolution, it was found among females that conflict engagement and self-protection styles shared statistically significant definite small inverse relationship with physical health domain as well as environment domain. Conflict engagement style was also

significantly inversely correlated with psychological health domain.

Table 7: Quality of Life and Conflict Resolution Styles in Female participants: Bivariate Correlation (N = 61)

	PhyH	PsyH	Rel	Env	ConflEng	PosP	SelfP	Accept
PhyH	Pearson Correlation Sig. (2-tailed) N	1.000 .626 61	.073 .575 61	.433 .000 61	-.399 .000 61	.170 .191 61	-.305 .017 61	-.136 .295 61
PsyH	Pearson Correlation Sig. (2-tailed) N	.626 .000 61	1.000 .069 61	.537 .000 61	-.310 .015 61	.231 .074 61	-.218 .092 61	-.120 .357 61
Rel	Pearson Correlation Sig. (2-tailed) N	.073 .575 61	-.069 .599 61	1.000 .394 61	.111 .111 61	-.161 .463 61	.096 .485 61	-.051 .695 61
Env	Pearson Correlation Sig. (2-tailed) N	-.399 .000 61	.537 .000 61	-.310 .015 61	1.000 .394 61	-.285 .026 61	-.141 .278 61	-.328 .010 61

Even among the female participants, there was statistically non-significant negligible inverse relationship among PIL and ATSPPH showed in Table 8.

Table 8: Attitude towards Seeking Professional Psychological Help and Purpose in Life among female participants: Bivariate correlation (N = 61)

	ATSPPH	PIL
ATSPPH	Pearson Coefficient Sig. (2-tailed) N	1.000 .586 61
PIL	Pearson Coefficient Sig. (2-tailed) N	-.071 .586 61

There was statistically non-significant negligible positive relationship between ATSPPH and positive problem solving style, and inverse negligible relationship with acceptance, conflict engagement and self-protection styles as shown in Table 9 below.

Table 9: Conflict Resolution Styles and Attitude towards Seeking Professional Psychological help: Bivariate correlation (N = 61)

	ATSPPH	ConflEng	PosP	SelfP	Accept
ATSPPH	Pearson Coefficient Sig. (2-tailed) N	1.000 .694 61	-.051 .762 61	.039 .621 61	-.122 .349 61

Among male participants, statistically nonsignificant inverse relationship was found with physical health, psychological health and environment domains of quality of life and negligible positive relationship with relationships domain as mentioned in Table 10. Thus, the poorer the physical and psychological health and environment, the more favorable the attitude towards seeking professional psychological help.

Table 10: Quality of Life and Purpose in Life among male participants: Bivariate Correlation (N = 43)

	PIL	PhH	PsyH	Rel	Env
PIL	Pearson Coefficient Sig. (2-tailed) N	1.000 .124 43	-.238 .094 43	.074 .638 43	-.041 .795 43

It was observed that conflict engagement style showed significant moderate negative relationship with psychological health domain among male participants as shown in Table 11.

Table 11: Quality of Life and Conflict Resolution Styles among male participants: Bivariate Correlation (N = 43)

	PhH	PsyH	Rel	Env	ConflEng	PosP	SelfP	Accept
PhH	Pearson Correlation Sig. (2-tailed) N	1.000 .642 43	-.539 .000 43	.627 .000 43	-.208 .182 43	.238 .125 43	-.292 .058 43	-.197 .204 43
PsyH	Pearson Correlation Sig. (2-tailed) N	.642 .000 43	1.000 .001 43	.482 .000 43	-.752 .001 43	-.477 .197 43	.201 .083 43	-.267 .351 43
Rel	Pearson Correlation Sig. (2-tailed) N	-.539 .000 43	.482 .001 43	1.000 .000 43	.614 .243 43	-.182 .465 43	.114 .218 43	-.192 .981 43
Env	Pearson Correlation Sig. (2-tailed) N	.627 .000 43	-.752 .000 43	.614 .000 43	1.000 .108 43	-.248 .236 43	.184 .806 43	-.039 .183 43

Relationship of PIL with ATSPPH was statistically non-significant, inverse and negligible in nature as shown in Table 12.

Table 12: Purpose in Life and Attitude towards Seeking Professional Psychological Help among male participants: Bivariate correlation (N = 43)

	ATSPPH
PIL	Pearson Coefficient Sig. (2-tailed) N
ATSPPH	Pearson Coefficient Sig. (2-tailed) N

It was observed that there was a statistically non-significant, positive and negligible relationship among all four conflict resolution styles and ATSPPH among male participants as shown in Table 13. Among all four styles, positive problem solving style showed more positive relationship with ATSPPH.

Table 13: Attitude towards Seeking Professional Psychological help and Conflict Resolution Styles among male participants: Bivariate correlation (N = 43)

	ATSPPH	ConflEng	PosP	SelfP	Accept
ATSPPH	Pearson Coefficient Sig. (2-tailed) N	1.000 .965 43	.007 .352 43	.146 .965 43	.007 .551 43

Thus, the null hypothesis that there will be no significant relationship between conflict resolution styles and quality of life was rejected.

The null hypothesis that there will be no significant relationship between level of purpose in life and quality of life was accepted.

The null hypothesis that there will be no significant relationship between purpose in life and attitude towards seeking professional psychological help was accepted.

The null hypothesis that there will be no significant relationship between quality of life in life and attitude towards seeking professional psychological help was accepted.

The null hypothesis that there will be no significant relationship between conflict resolution styles and attitude towards seeking professional psychological help was accepted.

Implications

The findings imply that among individuals in the middle adulthood, weakening the conflict engagement style and enhancing positive problem solving while dealing with interpersonal conflicts with the marital partner may help to achieve positive changes in physical as well as psychological health aspects of one's Quality of Life. Healthy environment and healthy relationships may reduce the attempts to indulge into self-protection style and conflict engagement style and vice versa. Indulging in positive problem solving style of conflict resolution may be associated with more favorable attitude towards seeking professional psychological help. Thus, current study implies that if individuals in middle adulthood receive proper professional guidance and training to develop enhanced positive problem solving and acceptance, it may help have remarkable positive changes in Quality of Life as well as attitude towards seeking professional psychological help.

6. Conclusion

With professional guidance and training, individuals in middle adulthood may enhance effective coping towards interpersonal conflicts, may positively seek professional psychological help, eventually have better quality of life and move closer to the process of individuation.

7. Future Scope

In future, further studies can be conducted with larger sample with an experimental design by examining the effect of Purpose in life and Conflict resolution styles on Quality of Life and Attitude towards seeking professional psychological help. A conflict resolution training program can be constructed with an empirical approach especially for the age-group of middle-adulthood tailor-made for male and female participants.

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