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## Invited Speakers' Abstracts

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# Index

**Abstract of the lectures:**

## Psychosomatic Disorders and Mental Health in Women: From Screening to Intervention

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Abstract

Mental health is a fundamental component of overall wellbeing, a concept whose definition has evolved significantly beyond the mere absence of psychiatric disorders. Modern conceptualizations often frame mental health as a positive state, encompassing elements such as emotional intelligence, resilience, and the ability to adapt to life›s challenges.

This is particularly relevant in the context of women›s mental health, which represents a complex interplay of psychological well-being, emotional intelligence, and the capacity for adaptation and resilience. A variety of unique factors, including social obligations, complex multi-faceted roles, and specific biological milestones, profoundly affect women›s mental health. It is common for individuals to experience transient psychiatric symptoms when confronting crises or significant psychological stressors. Therefore, a nuanced understanding of the continuum from normal stress responses to pathological conditions is vital for effective care.

A critical area of focus is the psychosomatic aspect of women›s mental health, which highlights the bidirectional relationship between psychological state and physical well-being. Given this complexity, preventing, screening, and diagnosing disorders must be a cornerstone of public health policy. Effective intervention requires a multi-tiered approach, offering various strategies at different levels of care. Consequently, it is imperative that mental health staff are adequately educated on contemporary methods for prevention, diagnosis, and treatment interventions to address this critical need effectively.

## Psychosomatic Medicine: Historical Perspectives, Clinical Role, and Future Directions

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Abstract

Psychosomatic medicine, as a subspecialty at the interface of psychiatry and general medicine, has developed from early conceptualizations of the mind–body connection to a sophisticated discipline grounded in empirical research and clinical practice. The historical roots of psychosomatic thought can be traced to Hippocratic notions of holistic care, but it was not until the 20th century that the field gained scientific and clinical recognition. Pioneering work by Franz Alexander and Flanders Dunbar established the idea of psychosomatic disorders, emphasizing the contribution of psychological conflict and personality to the manifestation of physical illness. Over subsequent decades, the field evolved beyond psychoanalytic explanations, incorporating advances in psychophysiology, stress research, and the biopsychosocial model.

Today, psychosomatic medicine plays a central role in understanding and managing disorders where psychological, biological, and social factors interact. It is particularly relevant in conditions such as functional neurological disorders, somatic symptom disorders, and a range of medical illnesses—including cardiovascular disease, gastrointestinal syndromes, dermatologic conditions, and oncology—where psychological stress contributes to onset or exacerbation. The field underscores the importance of interdisciplinary collaboration between psychiatrists, psychologists, and specialists in internal medicine, neurology, cardiology, dermatology, and beyond.

Looking forward, psychosomatic medicine is poised to expand its impact through the integration of neuroscientific findings, psychoneuroimmunology, and personalized medicine. Emerging interventions, including mindfulness-based therapies, digital health technologies, and collaborative care models, will likely shape the next phase of development. At the same time, reducing stigma and improving patient–clinician communication remain pressing challenges for the field.

## Modern Psychotherapy Interventions in dealing with Psychosomatic Disorders in Women

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Abstract

According to Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR), Somatic Symptom and Related Disorders classified to Somatic Symptom Disorder, Illness Anxiety Disorder, Conversion Disorder(functional neurological symptom disorder), Factitious Disorder, Psychological Factors Affecting Other Medical Conditions, Other Specified Somatic Symptom and Related Disorder and Unspecified Somatic Symptom and Related Disorder. Somatic symptom and related disorders are mental health conditions characterized by an excessive, intense focus on physical (somatic) symptoms that causes significant distress and/or interferes with daily functioning. For example, in one of these disorders that so called Psychological Factors Affecting Other Medical Conditions, Psychological or behavioural factors adversely affect the medical condition in ways like course or treatment, constitute additional well-established health risks and factors influence the underlying pathophysiology, precipitating or exacerbating symptoms.

Indeed, Psychosomatic disorders are a broad group of illness that have physical signs and symptoms as their main component that Significant psychological events are associated with later symptoms of the disease. These disorders and problems refer to physical symptoms like cardiovascular disorder, respiratory, gastrointestinal, skeletal muscle, genitourinary organs, sking, migraine headeches, dizziness, excessive fatigue, memory disorder, trouble concentrating, shortness of breath, nausea, vomiting, insomnia, etc. Psychological or behavioural factors include factors like psychological distress(Anxiety, stress and depression), interpersonal communication patterns, coping styles, personality traits and maladaptive health behaviors(For example., poor adherence to medical advice). Common clinical examples are asthma exacerbated by anxiety, denial of the need for treatment for acute heart pain, and manipulation of insulin intake by a person with diabetes in the hope of losing weight.

Empirical evidence is broadly supportive for psychotherapy in Psychosomatic disorders. A review of the research literature shows that First to third wave behavioral therapies (for example., CBT, ACT, MBCT and MBSR, etc) are widely used in these disorders, and there is strong evidence of the effectiveness of these treatments in reducing the severity of symptoms and increasing the quality of life of different types of these disorders. The main goal of these treatments is to increase awareness about the disease, create a realistic view(Cognitive restructuring), Skill training (like management of emotions, assertiveness), relapse preventtion, Acceptance, learn Changing the relationship with

the Thoughts and feelings, and move towards values.
In addition, there is some evidence of the effectiveness of other psychotherapies like psychoanalysis, existential psychotherapy, Gestalt therapy, hope therapy, and other treatments for different types of these disorders.

## Effects of familial and social interventions in women's psychosomatic disorders management

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Abstract

According to WHO report, in 1 ,2019 in every 8 people in the world live with a mental disorder. In 2020, the number of people living with anxiety and depressive disorders rose significantly because of the COVID19- pandemic. Initial estimates show a %26 and %28 increase respectively for anxiety and major depressive disorders in just one year. While effective prevention and treatment options exist, most people with mental disorders do not have access to effective care. Many people also experience stigma, discrimination and violations of human rights. According to Iranian Psychiatric Association, mental disorders prevalence in our country is 30 percent in population greater than 15 years.
Women's mental health is very important. Because women are important member of family, for childbearing, child rearing and nurturing, and also women as a member of community, society, and in the workplaces as a major workforce in all levels.
In recent years, around the world, psychosomatic disorders (PD) and rising of their prevalence are under precise assessments and investigations. In 2018, the Academy of Psychosomatic Medicine changed its name to the Academy of Consultation-Liaison Psychiatry. Before that, DSM deleted the term psychosomatic disorders and replaced it with "psychological factors affecting physical conditions".

State of an individual and psychological stress may change the internal homeostatic. Increasing stressful lifestyle, economic crisis, insufficient social support system and lack of stress management skills can lead to psychological, immunologic, neurologic and endocrinological impairment and dysfunction. These impairments result in too many diseases such as hypertension, asthma, rheumatoid arthritis, Inflammatory bowel disease such as ulcerative colitis, thyrotoxicosis, obesity, tension headache and diabetes. We can classify psychosomatic disorders in four types: personality disorders such as schizoid personality disorder, psychophysiological disorders for example cardiovascular disease, psychoneurotic disorder such as depressive psychoneurotic disorder and psychotic disorder such as delusional disorder. Shift in autonomic nervous system balance from parasympathetic (rest and digest) to sympathetic (fight or flight) control and changes in Hypothalamus-Pituitary-Adrenal axis (HPA) and then endocrine system reactions to stress for balancing hormones are pathophysiologic basis of psychosomatic disorders. In management of PD in women, based on socioecological model (SEM); individual,

family and social interventions can be used for management of PD. Psychotherapy, mindfulness-based therapy, stress management techniques, regular exercise, enough sleep, healthy diet, avoid alcohol/smoking and medication for individual interventions.

Familial and social interventions also have many benefits for women with PD. People with high levels of social support seem to be more resilient in the face of stressful situations. They also have a lower perception of stress in general and have less of a physiological response to life's stressors. Effective familial and social interventions are very crucial in management of PD. Familial and social interventions such as community and family support activities, family therapy, social inclusion activities, peer group activities, activating social networks, cultural and social support, art activities, and sports activities can be effective in management of psychosomatic disorders.

Keywords: women's mental health, Psychosomatic disorders, hypothalamic-pituitary-adrenal (HPA) axis, psychophysiological disorder, stress management, familial and social interventions.

## Work-Life Balance: The Hidden Key to Mental Health in Working Women

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Abstract

Work-life balance, a central construct in occupational psychology and health sciences, plays a fundamental role in safeguarding and promoting the mental well-being of working women. The simultaneous engagement of women in multiple roles—spanning professional, familial, and social domains—frequently contributes to elevated psychological strain, cognitive overload, and chronic stress. In the absence of effective strategies to manage these role conflicts, women may face an increased vulnerability to emotional disorders, including anxiety and depression, as well as heightened risks of burnout and diminished life satisfaction. Conversely, the successful attainment of work-life balance functions as a protective factor, fostering resilience, strengthening social relationships, and enhancing overall meaning and efficacy in life.

Empirical evidence underscores the significance of boundary management between professional responsibilities and personal needs as a robust predictor of mental health in working women. Such boundary-setting is particularly effective when accompanied by a redefinition of success, whereby success is not narrowly conceptualized as maximal professional productivity or the flawless fulfillment of familial obligations, but rather as the attainment of subjective well-being, emotional stability, and sustained social functioning. Within this framework, health-promoting behaviors—such as maintaining adequate sleep hygiene, engaging in regular physical activity, cultivating supportive social networks, and allocating time for personal interests—hold considerable clinical and preventive importance.

In addition to individual strategies, organizational and environmental determinants exert a pivotal influence on women's capacity to achieve work-life balance. Workplaces that adopt flexible policies, provide family-supportive leave structures, ensure equitable career advancement opportunities, and foster a culture of psychosocial support can substantially mitigate stress and enhance employees' perceived control over their lives. Likewise, spousal and familial support—particularly through the redistribution of household responsibilities—emerges as a critical protective factor, attenuating work-family conflict and reducing the likelihood of burnout.

The mental health of working women extends beyond individual well-being and constitutes a matter of public health and societal concern. Impairments in women's psychological functioning can generate intergenerational consequences, adversely influencing parent-child dynamics, occupational performance, and, ultimately,

organizational productivity and social development. Accordingly, interventions targeting work-life balance should be conceptualized and implemented at multiple levels—individual, familial, and organizational—to optimize mental health outcomes while simultaneously reinforcing social capital and population health.

In conclusion, work-life balance represents both a preventive and therapeutic imperative in the promotion of mental health among working women. Raising awareness of psychological needs, acknowledging personal limitations, mobilizing organizational and familial resources, and redefining success through a psychologically informed lens constitute essential strategies for achieving this equilibrium. Prioritizing work-life balance within mental health policies and organizational practices can yield profound benefits for women, their families, and society at large.

Keywords: Work-Life Balance, Mental Health, Working Women, Burnout.

## The Impact of Crisis on Women's Mental Health and Risk Factors for Vulnerability

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Abstract

Our focus is on women's mental health in the context of crises. Epidemiological evidence consistently indicates that psychiatric disorders, particularly depression and anxiety, have a higher prevalence among women compared to men. This disparity becomes even more pronounced during times of crisis.

Definition of Crisis:

From a psychiatric perspective, a crisis refers to a situation in which psychosocial stressors exceed the individual's adaptive capacity, resulting in a temporary disruption of psychological equilibrium. Crises may be acute (e.g., natural disasters, bereavement) or chronic (e.g., poverty, ongoing domestic violence).

Importance of the Topic:

Women's mental health is not only a personal matter but also has intergenerational consequences. Mental disorders in women, particularly mothers, are associated with adverse child outcomes, reduced family well-being, and increased socioeconomic burden.

Key Risk Factors for Women's Vulnerability in Crises:

1. Lack of Effective Social Support

Absence of social and emotional support networks significantly increases the risk of post-crisis depression and anxiety.

Clinical example: A widow without sufficient support is at elevated risk for Major Depressive Disorder.

2. Multiple Roles and Caregiving Burden

Women often carry simultaneous roles (caregiver, mother, spouse, employee). Crises tend to amplify these burdens.

Research during the COVID19- pandemic highlighted higher rates of burnout and adjustment disorders among working women with caregiving responsibilities compared to men.

3. History of Trauma or Violence

Prior adverse childhood experiences or exposure to domestic violence are well-documented risk factors for PTSD and anxiety relapse during new crises.

Example: Women with a history of childhood abuse may exhibit exaggerated anxiety responses and feelings of helplessness during economic crises.

4. Economic Challenges and Financial Dependency

Financial dependency on a spouse or family reduces women's autonomy in decision-

making during crises.
Another dimension is precarious employment in the informal labor market. Women employed in unregulated or uninsured sectors are particularly vulnerable during economic downturns.
Outcomes: Heightened psychological distress, remaining in unsafe relationships, and increased insecurity.

5. Cultural Beliefs and Barriers to Help-Seeking
Social norms that encourage women to "endure" and remain silent hinder acknowledgment of psychological symptoms and delay treatment.
In many developing societies, such cultural constraints contribute to late diagnosis and poorer clinical outcomes.

Conclusion:
Crises are inherently stressful for all individuals; however, the intersection of biological, psychological, and social determinants places women at heightened risk. Awareness of these risk factors is essential since we are often the first point of contact for women presenting with somatic or psychological complaints.

Early recognition of anxiety, depression, and adjustment disorders in women, particularly in the context of crises, facilitates timely intervention and referral to mental health specialists. Ultimately, women's mental health must be recognized as a fundamental public health priority; neglecting it contributes to an increased burden of disease across society.

## psychodomatic disorders

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Abstract

Psychosomatic disorders are conditions where psychological factors such as stress, emotions, and mental health significantly influence or cause physical symptoms and illnesses. These disorders bridge the mind and body, with symptoms that may lack clear medical explanations but severely affect an individual›s functioning and well-being. The main types of psychosomatic disorders include somatization disorder characterized by multiple unexplained physical symptoms; conversion disorder involving neurological symptoms without organic cause; hypochondriasis (illness anxiety disorder) marked by excessive fear of having a serious illness; body dysmorphic disorder, where there is a preoccupation with perceived physical flaws; and psychogenic pain disorder, involving chronic pain influenced predominantly by psychological factors.

## Resilience in crisis

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Abstract

Resilience in crisis refers to the ability of individuals, communities, or systems to cope, adapt, and recover from sudden and severe difficult situations and crises. This multidimensional concept includes several key components: resistance (the ability to withstand pressure and threats during a crisis), absorption (acceptance and understanding of the crisis), adjustment (adapting to necessary changes to manage the crisis), and recovery (returning to the pre-crisis state or even a better condition). Resilience goes beyond an automatic response and is defined as a conscious and deliberate process involving reflection, evaluation, and decision-making when facing a crisis. Individual factors such as physical and mental health, problem-solving skills, self-confidence, flexibility, and social support play a significant role in enhancing resilience. Social and environmental factors such as infrastructure, policies, crisis management education, and social cohesion also influence the strengthening of resilience in communities. Resilience in crisis enables individuals and communities not only to overcome crises but also to return stronger and more capable for future challenges.

## Psychosomatic Disorders in Working Women: Prevalence, Mechanisms, and Contributing Factors

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Definition:
Psychosomatic disorders are a group of clinical conditions in which psychological and emotional factors play a direct and significant role in the onset, severity, exacerbation, or persistence of physical symptoms. These disorders are neither purely the result of organic diseases nor limited to the patient's subjective experiences; rather, they reflect the complex interaction between psychosocial processes and physiological systems of the body.

Prevalence and Importance in Women:
Studies demonstrate that women—particularly employed women—experience psychosomatic disorders two to three times more frequently than men. Women most commonly report headaches, fatigue, and nonspecific somatic complaints, whereas men more often present cardiovascular and gastrointestinal symptoms, along with compensatory behaviors such as increased alcohol or tobacco use. In white-collar occupations, high-skilled women show the highest rates of psychosomatic complaints. In blue-collar jobs, symptoms are initially similar between genders, but tend to decline in men over time while remaining stable in women.

Pathophysiological Mechanisms:
The development of psychosomatic disorders involves several interrelated biological systems: dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis and cortisol secretion, alterations in autonomic nervous system activity, inflammatory responses mediated by cytokines, and the influence of sex hormones on stress and immune reactions.

Key Stress Factors in Employed Women:
- Multiple roles: Simultaneous professional and family responsibilities
- Imbalance of demands and control in the workplace
- Biological and psychosocial characteristics: Hormonal fluctuations, pregnancy, and postpartum periods
- Psychological factors: Higher prevalence of anxiety and depression in women, tendency toward internalizing symptoms, and emotion-focused coping styles
- Social and cultural pressures: Multiple expectations, cultural pressure to remain silent and tolerant, stigma toward mental illness

- Workplace-related factors: Gender discrimination, the “glass ceiling,” demanding high-skill jobs, and unequal pay compared to men for similar work
- Lack of social and organizational support

Differences Between Employed and Housewives:
Research highlights distinct challenges faced by employed women compared to housewives. Employment can serve as a protective factor for mental health through financial independence, self-fulfillment, and social engagement. However, working women face higher risks of stress due to role conflicts and occupational pressures. Housewives, on the other hand, often struggle with dependence, limited social networks, and higher prevalence of anxiety and depression, particularly when codependency and negative self-perception are present.

Clinical and Psychosomatic Consequences of Stress:
- Individual: Reduced quality of life, increased risk of chronic diseases (cardiovascular, gastrointestinal, immune), sleep disturbances, secondary depression and anxiety, higher medical consumption
- Family: Impaired maternal and marital functioning, strained relationships, negative effects on children
- Occupational: Decreased productivity, absenteeism, presenteeism (physical presence without efficiency), burnout, and job turnover
- Socioeconomic: Higher direct and indirect healthcare costs, reduced female workforce productivity, weakened social capital, intergenerational consequences for children’s health

Individual Coping Strategies:
Training in coping skills (mindfulness, relaxation), time management and prioritization, regular physical activity, improved sleep hygiene, and enhanced communication and emotion regulation skills.

Organizational and Workplace Interventions:
Flexible work policies, supportive environments, reduction of occupational conflicts, training managers to recognize and support women’s mental health, and workplace mental health promotion programs.

Role of Social and Family Support:
Emotional and professional support from spouse and family, equitable distribution of household responsibilities, encouragement to participate in supportive networks, and cultural promotion to reduce gender discrimination in work and society.

## Children and Adolescents in Crisis

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• War and terrorism are not easy for anyone to comprehend or accept.
• Many young children feel confused, upset, and anxious.
• Understanding the child›s emotional needs is paramount. The goal should be to preserve the family unit whenever possible. If separation is necessary, the substitute care must be emotionally nurturing, not just physically safe.
• For a child, «home» is not just a place but a psychological state of being. War›s true tragedy is its destruction of that state.
• A child›s sense of security and ability to manage anxiety come from the reliability of their parents and home life. War shatters this. Evacuation is presented as a trauma often more damaging than the air raids themselves.
• The parents› ability to cope is crucial. If parents can manage their own anxiety and present a «reassuringly ordinary» front, they can act as a buffer, helping the child process the frightening events.

## The Role of Spirituality on Women's Health and Opportunities to Promote Spiritual Health in Women's Lifespan

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Current approach to Health has primarily concentrated on preventing and extenuating pathogenic factors. While this approach has greatly enhanced life expectancy and provided various health benefits, robust evidence show that it is insufficient. As a supplementary strategy, there is a rising interest in positive health, which emphasizes well-being, prosperity, and the promotion of salutogenic factors. Among these factors, religiosity and spirituality have surfaced as significant and widely recognized determinants of health. There has been extensive debate regarding the definitions of religion and spirituality. Following a long-standing tradition of esteemed scholars, we define spirituality as «the connection or relationship with a transcendent realm of reality deemed sacred, the ultimate truth or reality.» Conversely, religion is defined as «the institutional or communal dimension of spirituality, encompassing a collective set of beliefs, experiences, and practices associated with the transcendent and the sacred.» In Christian nations, women consistently exhibit higher degrees of religiosity compared to men. In Muslim countries, their levels of religiousness tend to be comparable, while men generally show greater attendance at religious services. Beside globally prevalence of religiosity and spirituality, there is substantial research-based evidence suggests that they are typically linked to favorable health outcomes. The majority of these studies focus on mental health, revealing consistent results such as lower prevalence rates and higher recovery rates for depression and substance use disorders, diminished suicidal behavior, along with better quality of life. A notable longitudinal study, involving nearly 90,000 women, revealed that participants who attended religious services at least weekly had a suicide rate six times lower than those who never did. The magnitude of the beneficial impact of participating in religiosity and spirituality on health seems to be stronger in women compared to men.

One interpretation derived from Islamic sources suggests that spiritual health involves knowing Allah, loving Him, and striving to attain His highest status. As per the hadiths attributed to Imam Ali and Imam Sadiq, faith serves as the foundation for divine proximity and the acceptance of human deeds. This foundation is established on three key pillars: recognizing God, verbally acknowledging Him, and engaging in actions that are pleasing to God. Also, Imam Sadiq (AS) stated: The most essential and commendable actions are recognizing God and the acknowledgment of His servitude. Consequently, a meaningful faith is one rooted in a profound comprehension of religion and God. In this

context, its spiritual impacts ought to be evident in practice—reflected in the connections between individuals and God, between individuals and themselves, between individuals and others, and even with nature.

In conclusion, considering the existing evidence along with the religious and spiritual beliefs, behaviors, and values of the majority of the global population, it is not only suitable but also a scientific and ethical obligation to incorporate religious and spiritual aspects into healthcare services and public health with respect to human rights.

## The Dynamics of Social Health and its Impact on Women›s Psychological Well-being: the Relationship between Social Support and the Reduction of Psychological Distress

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Social health is defined as the quantity and quality of relationships in within particular context to meet an individual's need for meaningful human connection (Doyle and Link, 2024). For girls, social health encompasses to build meaningful connections with peers, family, and community members, navigate social dynamics, and develop a sense of identity and belonging within their social circles. It involves emotional resilience, effective communication, and access to supportive environments that foster inclusion and self-esteem. Therefore, Social foundational for confidence, for girls' health, and future success, as it shapes how they perceive themselves and interact with the world. Given the importance of the topic, this article defines of social health and its dimensions, a review social health of women in Iran, and presents a qualitative study of the on social health of girls. Generally, women's social health in Iran is shaped by a complex interplay of cultural norms, legal frameworks, economic pressures, and evolving gender roles. Iran has made notable strides in education and professional participation, fostering social integration and empowerment for many women, particularly in urban areas. However women's social health in Iran often manifest even more acutely for girls and young women. Generation Z girls in Iranian society face numerous social challenges that significantly affect their social health and mental well-being. A critical issue is the disconnect between these girls and the understanding of their health-related struggles held by parents and health service providers. This qualitative study aims to explore and elucidate the lived experiences and perceptions of Generation Z girls as they confront health challenges. Conducted with 12 female university students, the data were analyzed using thematic method. Findings reveal that participants perceive their health deeply influenced by complex and evolving social conditions. They report grappling with various physical and psychological problems; however, neither families nor health professionals—particularly physicians—demonstrate a clear understanding of these emerging concerns. The identified themes include: social determinants of health, intergenerational interaction gaps, and the need for social support. Generally the Overall, suggests that, in the face of societal pressures, Generation Z girls experience multifaceted health challenges. Their urgent need for acknowledgment and validation of their pain by families and healthcare providers underscores the importance of social support as a crucial factor in promoting both mental and physical health.
Keywords: Social health, Generation Z, Girls, Social support, Mental health, Health service providers, Iran

## Experiencing Ageing with Integrated Mental and Physical Health: Challenges and Opportunities

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Global population aging, driven by rising life expectancy and declining fertility rates, has become one of the most pressing challenges of our time. This trend is especially significant in developing countries, including Iran. Among the elderly, older women deserve particular attention due to their longer lifespan compared to men, greater economic and social vulnerability, and vital cultural and familial roles.

The health of older women encompasses physical, mental, and social dimensions. Physically, they often suffer from chronic conditions such as hypertension, diabetes, osteoporosis, and mobility limitations, all of which threaten independence and quality of life. Mentally, they are at high risk of depression, anxiety, loneliness, and reduced self-esteem. These two aspects are deeply interconnected: chronic pain can trigger depression, while depression can delay recovery from illness. Social health is equally important, as retirement, widowhood, age- or gender-based discrimination, and loss of social roles directly affect well-being.

Physiologically, older women experience bone density reduction, cardiovascular disease, diminished lung capacity, slower metabolism, hormonal changes such as decreased estrogen after menopause, and weakened immunity. Risk factors include genetic predispositions, sedentary lifestyles, poor diets, smoking, alcohol consumption, and limited access to healthcare. Preventive strategies—regular exercise, balanced nutrition, routine screenings, and vaccinations—can mitigate many of these risks. Community-based opportunities such as rehabilitation programs, exercise groups, nutrition education, and strong family support play a key role in maintaining health. Effective interventions require comprehensive approaches. Routine examinations, lifestyle education, chronic disease management, fall prevention, medication monitoring, and nutritional support are crucial. Family involvement is especially important, as creating elder-friendly homes and communities enhances safety and care.

Mental health challenges are shaped by biological factors (menopause, chronic illnesses), psychological factors (depression, grief, loneliness), and social-cultural factors (economic hardship, discrimination, and cultural attitudes toward older women). Opportunities for support include family and social networks, community activities, spiritual practices, and comprehensive mental health programs. Interventions such as stress management education, social engagement activities, counseling, and family-based support systems can significantly improve outcomes.

The interplay between physical and mental health is particularly strong in older women.

Chronic illnesses, reduced mobility, and malnutrition can lead to depression and cognitive decline. Conversely, depression, anxiety, and chronic stress can worsen physical health by reducing self-care and increasing inflammation, which damages cardiovascular, immune, and metabolic systems. Social isolation accelerates both physical decline and psychological distress.

Protective factors include healthy lifestyles, active social engagement, strong family and community support, and integrated nursing interventions that address both physical and psychological needs. Clinically, holistic care enables early detection, slows disease progression, and improves quality of life. Integrated health programs designed specifically for older women foster independence, empowerment, and life satisfaction.

Ultimately, aging should not be seen as a burden but as an opportunity. Older women are the backbone of families and guardians of cultural continuity. By investing in their education, health, and empowerment, societies can build healthier, more resilient, and more humane futures. Supporting older women is not only a matter of equity but also a collective investment in sustainable well-being for all.

*References*

*1.World Health Organization. World report on ageing and health. Geneva: WHO; 2015.*

*2.World Health Organization. Integrated care for older people (ICOPE): guidance for person-centred assessment and pathways in primary care. 2nd ed. Geneva: WHO; 2024.*

*3.Kirkman M, Fisher J. Promoting older women's mental health: Insights from Baby Boomers. PloS one. 2021 Jan 1)16;12):e0245186.*

*4.Beishon L, Hickey B, Desai B, Chithiramohan T, Evley R, Subramaniam H, et al. Integrated Physical-Mental Healthcare Services in Specialist Settings to Improve Outcomes for Older People Living With Mental Health Diagnoses: A Systematic Review. Int J Geriatr Psychiatry. 2024 Sep;9)39):e6146. doi:10.1002/gps.6146.*

*5.Srinivasan G, et al. Depression and comorbid chronic physical health diseases: a scoping review. 2025.*

*6.Herzog AR. Physical and Mental Health in Older Women: Selected Research Issues and Data Sources1. Health and economic status of older women. 2021 May 91-13:35.*

## A critical reading of consumer society with special reference to existential neglect in the health and illness circumstances

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Abstract

According to the recent perspectives in medical sociology, the experience of pain has a phenomenal nature revealed to social actors on the basis of its situational, temporal and spatial formulations. Thus, the absolute physical, biological and neurological view of the experience of pain is something equal to ignoring the its cultural aspects and being caught in the abyss of reducing the multiple and multifaceted phenomenon of pain to its absolute biomedical aspect. The experience of pain, in addition to its phenomenal aspect, is simultaneously influenced by macro-structural arrangements, including consumer society. The existence of numerous contexts of endless comparisons in consumer society fuels body dissatisfaction, creating a feeling of ontological insecurity in social actors, because in addition to the endless nature of the process of comparisons, the process of changes are also completely unpredictable. Furthermore, due to considering body as the basis of the identity of social actors in the consumer society, the maintenance and promotion of the body as the most accessible capital becomes a vital matter. In the consumer society, under the materialization of culture, the process of medicalization has gained its unique position and status as well. In more theoretical terms, the triad of «medicalization, materialization of the cultue and abandonment of death consciousness» has determined the main entrance of body anxiety and dissatisfaction in modern man, which have now manifested their effects more than ever before; in such circumstances, teleology as a way of addressing the philosophy of life and considering questions regarding «why» in addition to "how" questions, becomes the center of liberating social actors from the cycle of «consumption-death negligance». The aforementioned teleology can be considered as a central entry point for a reflective approach to the arrangements governing consumer society, as well as a provider of spiritual health for social actors. Therefore, in this respect, it will be worthy of careful consideration. The point to be added is that having reasonable and logical answers in the face of human existential concerns – specefically, death awareness - is the main dimension of spiritual health. For the time bing, influenced by the dominant arrangements in the consumer society, «death awareness» has sunk more than ever into the abyss in the context of stimulation of false and endless need creation through motivatination of more consumption. «The experience of illness» and «aging» are the two main remaining bastions in the consumer society under them, «unanswered existential concerns and suspended death awareness» become visible to the greatest extent possible. The general result of the above discussion can be formulated in the form

of the following multiple propositions: 1) A reflective reading of modern medicine must be based on considering it as a kind of civilizational product, not simply a neutral and value-free technique; 2) The unprecedented importance of the body in the consumer society is a sign of the hegemonic secularism of the body and the institutional mechanisms of discarding «existential concerns» at the civilizational level; 3) The transition from materialism and achieving some kind of balance in simultaneous dealing with the «why and how questions» will pave the way for the centralization of the «philosophy of health» and, as a result, the consolidation of the position of spiritual health in the health system; 4) The various angles of human existential concerns and the provision of reasonable answers to them should be considered as part of the content used in the set of socialing systems, especially the educational ones.

*Keywords: medical Sociology, Consumer society, Death awareness, Existential concerns, Medicalization, Materialization of culture*


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