



Redefining Happiness: A Study Of Women's Emotional Well-Being In Middle Adulthood

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Abstract: This study aims to analyze the correlation between happiness and emotional well-being in middle-aged women from India. The theoretical basis of the current research is the approach of positive psychology that comprises hedonism and eudaimonia dimensions. Also, the paper addresses the role of different psychosocial and physical factors such as marital satisfaction, coping skills, social support, and menopause symptoms. This study employs a quantitative methodology, and data have been gathered from 86 middle-aged women in the age group of 35-59 years through a self-administered questionnaire. Descriptive, Pearson correlation, and multiple regression analysis have been performed using R software. The results showed that there were moderate to high levels of happiness and emotional well-being amongst the participants. A strong positive correlation existed between happiness and emotional well-being, which shows that they are interrelated. Emotional well-being correlated strongly positively with marital satisfaction, coping, and social support, while menopausal symptoms had a strong negative correlation with emotional well-being. There was a significant positive predictive ability of happiness for emotional well-being, and vice versa. Happiness could be positively predicted by emotional well-being, marital satisfaction, and social support, while menopausal symptoms were negatively predictive of happiness. On the other hand, coping strategies did not prove to be a significant predictor of happiness.

The study clearly demonstrates the multifaceted nature of the emotional well-being of middle-aged women. Psychological, social, and physiological factors play an important role in influencing women's mental health in middle adulthood.

Keywords - Emotional Well-being, Happiness, Marital Satisfaction, Social Support.

I. INTRODUCTION

Over the last several years, there has been a major transformation in the field of psychology. Traditionally, psychologists focused almost entirely on mental illness and dysfunction; today, however, researchers focus also on the "positive" aspects of human function, such as happiness, emotional wellness, and life satisfaction. The focus on positive psychology has generated increased awareness of ways people can develop a meaningful, fulfilling, and mentally healthy lifestyle. Today, happiness and emotional wellness are viewed as two of the most critical measures for assessing the quality of one's mental health.

There are three components to happiness: life satisfaction, positive emotions, and having a sense of purpose. In addition to the affective aspect of happiness, an individual's cognitive component includes the individual's subjective assessment of his/her own happiness. On the other hand, emotional well-being refers to an individual's ability to regulate emotions, manage stress effectively, and achieve a state of psychological balance. Emotions and emotional well-being are highly interdependent, and each is influenced by numerous psychosocial, biological, and environmental factors (Jain et al., 2019).

Happiness and overall well-being are very broad concepts that psychologists and researchers describe differently depending upon the theoretical perspective they use. Subjective well-being has emerged as one of the most widely used definitions of overall well-being. Subjective well-being is defined through three

components: life satisfaction, or how satisfied you feel with your life experience. Positive affect, or the number of pleasant feelings you experience daily. And finally, it includes the lack of negative effect or feeling no unpleasant feelings.

The concept of emotional well-being concerns an individual's capacity to develop positive emotions and manage negative ones; it is also concerned with maintaining a relatively stable psychological state. This encompasses several components, including the development of emotional regulation strategies, developing resilience, and one's capacity to adapt or cope with stressful events and experiences. As opposed to temporary emotional states, this form of well-being illustrates a longer-lasting feature of an individual's mental health.

Emotions play a key role in determining human behavior. Decision-making, interpersonal relationships, and physical/mental health outcomes are all determined by our emotional responses to events and situations. A wealth of research in emotional science supports the concept that emotion is an integral part of cognition and physiology. Therefore, overall well-being is directly affected by emotion (Lewis et al., 2008). Moreover, emotion impacts whether or not we engage in healthful behaviors or if we use adaptive strategies to handle adversity. Thus, the significance of studying emotion in psychological research cannot be overstated.

Relationship status and quality are vital in assessing well-being at midlife. Studies show adults with positive and stable relationships report better mental health outcomes. This compares to adults who are single or experiencing relationship conflict (Grundström et al., 2021). In conclusion, relational aspects should be considered when investigating the well-being of adults in middle adulthood.

One of the important determinants of emotional and psychological well-being, especially among women, is marital satisfaction. This term encompasses how the individual perceives their relationship. For instance, there are some elements included in marital satisfaction, which include communication, intimacy, and support.

Previous studies have reported that high marital satisfaction positively influences well-being and improves psychological health indicators such as emotional well-being, stress reduction, and good mental health. In a recent systematic review of Othman et al. (2022), the importance of high marital satisfaction among career women was emphasized, where high marital satisfaction helps increase well-being.

In the literature on emotional well-being, menopause is seen as more than just a biological phenomenon. Menopause involves biological, psychological, and even social variables that are responsible for creating stress and consequently affecting women emotionally. Aging, role change in family structure, and societal demands are among the various psychosocial factors that create extra stress for women experiencing menopause.

A number of studies show that there is a close relationship between coping and well-being, as well as mental health. Specifically, adaptive coping has been observed to increase satisfaction with one's life and enhance one's emotional stability, while maladaptive coping strategies are correlated with negative emotions and depression (Fischer et al., 2021). It means that coping has an important role in the shaping of people's emotions.

Social support is one of the most commonly identified factors influencing both emotional well-being and psychological resilience. By definition, social support encompasses all types of assistance provided by the individual's social network (friends, family, etc.)—informational support, emotional support, and/or functional/physical support. Social support helps individuals deal with the effects of stress, reduces distress, and enhances well-being.

The research indicates that social support systems are significantly correlated with positive mental health outcomes. Research demonstrates that those individuals perceiving high levels of emotional support report experiencing fewer symptoms of anxiety/depression and greater levels of life satisfaction than those reporting low levels of emotional support. The social relationships and interactions an individual experiences provide a sense of belonging and safety, which contributes to emotional stability and maintains psychological well-being.

The cultural environment has a major influence on how people view their happiness or emotional wellness. The relationship between the two is strongly connected to social relationships and cultural norms in collectivistic countries, such as India. In contrast to individualistic cultures, where people are expected to seek success and be independent, collectivistic cultures focus on group harmony, dependence upon one another, and overall well-being of the community.

Women's emotional well-being is affected by the strong cultural expectations placed upon her as well as the traditional gender roles she is expected to fulfil. As women reach middle adulthood they have a multitude of responsibilities; they are expected to manage their home and family as well as work outside the home. When these numerous responsibilities are compounded by the expectation from society that she will provide care for family members and maintain the family, it places immense pressure on the woman and can lead to increased levels of emotional distress and strain.

Empirical studies conducted over the past decade highlight that well-being is dynamic rather than static. For example, while young adults tend to report high levels of well-being due to being at the beginning of adult development and having fewer responsibilities, middle-aged adults who are experiencing multiple transition

points within their lives often report lower levels of well-being (Kekäläinen et al., 2019). Factors which impact well-being during middle adulthood include relationship quality, level of social support available to them, the degree to which they utilize effective coping mechanisms to deal with stressful events and/or conditions, and biologic changes associated with aging.

The emotional health of middle-aged women remains an underexplored area, with most research focusing on isolated factors rather than the combined influence of marital quality, menopause, coping strategies, and social support. Existing studies are largely based on Western populations, limiting their relevance to the Indian context, where cultural factors play a significant role. As a result, the intersection of psychological aspects and the lived experiences of middle-aged Indian women require deeper investigation.

Therefore, in order to fully understand the dimensions of happiness and emotional well-being among women in middle adulthood, it will be necessary to assess these dimensions in a comprehensive way. This study attempts to do so by examining a variety of psychosocial/biologic factors which contribute to well-being in a culturally sensitive context.

The study is significant as it enhances understanding of emotional well-being in middle-aged women and contributes to research in positive psychology and women's mental health. It helps identify key factors affecting well-being, supports the development of effective counselling approaches, and offers culturally relevant insights into the emotional health of Indian women.

II. REVIEW OF LITERATURE

The reviewed literature highlights that emotional well-being among middle-aged women is shaped by a complex interaction of multiple psychological, social, and biological factors rather than a single determinant. Key influences identified include marital satisfaction, caregiving responsibilities, coping strategies, social support, menopause, occupational stress, and social identity. The review is organized thematically to provide a structured understanding of how these variables contribute to women's mental health, with particular emphasis on culturally relevant studies, especially within the Indian context.

Marital relationships play a crucial role in emotional health. Rakhshani et al. (2024) identified a positive correlation between marital satisfaction and quality of life, alongside negative associations with stress and anxiety. Bhandare and Simon (2024) further showed that resilience and social support enhance marital satisfaction, with resilience being a stronger predictor. Overall, supportive marital relationships act as protective factors, reducing psychological distress.

Caregiving responsibilities significantly affect women's emotional well-being. Oshio and Kan (2014) found that caring for parents or in-laws increases psychological distress, while Saporovskaia et al. (2021) linked role overload to stress and emotional strain. Factors such as guilt, attachment, and family relationships intensify this burden. These studies underscore the "dual responsibility" stress faced by middle-aged women balancing caregiving and other roles.

Menopause emerges as a key biological determinant of well-being. Thakur and Dhall (2025) reported higher somatic and psychological symptoms among postmenopausal women, negatively correlated with well-being. Nguyen et al. (2022) found that menopausal symptoms reduce quality of life, though physical activity and social support can buffer these effects. Thus, menopause impacts emotional health, but its effects are modifiable through lifestyle and support systems.

Occupational stress and work-life imbalance are major contributors to reduced well-being. Kim (2022) found a negative relationship between job stress and well-being, while coping strategies such as problem-focused coping improved outcomes. Choi et al. (2021) showed that work-family conflict leads to higher stress and lower well-being, particularly in demanding job roles. These findings reflect the strain of balancing professional and domestic responsibilities.

Social identity and gender expectations significantly shape psychological outcomes. Hackett et al. (2024) linked gender discrimination to higher depression and loneliness. Bashir (2026) found that adherence to societal gender norms increases stress and negatively impacts mental health, with women experiencing greater pressure than men. This supports the concept of a "double burden," where women face both societal and domestic expectations.

Coping mechanisms play a central role in determining well-being. Fischer et al. (2021) showed that adaptive coping strategies improve life satisfaction and emotional balance, while maladaptive coping increases depression. Kryukova and Osminina (2020) found that women with positive self-regulation experienced lower stress, whereas those focused on aging concerns used less effective coping strategies. Thus, coping style is a key mediator of emotional outcomes.

Social support is a critical protective factor. Schwab et al. (2022) found that low social support reduces resilience and increases vulnerability to mental health issues. Machisa et al. (2018) demonstrated that

community and financial support significantly enhance resilience among women facing adversity. These studies confirm that strong social networks promote emotional stability and recovery.

The literature indicates that emotional well-being in middle-aged women is influenced by an interplay of protective factors (e.g., happiness, marital satisfaction, social support, adaptive coping) and risk factors (e.g., caregiving burden, menopause, job stress, gender discrimination). While stressors are inevitable during midlife, their impact is moderated by coping skills, resilience, and supportive environments.

The significance of this study lies in its integrative perspective, which brings together multiple determinants of well-being and highlights the experiences of middle-aged women, a group often underrepresented in psychological research. It offers valuable insights into how various factors interact to influence emotional health and emphasizes the role of coping and social support as key resources. Additionally, by focusing on the Indian context, the study contributes culturally specific knowledge and supports the development of targeted interventions and counselling strategies.

Finally, the scope of the study centers on middle-aged women and examines emotional well-being and perceived happiness as key outcomes. It considers a wide range of determinants, including marital satisfaction, caregiving roles, menopause, occupational stress, gender identity, coping strategies, and social support. By integrating psychological and biological perspectives within the Indian socio-cultural framework, the study provides findings that are not only contextually relevant but also applicable to similar populations, thereby enhancing both theoretical understanding and practical application in the field of women's mental health.

III. RESEARCH METHODOLOGY

3.1 RESEARCH OBJECTIVES

- To assess women's perceptions of happiness and emotional well-being in middle adulthood.
- To examine the relationship between emotional well-being and factors such as marital satisfaction and menopausal symptoms.
- To identify coping strategies used by women in middle adulthood and analyze their association with emotional well-being.
- To investigate the relationship between social support and emotional resilience among middle-aged women.
- To evaluate the relevance of existing psychological models of happiness and emotional well-being in the Indian cultural context.

3.2 RESEARCH DESIGN

Description and correlation were the methods employed in the quantitative research design of the study. Such a design was appropriate in the study since it provided an opportunity for the researcher to investigate the associations that existed between the various variables, including happiness and emotional well-being, and their psychological and physiological aspects, without controlling them.

3.3 SAMPLE AND SAMPLING TECHNIQUE

There were 86 women aged between 35 and 59 participating in the study.

The researcher employed the use of convenience sampling, whereby individuals were selected depending on their availability and willingness to take part in the study.

3.4 INCLUSION CRITERIA

- Women aged between 35–59 years
- Women residing in India
- Participants willing to provide informed consent
- Women able to understand and respond to the questionnaire

3.5 EXCLUSION CRITERIA

- Women below 35 years or above 59 years
- Individuals diagnosed with severe psychiatric disorders (self-reported)
- Participants who did not complete the questionnaire fully

3.6 TOOLS OF ASSESSMENT

A structured self-administered questionnaire was used, consisting of the following sections:

1. Socio-demographic details
 - Age, marital status, education, employment, number of children, living arrangement
2. Perceived Happiness Scale
 - Measures life satisfaction and emotional balance
3. Emotional Well-being Scale
 - Measures psychological functioning such as personal growth and purpose
4. Marital Satisfaction Scale
 - Assesses relationship quality and emotional support
5. Coping Strategies Scale
 - Measures adaptive coping behaviors
6. Social Support Scale
 - Assesses perceived support from social networks
7. Menopausal Symptoms Scale
 - Measures severity of physical and psychological symptoms

Most responses were recorded using Likert scales.

3.7 PROCEDURE OF DATA COLLECTION

- Participants were approached through online and offline modes.
- The purpose of the study was clearly explained.
- Informed consent was obtained before participation.
- Participants completed the questionnaire voluntarily.
- Data collection ensured anonymity and confidentiality.

3.8 DATA PROCESSING AND SCORING

- Data were coded numerically for analysis.
- Likert scale responses ranged from 1 to 5.
- Coping responses were coded from 1 to 4.
- Menopausal symptoms were scored from 0 to 3 (severity level).

Composite scores were calculated using mean values for:

- Happiness
- Emotional well-being
- Marital satisfaction
- Coping strategies
- Social support
- Menopause index

3.9 STATISTICAL ANALYSIS

Data analysis was conducted using R software.

The following statistical methods were used:

- Descriptive statistics (Mean, Standard Deviation)
- Pearson Correlation (relationship analysis)
- Multiple Linear Regression (predictive analysis)

Significance level was set at $p < 0.05$.

3.10 ETHICAL CONSIDERATIONS

- Informed consent was obtained from all participants
- Participation was voluntary
- Confidentiality and anonymity were maintained
- No personal identifying information was collected
- Participants had the right to withdraw at any time

IV. DATA AND INTERPRETATION

Table 1 Descriptive Statistics of Socio-demographic Characteristics

Variable	Category	n (%)
Age	35–39	45 (52.3)
	40–44	25 (29.1)
	45–49	7 (8.1)
	50–54	8 (9.3)
	55–59	1 (1.2)
Marital Status	Married	78 (90.7)
	Prefer not to say	1 (1.2)
	Separated/Divorced	4 (4.7)
	Single	1 (1.2)
	Widowed	2 (2.3)
Education	Doctorate / PhD	2 (2.3)
	Postgraduate / Master's degree	53 (61.6)
	Secondary school / High school	1 (1.2)
	Undergraduate / Bachelor's degree	30 (34.9)
Employment	Full-time	54 (62.8)
	Not employed	15 (17.4)
	Part-time	5 (5.8)
	Self-employed	12 (14)
Number of Children	1.0	39 (45.3)
	2.0	34 (39.5)
	3.0	2 (2.3)
	4 or more	1 (1.2)
	None	10 (11.6)
Living Arrangement	Alone	3 (3.5)
	Joint family	16 (18.6)
	Nuclear family	60 (69.8)
	With spouse only	7 (8.1)

Table 1: Socio-demographic Characteristics (N = 86) presents the distribution of participants across various demographic variables.

The majority of participants were in the 35–39-year age group (52.3%), followed by the 40–44-year age group (29.1%). Fewer participants were found in the age groups of 45–49 years (8.1%), 50–54 years (9.3%), and 55–59 years (1.2%). Regarding marital status, most participants were married (90.7%). The remaining participants were separated or divorced (4.7%), widowed (2.3%), single (1.2%), or chose not to disclose (1.2%). Concerning educational qualification, the majority of the participants possessed a postgraduate degree (61.6%), followed by an undergraduate (34.9%), a doctoral (2.3%), and a secondary (1.2%).

In case of employment status, the majority of the participants were full-time employed (62.8%), whereas others were either unemployed (17.4%), self-employed (14%), or part-time employed (5.8%). In relation to the number of children, the majority of the participants had one child (45.3%) or two children (39.5%), whereas a

smaller number of participants were without any children (12.8%) or had three or more children (2.4%). In terms of living arrangement, the majority lived in nuclear families (69.8%), followed by joint families (18.6%), with spouse only (8.1%), and alone (3.5%).

4.1 Descriptive Statistics

Table 2 Perception of Happiness and Emotional Well-being

Variable	Mean_SD
Hedonic Happiness	3.66 ± 0.89
Eudaimonic Well-being	3.97 ± 0.59

Table 2 shows the mean scores and standard deviations.

The mean score on hedonic happiness was 3.66 (SD = 0.89). This score reflects the degree of happiness perceived by the participants.

The mean score for eudaimonic well-being was 3.97 (SD = 0.59). This score reflects the degree of emotional well-being.

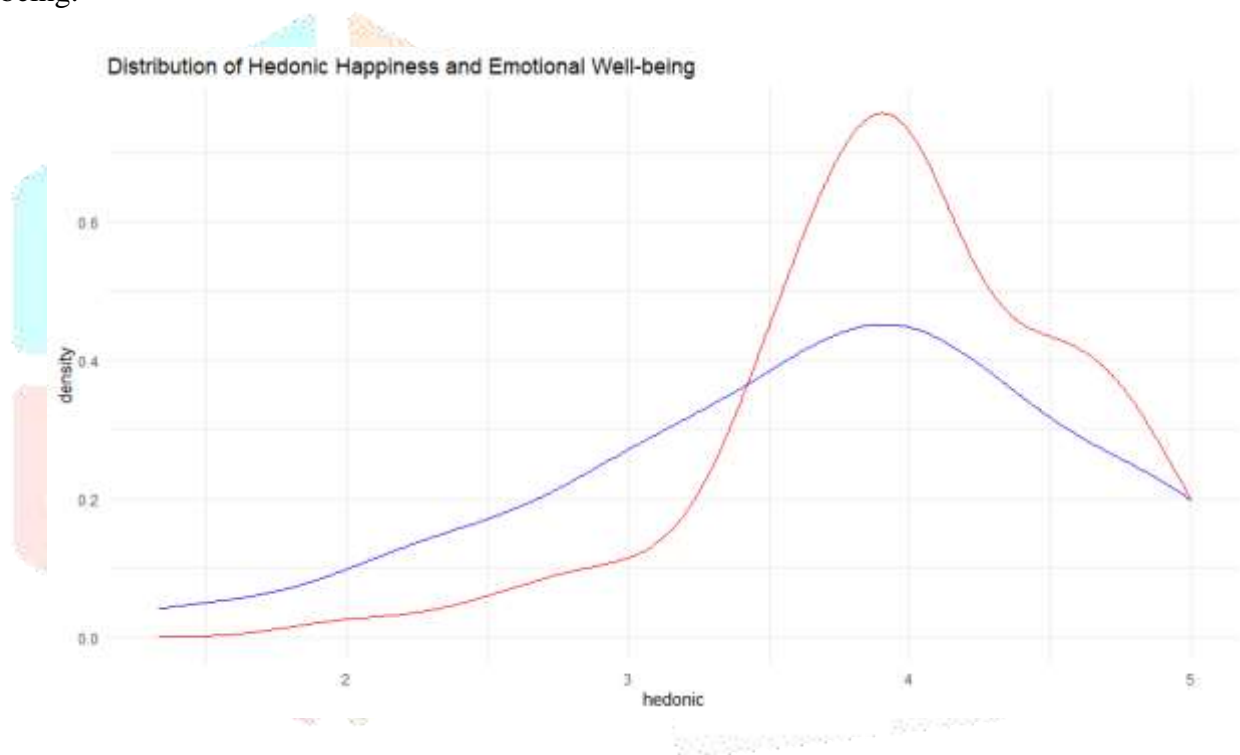


Figure 1 Distribution of Hedonic Happiness and Emotional Well-being

As shown in Fig. 1, the distribution of both variables is illustrated. The distribution of eudaimonia is more tightly clustered, compared to the distribution of hedonic, which is more dispersed.

4.2 Correlation Analysis

Table 3 Relationship between Variables and Emotional Well-being

Variable	r	P value
Marital Satisfaction	0.33	0.002
Menopause Symptoms	-0.28	0.010

Table 3 provides an analysis of the correlation of some chosen variables with emotional well-being. Positive correlation was found between marital satisfaction and emotional well-being ($r = 0.33$, $p = 0.002$).

Negative correlation was found between menopausal symptoms and emotional well-being ($r = -0.28$, $p = 0.010$).

Table 4 Relationship between Coping Strategies and Emotional Well-being

Variable	r	P value
Coping Strategies	0.28	0.008

Table 4 presents the association between coping strategies and emotional well-being.

There was a positive association between coping strategies and emotional well-being ($r = 0.28$, $p = 0.008$).

Table 5 Relationship between Social Support and Emotional Well-being

Variable	r	P value
Social Support	0.25	0.018

Table 5 displays the association between social support and emotional well-being.

There was a positive association between social support and emotional well-being ($r = 0.25$, $p = 0.018$).

4.3 Regression Analysis

Table 6A Predictors of Emotional Well-being

	Estimate	Std. Error	t value	P value
(Intercept)	2.3193733	0.4724224	4.9095335	0.0000047
hedonic	0.3070731	0.0800986	3.8336865	0.0002503
marital_satisfaction	0.0346311	0.0629373	0.5502472	0.5836830
social_support	0.0022898	0.0843399	0.0271493	0.9784082
coping	0.1638486	0.1541054	1.0632239	0.2908793
menopause_score	-0.0573738	0.0841617	-0.6817087	0.4973920

The regression analysis for emotional well-being is presented in Table 6A.

It was noted that hedonic happiness was a significant predictor of emotional well-being ($\beta = 0.307$, $p < 0.001$).

Other factors like marital satisfaction, social support, coping strategies, and menopausal symptomatology were not significant predictors for emotional well-being.

Table 6B Predictors of Happiness

	Estimate	Std. Error	t value	P value
(Intercept)	- 0.4635296	0.6894472	- 0.6723207	0.5033168
eudaimonic	0.5054224	0.1318372	3.8336865	0.0002503
marital_satisfaction	0.2270817	0.0768103	2.9563969	0.0040893
social_support	0.2693700	0.1039279	2.5918926	0.0113429
coping	0.1844082	0.1980296	0.9312154	0.3545439
menopause_score	- 0.2593389	0.1043336	- 2.4856692	0.0150148

Table 6B contains the regression model of happiness.

Eudaimonic well-being emerged as a significant positive predictor of happiness ($\beta = 0.505$, $p < 0.001$).

The other significant positive predictors were marital satisfaction ($\beta = 0.227$, $p = 0.004$) and social support ($\beta = 0.269$, $p = 0.011$).

Menopausal symptoms were significantly negatively related to happiness ($\beta = -0.259$, $p = 0.015$).

No significance was found in coping strategies.

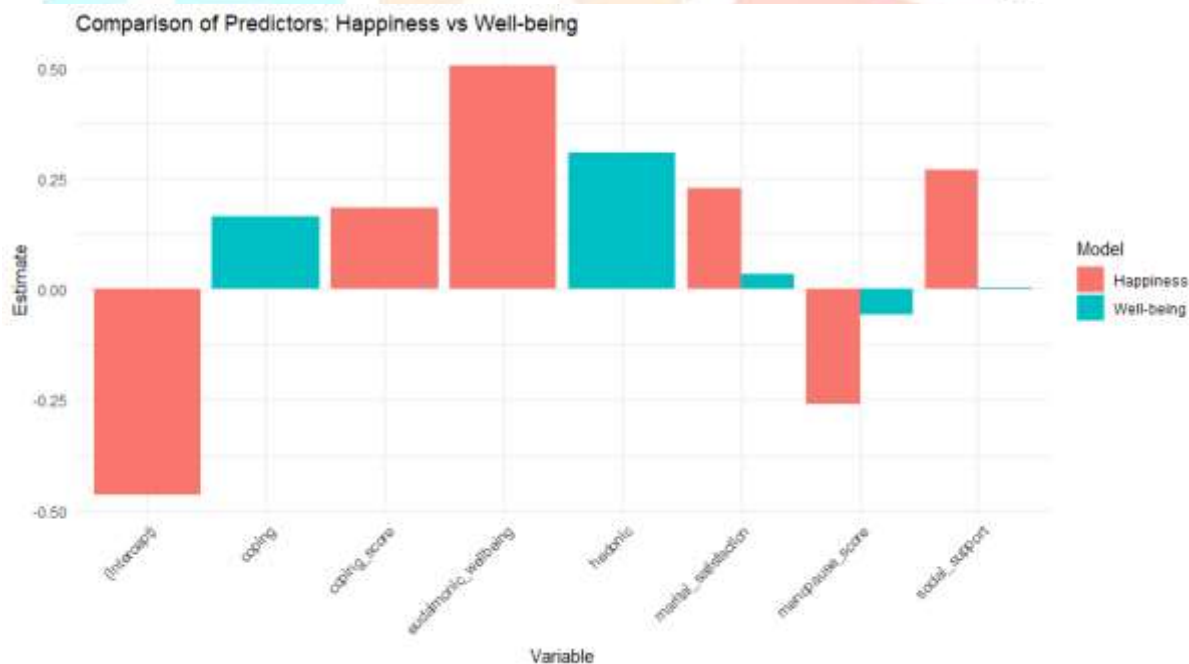


Figure 2 Comparison of Predictors of Happiness and Emotional Well-being

Fig. 2 illustrates the relative contribution of different variables across the two models. The figure shows variation in the magnitude and direction of predictors across both dependent variables.

4.4 Reliability Analysis

Table 7 Reliability Analysis of Study Scales (Cronbach's Alpha)

Scale	Alpha
Eudaimonic Well-being	0.73
Hedonic Happiness	0.87

Table 7 shows the internal consistency of measures. The alpha reliability measure for eudaimonic well-being was 0.73, indicating acceptable reliability. The alpha reliability measure for hedonic happiness was 0.87, indicating good reliability.

V. ANALYSIS AND CONCLUSION

This study explores the relationship between perceived happiness and emotional well-being among middle-aged women in the Indian context, while also examining the influence of factors such as marital satisfaction, coping strategies, social support, and menopausal symptoms. Using a quantitative research design, data were collected from 86 women aged 35 to 59 years and analysed through descriptive statistics, correlation, and regression techniques. Grounded in positive psychology, the study adopts both hedonic and eudaimonic perspectives to understand well-being.

The findings reveal that participants generally reported moderate to high levels of happiness and emotional well-being, indicating a balanced psychological state. A strong positive relationship between happiness and emotional well-being was observed, confirming their close interconnection. This highlights that both pleasure-oriented (hedonic) and meaning-oriented (eudaimonic) aspects of well-being work together in shaping overall mental health.

Further analysis shows that marital satisfaction, coping strategies, and social support are positively associated with emotional well-being, emphasizing the importance of stable relationships, effective coping, and strong social networks. In contrast, menopausal symptoms were found to negatively impact well-being, pointing to the need for addressing both physical and psychological challenges during midlife.

The regression analysis demonstrates a bidirectional relationship between happiness and well-being, suggesting that each influences the other. However, not all variables consistently predicted well-being when considered together, indicating that these factors interact in complex ways rather than acting independently. Coping strategies, for instance, may play an indirect role in influencing well-being.

Overall, the study concludes that emotional well-being among middle-aged women is multifactorial and dynamic, shaped by an interplay of psychological, social, and biological influences. These findings reinforce the need for a holistic and culturally sensitive approach to understanding and supporting women's mental health in the Indian context.

VI. CONCLUSION

The results indicate that the emotional well-being of middle-aged women can be explained by both psychological variables and sociobiological ones.

Good interpersonal connections, healthy coping skills, and strong social support systems are essential to increasing one's well-being, whereas the physiological aspect, such as menopause, can be difficult.

Overall, the importance of a comprehensive understanding of emotional well-being has been highlighted.

VII. IMPLICATIONS

- The findings stress the significance of implementing interventions that address issues of mental health related to emotional well-being among middle-aged women.
- Counselling services can be developed to promote healthy coping mechanisms and marriage.
- Consciousness services can aid in dealing effectively with the menopause period.
- Social support services may contribute to emotional strength.
- The study offers culturally specific information about Indian women's mental health.

VIII. FUTURE SCOPE OF THE STUDY

- Future studies may include a larger sample size and greater diversity.
- Longitudinal research can be done to see how things develop over time.
- Other factors like occupational stress, gender stereotypes, and social identity can be studied.
- Cross-cultural research can be undertaken for further investigation.
- Qualitative methods can be applied to obtain a better understanding of phenomena.

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