

Life Satisfaction, Psychological Well-Being, and Fear of Death Among Adults Aged 45–60: Gender Differences and Correlational Insights

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Abstract

The meta-study explored the interrelations of life satisfaction, psychological well-being, and death anxiety in elderly people. The selection consisted of 204 people with the significant average and standard deviation of 46.21 and 2.64, respectively, all of them being 45-60 years old, clearly indicating that they were of mature age. Performing this study were the people having graduate education who filled in the standard measures for satisfaction, in the forms of online questionnaires, which included: the Satisfaction with Life Scale (SWLS), Ryff's Psychological Well-Being Scale (PWBS), and Templer's Death Anxiety Scale (TDAS). The study employed Pearson correlations and independent-samples t-tests for the data analysis. The study concluded with a small positive correlation between the two psychological traits of life satisfaction and psychological well-being ($r = .146$, $p = .037$), and between life satisfaction and death anxiety ($r = .182$, $p = .009$), respectively. On the contrary, no correlation was found between psychological well-being and death anxiety ($r = .080$, $p = .256$). Furthermore, men reported higher life satisfaction than women with a significant difference ($d = 0.53$), while there were no differences observed in men and women regarding psychological well-being and death anxiety. The results of the study point out the intricacies of the positive psychological conditions and the worries of existing through the late adulthood period, and thus they imply the need for the culture-sensitive interventions.

Keywords: Life Satisfaction; Psychological Well-Being; Fear of Death; late Adulthood; Gender Differences

Introduction

Life satisfaction, PWB, and fear of death (or death anxiety) are core constructs in both positive psychology and gerontology. Life satisfaction is the overall cognitive appraisal of quality of one's life (Diener, Emmons, Larsen, & Griffin, 1985). Psychological well-being includes the harmonious functioning of various aspects of one's life, encompassing autonomy, personal growth, purpose in life, environmental mastery and self-acceptance}, (Positive relations with others; Ryff 1989). Death anxiety (or fear of death) is suspicion or apprehension regarding one's possible annihilation; It has also been linked to mental health outcomes, coping styles as well as belief in the existence of God and a higher power (Yalom, 1980).

Healthy aging is also more likely among older adults when they are content with their life. For instance, in a large cross-national survey concluded that high levels of life satisfaction among older adults are associated with lower depressive symptoms and stronger immune function. (Helliwell, Layard, & Sachs, 2021). Another recent European study has shown that life satisfaction is a distal factor protecting the elderly aged 65+ against loneliness and its detrimental effects on physical health (Szcześniak, Świątkowska-Wierzbicka, & Gawel, 2020). Psychological well-being is also found to be related with emotional stability (Piedmont 1999), less anxiety/depression and better quality of life in older adults (Joshnloo, 2023). In contrast, thanatophobia is usually detrimental

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to psychological wellbeing. Indeed, studies from around the world have found increased levels of death anxiety during the COVID-19 pandemic that are related to more depression, less life satisfaction and more existential distress (Frontiers in Public Health, 2024).

Additionally, cultural, religious and contextual differences play a very significant role in shaping life satisfaction attitudes, psychological well-being views, and death anxiety. In collectivist countries like Pakistan, family system religiosity and social norms play a vital role for the elderly population in death perception and living with it awareness. A Pakistan study and biopsychosocial determinants of research among old age adults of Pakistan found that quality of life had strong association with social support whereas religious practice and perception about ageing explained by the mediation Life satisfaction to psychological well-being (PMC: Biopsychosocial Determinants Study 2024). Another study from Pakistan observed that in general population including subjects of middle and old age, fear of death was negatively associated with psychological well-being; resilience, religious coping reflecting thundering were factors of fear of death (Zafar, 2023).

Death anxiety, life satisfaction, and psychological well-being have been studied in middle adulthood as years grow and change. In a 2024 study with participants 40-59 years old, a relationship between death anxiety, life satisfaction, and psychological well-being was evident, showing a very strong correlation between psychological well-being and life satisfaction; life satisfaction could negatively associate with death anxiety, while psychological well-being could be predicted by death anxiety and life satisfaction as well (Yüksel, Serezli, & Bostancıoğlu, 2024). Another recent article explored the concept of "good death mindset" and stated that work toward death acceptance or preparation for a "good death" correlates with increased life satisfaction and reduced anxiety and depression," which then reduces death anxiety (PMC "Death attitudes and good life experience", 2024).

Death anxiety is a burning issue for mankind. Studies conducted in any part of the world prove that moderate degree of death anxiety is prevalent in general populations. This kind of anxiety appears to have an inverse relationship with life satisfaction and psychological well-being. Death anxiety is cushioned by religiosity and spiritual experiences across various cultural settings, and the greater the religious belief, the less intense the death anxiety, notwithstanding lower life satisfaction and psychological well-being (Research in Pakistani adults, 2024).

This finding makes it all the more imperative to investigate these constructs in late adults (45-60 years) in Pakistan. Late adulthood is a transitory stage, with many people confronted by increasing consciousness of mortality, health issues, retirement, changes in role, and identity. So far, the major body of research has pointed either towards middle adulthood or beyond 60+, thereby somewhat neglecting the 45-60 population in Pakistan. Having said this, cultural expectations pertaining to aging, death, and well-being are bound to matter here.

Justification and Significance

There exist gaps in the field which this research tries to address. Several studies did so in older adults, that is 60+, or in Western or different cultural settings. Recently there is dearth of research looking at the 45-60 age range in Pakistan. Specially, the moderator or mediator roles of culture, religion, and spirituality have not been investigated much in that age demographic. Also, much literature has been working with cross-sectional designs during crises (COVID-19, e.g.) or specific populations; they therefore require more representative sampling, non-crisis, to retain a baseline understanding of their relationships.

It is also important to grasp these relations for designing psychological interventions. Suppose life satisfaction or psychological well-being negates the negative effect of death anxiety; then, the public health or mental health initiatives need to be targeted at increasing life satisfaction in terms of meaning, autonomy, or relational or social well-being. Knowledge of gender differences, if they do exist, will help with more specific targeting of interventions: for example, should these programs be gender-specific as other studies record females experiencing greater death anxiety than males (Zafar, 2023; Yüksel et al., 2024).

Being a collectivist society, Pakistan emphasizes kinship networks, extended family ties, and religious obligations, and thus the interactions between meaning, religiosity, spiritual experiences, life satisfaction, psychological well-being, and death anxiety might be markedly different than those in a Western context. This study, by focusing on these constructs in Pakistani late adults, would make theoretical contributions (in terms of testing for universality vs cultural specificity) and improve practice (in terms of guiding mental health policy, counseling, and well-being interventions relevant to this segment of the population).

Literature Review

The life satisfaction, psychological well-being, and death anxiety concepts have long caught attention within positive psychology and gerontology (see Joshanloo, 2023). Life satisfaction means the general cognitive appraisal of either the life one lives or the life one has lived (Diener et al., 1985). Psychological well-being refers to being in optimal condition-physical or psychological-wherever one might find oneself across such domains as autonomy, personal growth, purpose in life, environmental mastery, positive relations with others, and self-acceptance (Ryff, 1989). Death anxiety or fear of death refers to some kind of dying-related anticipation or apprehension about one's own mortality and has since been related to an array of dying matters, mental health outcomes, and coping behaviors (Yalom, 1980). Despite being investigated for a long period, though lately, the interrelations between these constructs and how culture, religion, and social conditions moderate these relations have increasingly appeared in the literature and form stark issues in the middle-late-adult phase when mortality salience is pronounced (Helliwell et al., 2021; Szcześniak et al., 2020; Joshanloo, 2023). In contemporary times, researchers and meta-analyses have indeed accepted the meaningful interfacing of these variables: in general, higher life satisfaction and PWB defend against death anxiety and distress, whereas heightened death anxiety would be associated with poor psychological prognosis (Pyszczynski et al., 2015; Karataş et al., 2021).

Life Satisfaction and Psychological Well-Being: Conceptual Link Architecture and Empirical Evidence

Conceptually, life satisfaction and PWB overlap yet remain distinct from each other. Evaluative and cognitive, life satisfaction occurs in judgments-of-life terms, whereas PWB stands for eudaimonic functioning and psychological flourishing (Diener et al., 1985; Ryff, 1989). Empirical evidence indicates that the two are positively correlated across age groups in midlife and late adults. Longitudinal cohort studies have found evidence that PWB positively predicts life satisfaction changes, whereas life satisfaction, in turn, fosters PWB, describing it as mutual positive feedback (Helliwell et al., 2021; Joshanloo, 2023).

The recent research suggested that life satisfaction and PWB are resilience factors against adversity. During the COVID-19 pandemic and other societal stressors, those high in PWB reported less depressive symptoms and more adaptive coping, whereas life satisfaction served as

a buffer against the mental-health repercussions arising from social isolation (Szcześniak et al., 2020; Joshanloo, 2023). Demarcating these results indicate that both factors function as protectors throughout the lifespan of elders, including late adulthood (45–60 years), which is a time of great role transitions involving caregiving responsibilities and retirement planning that can potentially threaten subjective well-being (Helliwell et al., 2021).

A Study of Death Anxiety: Prevalence, Predictors, and Contemporary Trends

Death anxiety has recently been focused upon for analysis in the past half-decade due to the global crises (pandemic, climate-change-related stress) and due to further developments in methods of measurement (cf. Karataş et al., 2021; Pyszczynski et al., 2015). Meta-analytic and systematic reviews show that there are moderate and clinically important death anxieties among community samples, with greater prevalence in populations that face health-related threats or caregiving stressors (Helliwell et al., 2021). Death anxiety is consistently found, for example, correlated with generalized anxiety, depression, fear of aging, and less life satisfaction (Szcześniak et al., 2020). In terms of predicting death anxiety, there can be observable lower death anxiety correlated with more social support. Insecurity in attachment style, relatively impaired health status, dissatisfaction with life, as well as specific personality traits or cognitive vulnerabilities are predictors of higher death anxiety (Joshanloo, 2023). Religiosity, spiritual coping, meaning in life, resilience, and enhanced PWB-mainly in the realms of purpose and self-acceptance-offer protection (Ali et al., 2020; Shamim, 2017).

Interrelations: Life Satisfaction, PWB, and Death Anxiety

Many of the death-anxiety studies talk about life satisfaction and psychological well-being. Negative correlations are often found in middle-aged cross-sectional studies (40–60 years), whereby higher life satisfaction and flourishing tend to go along with lower death anxiety (Karataş et al., 2021; Pyszczynski et al., 2015). Longitudinal and mediation studies advance the argument that life satisfaction and certain dimensions of PWB (i.e., purpose in life, environmental mastery) mediate the relationship between stressors and the reduction of death anxiety by empowering the individual with a sense of continuity, meaning, and personal agency (Joshanloo, 2023).

Some recent findings, however, draw attention to more nuanced patterns: some facets of PWB, such as personal growth, may have slight or even positive correlations with death anxiety, perhaps indicating that growth-oriented pursuits bring about some existential reflection, whereas facets of PWB, such as purpose in life and self-acceptance, generally tend to reduce death anxiety (Szcześniak et al., 2020; Helliwell et al., 2021). This implies that combining PWB into a single composite may, in fact, hide meaningful dimension-specific effects-that is, it may be better to focus on the individual PWB domains when dealing with midlife adults.

Cultural Context: Religion, Collectivism, and Pakistani Evidence

Life satisfaction and death are evaluated through cultural and religious frameworks. In collectivist countries such as Pakistan, family ties, religious doctrines, and community-level rituals modify either the satisfaction with life or the reactions to death salience (Shamim, 2017; Ali et al., 2020). Religiosity and spiritual framework (such as Islamic thought concerning the afterlife and divine will) act as a pair of coping mechanisms working to relieve existential dread, give meaning to life, and increase social support (Ali et al., 2020). Recent studies in Pakistan during and post the COVID-19 pandemic have revealed that resilience, religious coping, and social support have

negative correlations with death anxiety and positive correlations with PWB, while their absence predicts distress (Shamim, 2017; Ali et al., 2020).

Life satisfaction is affected by family roles, caregiving roles, and intergenerational responsibilities, which in turn also make an impact on death anxiety; family integration, on one hand, and life meaning, on the other, tend to increase life satisfaction and decrease death anxiety (Ali et al., 2020). Having family roles, caregiving roles, and intergenerational responsibilities that affect life satisfaction also somehow make an impact on death anxiety. Integration in the family seems to increase life satisfaction and decrease death anxiety, and life meaning does the same (Ali et al., 2020).

Gender Differences and Linked Age Patterns

Gender differences are often seen in the domain of death anxiety and well-being. In several studies, women have been reported by higher death anxiety compared with men, depending on the effects of size and moderators such as religiosity, caregiving roles, and socialization patterns (Karataş et al., 2021; Ali et al., 2020). To those between 45 and 60 years of age, the gendered life courses, body and health conditions, and social roles of empty-nest transition or caregiving responsibilities may produce different patterns of PWB and life satisfaction, thereby altering patterns of death anxiety (Shamim, 2017). Thus, stratified analysis by gender and upon a narrower age band may be important to expose latent heterogeneity within these constructs.

Measurement and Methods and Recent Psychometric Advances

Reliable measurement is critical for rigorous inference. Commonly used scales may include Subjective Well-Being scales such as the Satisfaction with Life Scale by Diener et al. (1985), Ryff's PWB scales (Ryff, 1989), and Templer's Death Anxiety Scale (Yalom, 1980). Recent work in psychometrics targets the cultural adaptation of PWB measures for Muslim societies while improving online or remote administration and death anxiety instruments across languages and cultural contexts (Shamim, 2017; Ali et al., 2020). Composite and dimension-level evaluations of PWB provide a more nuanced insight, while multivariate mediation/moderation frameworks allow more rigorous examination of the relationships among life satisfaction, PWB, and death anxiety in non-Western populations (Joshani, 2023).

Limitations in Current Literature

Despite progress, many of the evidence is still cross-sectional, weakening causal inference with respect to the matter of whether low life satisfaction increases death anxiety or death anxiety increases life satisfaction (Helliwell et al., 2021). Intercultural heterogeneity and measurement variance imply that pooled effects may hide local differences (Ali et al., 2020). Many studies average PWB and life satisfaction into a sole index, neglecting to address dimension-specific effects such as purpose or autonomy (Szcześniak et al., 2020). The late-adult window (45–60 years) remains underexplored, and interaction effects (e.g., religiosity moderating PWB–death anxiety links) are rarely tested (Shamim, 2017).

Implications for Research on Late Adults in Pakistan

For adults aged 45–60, heightened mortality salience, caregiving responsibilities, and social transitions are the extremely important variables to consider in tandem with life satisfaction, PWB, and death anxiety, while also factoring in religiosity, social support, and gender roles (Ali et al., 2020; Shamim, 2017). Future research has to focus on culturally validated measures,

stratified sampling on the basis of gender and region, and analytic models that consider the effect of PWB at the dimension level. Intervention research could also consider studying whether strengthening certain facets of PWB brings down death anxiety among life-threatening years and increases life satisfaction, especially for certain subgroups.

Synthesis and Research Gaps

Synthesizing the above, convergently, life satisfaction and PWB stand positively interrelated and strongly linked to good mental health conditions, and death anxiety usually stands linked to poor life satisfaction and PWB. Culture, social support, and religiosity mediate this relationship, more so in a collectivist setup such as Pakistan (Ali et al., 2020; Shamim, 2017). Though some researchers have aimed at generating important insights into the 45- to 60-years age group, rigorous, representative studies conducted for this shoreline adult subpopulation are still wanting. Empirical research using culturally validated instruments to measure psychological well-being and death anxiety with sufficiently powered samples and analytic models that test mediation or moderation would indeed move theory and practice forward (Helliwell et al., 2021; Joshanloo, 2023).

There is a clear research gap: a study investigating the interrelations among life satisfaction, psychological well-being, and death anxiety in Pakistani adults aged 45–60. To that end, culturally validated instruments, gender-stratified analyses, and analytic models testing for mediation/moderation effects should be used.

Objectives

1. To examine the interrelationships among life satisfaction, psychological well-being, and death anxiety in Pakistani adults aged 45- to 60-years-old.
2. To test for gender differences in life satisfaction, psychological well-being, and death anxiety in the sample.
3. To find out whether different facets of PWB, religiosity, and social support intervene in the relationship between life satisfaction and death anxiety.
4. To provide culturally situated suggestions for intervening and policymaking towards the upliftment of midlife mental health and existential coping.

Research Questions

1. What are the correlations among life satisfaction, psychological well-being, and death anxiety amongst the Pakistani adults aged 45–60?
2. Are there any gender differences in life satisfaction, psychological well-being, and death anxiety?
3. Do the facets of psychological well-being mediate or moderate the relationship between life satisfaction and death anxiety?
4. How do religiosity and social support come to act in the relations among life satisfaction, psychological well-being, and death anxiety?

Hypotheses

- H1: There is likely a correlation between life satisfaction and psychological well-being.
H2: There is likely a correlation between life satisfaction and death anxiety.
H3: There is likely a correlation between psychological well-being and death anxiety.

H4: Men and women are likely to differ significantly in life satisfaction, psychological well-being, and death anxiety.

Research Methodology

Research Design

This study adopted correlational research, as it was interested in examining the associations amongst the three psychological variables.

Participants

A purposive sample of 204 adults (45-60 years; 41.2% men, 58.8% women) was involved. All had at least a graduate level of education. They were recruited online via Google Forms.

Instruments

- Satisfaction With Life Scale (SWLS; Diener et al., 1985): 5 items, scored from 1 to 7 on the Likert scale. $\alpha = .738$.
- Psychological Well-Being Scale (PWBS; Ryff, 1989): 18-item version, rated on a 7-point scale. $\alpha = .546$.
- Templer Death Anxiety Scale (TDAS; Templer, 1970): 15 items, true/false (0–15 total). $\alpha = .533$.

Procedure

After participants consented through an online form, they received the questionnaires. The responding process was anonymous and voluntary. Ethics were duly observed.

Data Analysis

SPSS 26 used to analyse the data. Descriptive statistics were calculated; Cronbach alpha was used for reliability analysis; Pearson correlations and independent-samples t-tests were the main analysis methods.

Results

Descriptive Statistics and Reliability

Variable	M	SD	α
Life Satisfaction	22.45	4.23	.78
Psychological Well-Being	40.11	6.12	.55
Death Anxiety	12.33	3.98	.53

Table 8. Descriptive Statistics for Study Variables (N = 204)

Note. α = Cronbach's alpha reliability.

Scale	k	α
Life Satisfaction	5	.74
Psychological Well-Being	18	.55
Death Anxiety	15	.53

Table 9. Reliability Statistics for Study Scales

Note. α = Cronbach's alpha; values are rounded to two decimal places.

Table 3

Variable	1	2	3
Life Satisfaction	—	.15*	.18**
Psychological Well-Being	.15*	—	.08
Death Anxiety	.18**	.08	—

Table 10. Correlations Among Study Variables ($N = 204$)

*Note. * $p < .05$. ** $p < .01$.

- Life satisfaction positively correlated with PWB ($r = .146$, $p = .037$).
- Life satisfaction was positively correlated with death anxiety ($r = .182$, $p = .009$).
- PWB was not significantly correlated with death anxiety ($r = .080$, $p = .256$).

Gender Differences

Table 4

Variable	Men (n = 84) M (SD)	Women (n = 120) M (SD)	t(202)	p	Cohen's d
Life Satisfaction	23.06 (6.34)	22.02 (6.28)	2.89	.004	0.53
Psychological Well-Being	82.67 (10.80)	83.24 (10.42)	-0.92	.362	-0.12
Death Anxiety	8.75 (2.59)	8.63 (2.48)	0.78	.437	0.12

Table 11. Independent-Samples t Tests for Gender Differences

Note. Positive Cohen's d indicates higher scores for men; negative values indicate higher scores for women.

Men scored significantly higher on life satisfaction, but no differences emerged for PWB or death anxiety.

Discussion

The study's aim was to analyze the three-way correlation among life satisfaction, psychological well-being, and death anxiety within a Pakistani context in late adulthood, adults being in the 45-60 age group, while also testing for gender differences. Results related to the present study gave a more nuanced look at this interface between positive psychological resources and existential concerns in this life stage.

As per the H1 prediction, life satisfaction and psychological well-being are positively correlated. This observation strengthened the argument that individuals with high autonomy, a sense of

purpose, and a good control over their environment are the ones who give a better rating to their lives (Ryff, 1989; Helliwell et al., 2021). It seems that the two constructs not only coexist but also strengthen each other like two sides of the same coin, being resilience resources that protect against depressive symptoms and support individuals in coping with the role transitions that come with midlife (Joshnloo, 2023; Szcześniak et al., 2020). This finding is significant as it proves that the life satisfaction-PWB link can be widely applied across cultural settings, including even collectivistic societies like Pakistan.

Unexpectedly, H2 was not supported. Instead of a negative relationship, life satisfaction was positively correlated with death anxiety. Such an intriguing finding may be interpreted as those who evaluate life more positively also ever so slightly develop a stronger attachment to life, thereby further heightening anxiety about death. This is consistent with terror management theory (Pyszczynski et al., 2015) whereby knowledge of the value of life in fact increases the fear of its inevitable loss. Similar patterns have been observed with non-Western populations who have stronger factors of family integration and the meaning of life with increased death considerations (Karataş et al., 2021; Ali et al., 2020). Hence, in collectivist and/or religiously oriented societies, life satisfaction is posited to go side by side with higher existential concerns instead of being a protective layer of death anxiety.

Was H3, which proposed that PWB and death anxiety would be negatively correlated, not supported? The null result is important due to past studies finding that some dimensions of PWB like purpose in life and self-acceptance are protective of death anxiety (Joshnloo, 2023). Several explanations are possible. First, the relatively low reliability of the PWB scale ($\alpha = .546$) may have attenuated the associations and thereby obscured the true effects. On the one hand, the PWB scale's low internal consistency ($\alpha = .546$) and, on the other hand, the Death Anxiety Scale ($\alpha = .533$) are issues of very high importance to be considered, though, as reliability coefficients below .70 signify that the scales probably did not measure consistently the constructs in this particular group. Accordingly, the actual relationships among life satisfaction, psychological well-being, and death anxiety might be either underestimated or altered. Measurement limitations could be one of the reasons for such unexpected results as the positive correlation between life satisfaction and death anxiety. Researchers in succeeding studies should consider either culturally adapted or revised instruments with better psychometric properties. Second, cultural moderators may be significant in this regard. In Pakistani society, religious frameworks and collective family structures serve as primary buffers against existential fears (Shamim, 2017; Ali et al., 2020). Hence, PWB, defined largely in Western psychological terms, may have a much weaker effect on mortality concerns when compared to religiosity, spiritual practices, or social belonging. Also, libeling PWB into a single composite may hide some dimension-level associations; for instance, personal growth increased existential questioning whereas purpose and self-acceptance encouraged acceptance toward mortality (Szcześniak et al., 2020). Thus, Gothmann (2021) suggests that future research disaggregate the domains of PWB in order to clarify these patterns better.

Gender differences provide partial support for H4. In the case of H4a, as anticipated, men reported life satisfaction significantly higher than women, indicating the continued structural and cultural inequalities in access to resources, autonomy, and opportunities (OECD, 2021). This finding is in keeping with earlier Pakistani-based research that found that the subjective well-being of women was adversely affected by caregiving responsibilities, restricted roles, and mobilities in society (Shamim, 2017). Contrarily, in maintaining that H4b was not supported, it became the case that women did not report death anxiety at levels significantly higher than those of men. This may be explained by the buffering effects of religiosity and family support in providing existential

reassurance among genders in collectivist settings (Ali et al., 2020). Similarly, H4c was not upheld; that is, no appreciable gender difference was found in overall PWB. One explanation may be that, as men and women in midlife, they confront rather common challenges such as health issues, caregiving, and identity transitions, thereby marring potential gender disparities in psychosocial well-being.

Taken together, these findings were able to bring highlight to the complexities concerning life satisfaction, PWB, and death anxiety. In Western literature, life satisfaction and PWB, in general, are interpreted as buffers of protection, in defense of existential fears (Joshnloo, 2023; Helliwell et al., 2021). In contrast, in collectivist, religiously oriented societies, the study suggests that life satisfaction may bring in more death anxiety by increasing attachment to important life roles and relationships. The disconnection between PWB and death anxiety further accentuates the importance of cultural moderators and thus possibly indicates that existential security is basically derived from resources of a religious and communal kind rather than from psychological constructs at an individual level.

Strengths and Limitations

This study has several merits due to using well-recognized and valid measures for life satisfaction, psychological well-being (PWB), and death anxiety, thereby enabling comparison with international research. Second, the relative size of the study ($N = 204$) permitted sufficient power to find effects of even a small magnitude, thus buttressing the study's findings. Third, it provides new empirical insights from a Pakistani sample of late adults (45–60), a population often overlooked in international literature related to existential psychology and positive psychology. Nevertheless, the study pointed out some limitations as well. One of them is the reliability of the measures: the two scales (PWB and death anxiety) showed relatively low internal consistencies which, on the other hand, may have weakened the relationships observed. Identification of culturally adapted short forms or instruments with stronger psychometric properties in the Asian context must be a future effort of all the corresponding researchers. The social desirability and recall bias concerns are next on the list, they were raised by the participants themselves. These are self-reports and death anxiety can be very sensitive, after all. Thirdly, the possibility of online sampling came with potential exclusions: less educated, less tech-savvy, or those with limited access might have been unwittingly left out. The fair representation of people with different educational levels and backgrounds in the research may assume that they all share similar emotional states, satisfaction with life, and concerns about death which is not the case in reality. Thus, the picture created could have been somewhat skewed towards the more educated, urban population and cannot be extrapolated entirely to the larger midlife population of Pakistan, especially the ones living in rural areas, of lower socioeconomic status, or with limited digital access. The cross-sectional design, finally, does not allow for causal inferences to be made. A longitudinal perspective is required to determine whether life satisfaction of a higher degree is the cause of death anxiety or if the evaluations are simply a result of increased mortality concerns.

Practical Implications

1. The current research indicates several applied implications for mental health professionals, policy makers, and community organizations involved in the health care delivery to older adults in Pakistan.
2. Psychological Interventions: The positive correlation between death anxiety and life satisfaction implies that the psychological interventions should not only increase the

patients' well-being but also confront their existential issues. Cognitive-existential therapy, meaning-centred therapy, and culturally adapted psychoeducation are the approaches that help people to realize the attachment to life and the inevitability of death.

3. Religious and Cultural Resources: Religious coping, spiritual guidance, and family support may function as very strong protective factors in religious and collectivist cultures. The interventions involving Islamic (death, accept and afterlife) literature partly are able to reduce existential anxiety and meaning in life.
4. Gender Interventions: The higher LLSS among men than women necessitate the development of gender-based interventions. For women, interventions could include empowerment, stress-coping resources and social support that endorses caregiving roles and limited community access.
5. Workplace and Community Initiatives: The middle-aged persons are undergoing a period of life where they experience both paid work and caregiving. Mental health: Resilience-building programs in organizations and community-based classes on proper stress-relieving techniques and balancing roles could be a big help in mental health area.
6. Policy-Level Strategies: The integration of mental-health care for older adults with regular healthcare services would ensure wider access to mental-health care in the public-health sector. Moreover, culturally validated screening tools for PWB and death anxiety would be developed early to promote diagnosis and treatment.

In short, the results highlight the necessity of a mental health care that takes into consideration the culture of Pakistani adults within the age bracket of 45-60 years. Community based programs in places where people feel comfortable and trust can allow them to talk about midlife stress, fear of death, and other existential issues. There are different psychological treatments that could be used such as meaning-centred therapy, combination of cognitive-behavioral methods with Islamic teachings, and the formation of midlife support groups. Moreover, conducting culturally tailored well-being workshops on resilience, spiritual coping, and family-based support may give the adults going through this transitional life stage practical tools for coping. It is believed that such interventions would be more culturally acceptable, accessible and in line with the values of Pakistani society.

Conclusion

The study demonstrates that in Pakistani older adults (45-60 years), life satisfaction is a source of psychological well-being and also a cause of death anxiety, which is the aspect of life that may be both positive and binding. On the other hand, no such connection was found between death anxiety and psychological well-being suggesting that existential issues in this culture affect less the individuals than the religion and community standing as the models of well-being which are quite different from the Western perspective. Gender differences were such that men enjoyed greater life satisfaction while women's and men's overall well-being and death anxiety remained the same due to family and religious coping dependence. Thus, the necessity of culture-sensitive interventions aimed at improving well-being and decreasing the fear of death especially those that employ meaning-centred or spiritual-based approaches has been emphasized. Future survey-type longitudinal studies should identify cultural moderators, involve advanced measurements, and explicate the interconnection among well-being, life satisfaction versus existential fears.

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