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Comparison of lifestyle and psychological well-being of middle-aged and elderly women participating and not participating in cultural programs

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Abstract

The purpose of this study was to compare the lifestyle and psychological well-being of middle-aged and elderly women participating and non-participating in the cultural programs of Tehran neighborhood centers. The research design is a description of the comparative causal type. The statistical population of the research was all middle-aged and elderly women participating non-participating in the cultural programs of Esra neighborhoods in district one of Tehran in 2019. According to the nature of the research, an available sampling method was used. In this study, 100 participating women (50 middle-aged and 50 elderly) and 100 non-participating women (50 middle-aged and 50 elderly) were used. The research was carried out using the Miller and Smith lifestyle questionnaire and the Riff short-form psychological well-being questionnaire (18 questions). Data analysis using variance showed a difference in lifestyle variables ($F = 104.91$) and psychological well-being ($F = 391.83$) between two groups of people participating and not participating in cultural programs. Comparing the averages shows that the lifestyle of middle-aged and elderly people participating in these programs is more favorable. Also, the psychological well-being of the middle-aged and elderly participating in the cultural programs of the centers were evaluated higher than that of the non-participating middle-aged and elderly.

Keywords: *Cultural programs, psychological well-being, elderly, lifestyle, middle age*

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Introduction

Currently, our country is passing from a young to a middle-aged population and will soon join the group of countries with aging populations (Abassi et al., 2017). Since aging is a physiologically inevitable phenomenon and life expectancy is increasing in the world, one of the most important issues today is how to maintain physical and mental health in the aging process (Sahinoz & Sahinoz, 2020). Many believe that middle age is the peak period of life. There is a difference of opinion in terms of the age range at the beginning of the middle age period, but the age of 40 to 60 years is mainly agreed upon for this period, a period when a person has high growth in terms of income status, job, and relationship with others (Ruzbahani & Dehkordi, 2017). Middle age is a bridge between youth and old age. This period constitutes the largest part of adult life due to increased life expectancy. This stage of life is considered the most golden and fertile period of life. Middle age can be the peak of human life provided that mental health is sustained and expanded during this period. Mental health is vulnerable in this period of life due to many biological, physical, psychological and social changes and the problems and consequences of these changes. Cognitive abilities decrease somewhat in late middle age and older age. Middle age provides the basis for entering old age (Sharifi, Anoushe, Forokhan, and Kazemnejad, 2014).

From the point of view of chronological age, according to the World Health Organization definition, the phenomenon of aging is defined from the age of 60 onwards, and it is the result of the natural course of time that leads to physiological, psychological and social changes in the elderly (Abassi et al., 2017). Aging usually leads to weak physical performance, chronic diseases, and general disability, which is associated with a decrease in function and social role, and makes people prone to depressive emotions. Studies show that older people often experience more

critical periods than people at other stages of life. These critical periods include retirement, loss of power, life goals, physical skills, social status, losses, and loneliness, which can lead to the collapse of problem-solving abilities or the adoption of ineffective coping strategies. Improving the lifestyle of the elderly depends not only on family support but also on community attention (Li, Tang, 2020).

The growth of old age has brought significant changes in the life of human societies. Therefore, facing this phenomenon's challenges and using appropriate solutions to improve the physical, mental and social condition of the elderly is very important and has been put on the agenda of all international societies (Momini, Karami, and Majzoubi, 2013). However, middle age and old age are of the periods of our lives that are sometimes associated with a negative attitude and many people do not want to enter this period (Pakdaman & Sheibani, 2019).

Today's science pays attention to prolonging life and ensuring that the final years of human life are spent in peace and physical and mental health. Studies show that if people's mental health suffers, not only will the person's personal life face problems, but also other people who interact with them will not be safe from this damage (Mohammadi, 2015). Compared to men, women experience more age-related changes in life. The most critical event in women's middle age is menopause and loss of fertility. Menopause and middle age have many consequences, including decreased desire and sexual satisfaction, hot flashes, insomnia, increased risk of high blood pressure, cardiovascular diseases, kidney dysfunction, cancers, especially breast cancer, heart attacks, diabetes, and anemia. In addition, various types of chronic diseases severely affect their lifestyle and cause mood-emotional disorders and interpersonal stress and seriously threaten the mental health of middle-aged women. This issue affects their self-esteem and psychological well-being (Sharifi et al.,

2014). One of the main components of mental health is psychological well-being. Reif (1995) considers psychological well-being as striving for perfection to realize one's true potential abilities. The previous explanation considered well-being to include achieving pleasure and avoiding pain, which can be equal to happiness (Galiana, Tomas, Fernandez, Oliver, 2020). However, today, psychological well-being aims to create mental health and a healthy environment to establish correct human relationships and achieve a person's full psychological capabilities (Sohrabi, Abedanzadeh, Bushehri, Parsaei, and Jahan Bakhsh, 2016). Based on the model of psychological well-being, this structure consists of 6 factors purposeful life, positive relationship with others, personal growth, self-acceptance, autonomy and control over the environment. Being purposeful in life is one of the components of psychological well-being; It has recently been shown that having a purpose in life is a protective factor against cognitive decline. Purpose refers to having a sense of movement in a direction derived from life experiences (Wingo et al., 2020). Features such as adaptability, happiness, self-confidence and positive features of this type indicate psychological health and well-being (Sadri Demirchi et al., 2017). High psychological well-being can also help the elderly cope with diseases (Straatmann et al., 2020).

On the other hand, one of the influencing variables in the feeling of mental health and prevention of diseases and problems of the middle-aged and elderly age group is their lifestyle. Lifestyle is a relatively fixed way that a person uses to achieve his goals. In other words, lifestyle is an objective and quantifiable aspect of people's personality (Han and Shibasova, 2015). In fact, lifestyle is a person's way of life and includes factors such as personality traits, nutrition, exercise, sleep, coping with stress, social support, and medication use. By evaluating people's lifestyle, it is possible to evaluate and examine their individual and social success in life (Pravat, Balram, 2020).

A healthy lifestyle is a way of life that provides, maintains and promotes health and well-being. It is a way of life that reduces the risk of severe illness or premature death and helps us enjoy more aspects of our lives (Tahmasebi et al., 2018). In recent years, the knowledge obtained about the risk factors of cognitive decline shows that a good lifestyle, including diet, exercise, intellectual activities, leisure activities, and other things, can reduce the risk of cognitive decline (Takeda et al., 2020). Sports activities are effective in improving the lifestyle and psychological well-being of the elderly (Ahmadi, Nodehi, Esmaili and Sadrullahi, 2017). Johari, Mosalanejad and Falsafian (2014) evaluated the lifestyle level of the Tehran population elderly as average. Also, in the research of Jafari et al. (2018), it has been shown that the lifestyle score of elderly women is lower than that of men.

Although longevity is linked to genetics, genes are not the whole story; Nutrition, lifestyle, and social support all play a role in lifespan (Sahinoz, Sahinoz, 2020). The research of Dale, Brassington, and King (2014) showed that elderly women are at an average level in terms of lifestyle and psychological well-being, and the need for intervention is seen. Also, the studies conducted in Iran also show that the awareness, attitude and performance of middle-aged and elderly people about healthy lifestyles are low, and the lack of awareness or low awareness of this age group in adopting healthy lifestyles may cause their performance in the opposite direction. Therefore, to improve this age group's lifestyle, it is important to know their needs correctly (Syadi Serini, Hojatzadeh, and Rashidi, 2016).

The increasing number of elderly people in the world is such that it has been referred to as a silent revolution. In Iran, statistics also indicate the rapid growth of the elderly population. The increase in the growth rate of the elderly population can be a warning for planners and policymakers to pay more

attention to the various components of old age and appropriate health and socio-economic planning in the field of old age. Studies show that the prevalence of mental problems and disorders in elderly people in Iran is more than 30%. The prevalence of these diseases in retired, unemployed, widowed, divorced, and married people with marital problems is more than others (Negahban et al., 2015). Nevertheless, in terms of vulnerability, it has been shown that women suffer from mental disorders more than men, and middle-aged people suffer from these disorders more than other age groups. The World Health Organization does not consider mental health to be only the absence of psychiatric disorders. Instead, he believes that mental health is an inner feeling of well-being, confidence in one's efficiency, acceptance of social realities and the ability to adapt to them, and the flourishing of inherent talents. According to this definition, the number of middle-aged people with mental health problems is increasing.

Women in societies like Iran are the heirs of a culture where attention to others is encouraged, and attention to oneself is ignored. In these collectivist cultures, playing different roles such as the daughter of the family, wife, and mother, in which self-sacrifice is considered a value, causes the needs, talents, possibility of growth and development, as well as the physical and mental condition of women to be overshadowed (Kedkhodaei, Azad Fallah, and Farahani, 2018).

Today, Sarai Mahalat implements a citizens' empowerment program with various cultural and social programs such as various educational classes, art courses, psychological workshops, health and sports house, recreation programs, and other citizenship education. This institution is obliged to encourage the masses to participate in the administration of the neighborhood, to improve the lifestyle and sense of health in terms of physical and mental well-being. As mentioned, various research results have shown that the

psychological well-being and lifestyle of the elderly are average. Therefore, Tehran municipalities have taken a valuable step in meeting the needs of citizens by creating neighborhood houses, which are an adaptation of "neighborhood houses" in other countries. Considering that the main and main audience of these centers are middle-aged and elderly women and there are and insufficient research in this field, it was felt necessary to conduct this research. According to the proposed theoretical foundations, the present research aimed to compare the lifestyle and psychological well-being of middle-aged and elderly women participating with non-participating women in various cultural and social programs of Tehran neighborhood centers.

Method

The present study is a descriptive research of the causal-comparative type, and in terms of its purpose, it is an applied design. This research has been implemented with the post-event method. The statistical population of the present study included all elderly and middle-aged women participating and non-participating in the social-cultural programs of the neighborhood centers of one district of Tehran in 2019. According to the nature of the research, the available sampling method was used, including 100 participating women (50 elderly and 50 middle-aged) and 100 non-participating women (50 elderly and 50 middle-aged). It is worth mentioning that the sample size was determined using Spss Sample Power software with a test power of 0.8 and alpha of 0.05 for each group of 50 people. In order to take a sample, five houses of the neighborhood of the first district of Tehran, including the houses of Bagh Ferdous, Tajrish, Jamaran, Valenjak, and Mahmoudieh, were visited. In order to conduct the current research, the personal characteristics form (demographic form), Miller and Smith's lifestyle questionnaire (2001), and Riff's (1989) short-form

psychological well-being questionnaire were used. In the personal profile form (demographic form), age, educational qualification, marital status, and the number of children were asked of the subjects. The Miller and Smith lifestyle questionnaire was created by Miller and Smith in 2001, which has 20 questions that were translated from the original questionnaire into Farsi and then into English. The scoring of the questionnaire is based on the Likert scale. Each question has five answers (always-1, often-2, sometimes-3, rarely-4 and never-5). Higher scores indicate an unpleasant and unhealthy lifestyle. A score between 20-45 indicates a higher lifestyle, a score between 46-75 indicates an average lifestyle, and a score between 76-100 indicates a low lifestyle. The validity and reliability of the questionnaire after translation was confirmed by faculty members of Isfahan University of Medical Sciences and its reliability in a pilot study on 20 patients with lung disease was 0.86 and Cronbach's alpha of each question was higher than 0.5. Also, the reliability of the lifestyle questionnaire was checked for 30 nurses with an interval of two weeks by Fazel et al. (2013) and Cronbach's alpha coefficient was 0.85. In addition, the result of calculating Cronbach's alpha coefficient showed the tool's reliability at 0.87 in the present study. Psychological well-being questionnaire was created by Riff in 1989 and revised in 2002. The short form of this questionnaire has 18 questions and 6 components; Its purpose is to evaluate and investigate psychological well-being from different dimensions (independence, control over the environment, personal growth,

positive relationship with others, purposefulness in life, self-acceptance). The total score of these 6 factors is calculated as the overall psychological well-being score. This test is a type of self-assessment tool that is answered in a 6-point continuum from completely agree to completely disagree, where a higher score indicates better psychological well-being. In Khanjani et al.'s (2014) research, single-group confirmatory factor analysis showed that the six-factor model of this scale (self-acceptance, environmental mastery, positive relationship with others, having a purpose in life, personal growth, and independence) has a good fit in the entire sample and in both sexes. The internal consistency of this scale using Cronbach's alpha in 6 factors self-acceptance, environmental mastery, positive relationship with others, having a purpose in life, personal growth, and independence was 0.51, 0.76, 0.75, 0.52, 0.73, 0.72, and 0.71 for the whole scale. The reliability of the whole test was obtained using Cronbach's alpha in the current sample of 0.92.

Findings

To analyze the data in the descriptive statistics section, mean, standard deviation, and in the inferential statistics section, after ensuring the normality of data distribution in different sections, analysis of variance was used to check the research hypotheses. The average age of the middle-aged participants in the programs was 54.76 and the elderly participants was 66.48. Also, the average age of non-participating middle-aged people was 55.88 and the non-participating seniors was 67.12.

Table 1. Average and standard deviation of the subjects' age

| Group | | N | Mean | Standard deviation |
|-------------|-------------|----|-------|--------------------|
| participant | Middle-aged | 50 | 54/76 | 3/46 |
| | Elder | 50 | 66/48 | 1/35 |

| | | | | |
|-----------------|-------------|-----|-------|------|
| | Total | 100 | 60/62 | 6/44 |
| non-participant | Middle-aged | 50 | 55/88 | 4/77 |
| | Elder | 50 | 67/12 | 1/45 |
| | Total | 100 | 61/50 | 6/65 |

Table 2 shows the mean and standard deviation of research variables in two groups of participants and non-participants in socio-cultural programs. So, the average lifestyle of people participating in social cultural programs was 46.88 and non-participating people was 56.24. It is worth mentioning that in the questionnaire used for lifestyle, a higher score means an unhealthy lifestyle. Also, regarding psychological well-being, it

is observed that the average of the group participating in the programs was 74.39 and non-participating people was 53.81. The average of these variables for middle-aged and elderly people is presented separately in the table. As can be seen, there are differences between different groups and ages, and a meaningful investigation of these differences has been done in the questionnaire-research.

Table 2. Mean and standard deviation of research variables

| Group | | Lifestyle | | Psychological well-being | |
|-----------------|-------------|-----------|--------------------|--------------------------|--------------------|
| | | Mean | Standard deviation | Mean | Standard deviation |
| participant | Middle-aged | 44/86 | 6/04 | 79/84 | 7/02 |
| | Elder | 48/90 | 6/33 | 68/94 | 6/75 |
| | Total | 46/88 | 6/48 | 74/39 | 8/77 |
| non-participant | Middle-aged | 56/02 | 7/05 | 53/82 | 7/63 |
| | Elder | 56/46 | 6/37 | 53/80 | 7/93 |
| | Total | 56/24 | 6/69 | 53/81 | 7/74 |

Based on the information in Table 3, the source of group change (participation or non-participation) compares people participating in social cultural programs and people who did not participate in these programs in the research variables. Based on this, there is a difference in the variable of lifestyle ($F = 104.91$) and psychological well-being ($F = 391.83$) between the two groups of participants and non-participants in social cultural programs ($p < 0.01$). Comparing the lifestyle of people participating in social cultural programs (46/88) and people who did not participate in these programs (56/24) shows that the participating people have a healthier lifestyle. It is worth mentioning that in the used questionnaire, a lower score means a healthier lifestyle). Also, comparing the psychological well-being of people participating in social cultural programs (74/39) and those who did not participate (53/81)

shows that the people who participated have higher psychological well-being. According to the effect size column in the table, it can be seen that the effect of participating in the programs in the difference between the groups was 35% for the lifestyle variable and 66% for the psychological well-being variable. Also, in Table 3, the source of age change also examines the effect of age on the differences between people in the research variables. According to its value for lifestyle ($F = 6, p < 0.05$) and psychological well-being ($F = 27.58, p < 0.01$), it can be seen that people of different ages (middle-aged and elderly) in the research variables They have different scores, which were analyzed using the Bonferroni test, and the results are presented below.

Table 3. Results of analysis of variance comparing the scores of research variables

| Source of change | Variable | Sum of squares | Df | میانگین مجدورات | F | Sig | Effect size |
|--|--------------------------|----------------|-----|--------------------|--------|-------|-------------|
| Group (participation or non-participation) | lifestyle | 4380/48 | 1 | 4380/48 | 104/91 | 0/001 | 0/35 |
| | Psychological well-being | 21176/82 | 1 | 21176/82 | 391/83 | 0/001 | 0/66 |
| Age | lifestyle | 250/88 | 1 | 250/88 | 6 | 0/015 | 0/03 |
| | Psychological well-being | 1479/58 | 1 | 1479/58 | 27/58 | 0/001 | 0/12 |
| Group and age interaction | lifestyle | 162 | 1 | 162 | 3/88 | 0/049 | 0/019 |
| | Psychological well-being | 1479/68 | 1 | 1479/68 | 27/37 | 0/001 | 0/12 |
| error | lifestyle | 8183/92 | 196 | 41/75 | | | |
| | Psychological well-being | 10592/92 | 196 | 54/04 | | | |
| Total | lifestyle | 544664 | 200 | | | | |
| | Psychological well-being | 856502 | 200 | | | | |

Based on the results of Table 4, it can be seen that there is a significant difference between the lifestyles of middle-aged people participating in social cultural programs (44/86) and those who did not participate in these programs (56/02) ($p < 0.01$). A comparison of averages shows that the lifestyle of middle-aged people participating in cultural and social programs is healthier. Also, there is a significant difference between the lifestyle of the elderly participating in social cultural programs (48/90) and the elderly who did not participate in these programs (56/46) ($p < 0.01$). Comparison of the averages shows that the lifestyle of the elderly participating in cultural and social programs is healthier. Regarding the psychological well-being variable, according to the results of the table, there is a significant

difference between the middle-aged people participating in social cultural programs (79/84) and the middle-aged people who did not participate in these programs (53/82) (01/01). ($0 > p$). The comparison of averages shows that the psychological well-being of middle-aged people participating in cultural and social programs is higher. Also, there is a significant difference between the psychological well-being of the elderly participating in social cultural programs (68.94) and the elderly who did not participate in these programs (53.80) ($p < 0.01$), which the comparison of means shows It shows that the psychological well-being of the elderly participating in cultural and social programs is higher.

Table 4. Multiple comparison of research variables based on group membership

| Variable | Age | Group (I) | Group (J) | (I-J) | Standard error | Sig |
|--------------------------|-------------|-------------|-----------------|--------|----------------|-------|
| lifestyle | Middle-aged | participant | non-participant | -11/16 | 1/29 | 0/001 |
| | Elder | participant | non-participant | -7/56 | 1/29 | 0/001 |
| Psychological well-being | Middle-aged | participant | non-participant | 26/02 | 1/47 | 0/001 |

| | | | | | | |
|--|-------|-------------|-----------------|-------|------|-------|
| | Elder | participant | non-participant | 15/14 | 1/47 | 0/001 |
|--|-------|-------------|-----------------|-------|------|-------|

As Table 5 shows, the average difference between pre-test and post-test (intervention effect) and the average difference between pre-test and follow-up (time effect) is greater and more significant than the average difference between post-test and follow-up (intervention stability effect). It shows that emotion-oriented couple therapy had an effect on empathy, internal coherence and sexual satisfaction in the post-test phase and the continuation of this effect in the follow-up phase.

Discussion

This research was conducted to compare the lifestyle and psychological well-being of participating and non-participating women in the social and cultural programs of the neighborhood centers of Tehran. The survey results showed that the lifestyle of the women who participated in the social-cultural programs of the neighborhood centers was more favorable than those who did not participate in these programs. This difference was confirmed in both middle-aged and elderly women. Also, examining the psychological well-being of women who participated in the social-cultural programs of neighborhood centers and women who did not participate in these programs showed that the women who participated in these programs had higher psychological well-being. This difference was observed in both middle-aged and elderly women.

This research was in line with Li Wetang's research. It showed that functional activity, participation in society, participation in leisure programs, emotional support, instrumental support and supportive satisfaction could be the most important assets to reduce depression in older people who experience critical periods. In confirming the impact of sports activities on

improving the lifestyle and psychological well-being of the elderly, which is one of the other services provided by community centers, the research of Ahmadi, Nodehi, Esmaili, and Sadrollahi (2017) with the title of comparing the quality of life of active and inactive elderly with an emphasis on physical activities showed The quality of life of the elderly who are physically active is at a higher level. It is also reported that sports training and leisure activities improve the symptoms of depression in older people (Takeda et al., 2020). At the same time, the elderly who have a healthier lifestyle and have social support obtain a higher psychological well-being score (Dale et al., 2014). According to Johri et al.'s research, the lifestyle of the elderly who visit Tehran's parks has been evaluated at an average level. Also, the results of Jafari et al.'s (2018) research on the elderly in Qom showed that the low lifestyle score of elderly women compared to men requires appropriate social interventions to improve the lifestyle of this group. One of the components of psychological well-being is purposefulness in life. P. Wingo et al.'s research showed that purpose in life is associated with better performance in episodic memory, executive memory, and general cognition. Therefore, having a purpose in life as a protective factor in middle-aged and elderly people, regardless of their job position, predicts the prevention of cognitive performance decline (P. Wingo et al., 2020). Regarding the importance of improving the psychological well-being of the elderly, Vivian et al. (2020) in research entitled psychological well-being of elderly people who benefit from health care, showed that having psychological well-

being is a suitable strategy for reducing health care. The use of unexpected hospital care and the number of days in the hospital are related to the psychological well-being of the elderly. In other words, the elderly with high psychological well-being will have a shorter stay in the hospital.

As the present research showed, urban planning to improve the social, educational, and cultural facilities of the middle-aged and elderly in the form of neighborhood social units has positive effects on this group's psychological well-being and lifestyle. The number of middle-aged and elderly women in these centers is more than in other age groups. On the other hand, women are considered to be a more vulnerable group due to their weaker social and economic situations, as well as a different physical and psychological development process than men, and they need the most investigation in this field.

Communicating with Sarai Mahalat and participating in its diverse programs, one or two days a week for this age group, brings purposefulness, personal growth, self-acceptance, autonomy, mastery of the environment and a sense of positive belonging, that is, all the components of psychological well-being. Also, communicating with peers and using sports, artistic, psychological, recreational, etc. programs are effective in changing the lifestyle of these people and tending to a healthier lifestyle.

Since the physical and mental health of these age groups of society affects the quality of their lives as well as the family life of their children, the value of the current activities in the community centers is well explained. In the current research, the samples were considered in terms of age range and living area with some degree of similarity in

economic and cultural status. However, in terms of other characteristics such as having or not having children, living with a spouse or without a spouse, being a housewife, retired, or working, the level of education, etc., they were not matched, and due to the lack of control over the independent variable, it is difficult to determine the causal pattern with certainty. In future researches, it is suggested to take a pre-test from the participants before participating in the courses. Also, intra-individual variables such as intelligence, education, and other personality traits such as neuroticism, extroversion, agreeableness, openness, etc., are controlled and matched as much as possible. It is suggested that more detailed planning and notification of neighborhood center programs be done using the media and other advertisements to introduce these centers and their activities to the neighborhood residents. In this regard, the attraction of other groups, including men and youth, should be considered.

Ethics

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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