Mental Health and Lifestyle Journal

Year 2026
Volume 4
Issue 3

Prioritizing Modifiable Lifestyle Factors in the Prevention of Psychological Distress

Fatemeh. Kahaki[1*]

1 Department of Psychology, Payame Noor University, Tehran, Iran
*Correspondence: kahaki@pnu.ac.ir

Article type:
Original Research

Article history:
Received 13 August 2025
Revised 25 November 2025
Accepted 02 December 2025
Initial Publication 29 November 2025
Final Publication 01 July 2026

ABSTRACT

The objective of this study was to identify and prioritize modifiable lifestyle factors that play a preventive role in psychological distress among adults. This study employed a sequential mixed-methods design consisting of qualitative exploration followed by quantitative ranking. In the qualitative phase, an extensive literature review was conducted until theoretical saturation was achieved, and thematic analysis was performed using NVivo 14 to generate core lifestyle domains related to the prevention of psychological distress. In the quantitative phase, a structured questionnaire derived from the thematic framework was administered to 200 adult participants residing in Tehran through convenience sampling. Respondents rated the importance of each lifestyle domain using a 5-point priority scale. Statistical analyses were performed in SPSS-26 to calculate descriptive statistics and establish the relative ranking of lifestyle components. Quantitative results demonstrated a clear hierarchy of perceived importance among lifestyle domains. Physical health behaviors received the highest mean priority score (M = 4.7), followed by emotional regulation and stress management (M = 4.6) and social connectedness (M = 4.4). Work–life balance (M = 4.3) and cognitive and personal development (M = 4.2) ranked in the midrange. Digital lifestyle management (M = 4.1) and environmental or lifestyle structure (M = 4.0) were rated as lower but still important domains. All lifestyle factors received high mean scores, indicating strong overall recognition of lifestyle's role in preventing psychological distress. The findings indicate that adults perceive multiple modifiable lifestyle domains as important for preventing psychological distress, with physical, emotional, and social components identified as the highest priority targets. These results highlight the need for multidimensional and evidence-based lifestyle interventions that align with public perceptions and emphasize holistic mental health promotion.

Keywords: Psychological distress; Lifestyle factors; Mental health prevention; Modifiable behaviors; Stress management; Mixed-methods study; Tehran adults

How to cite this article:
Kahaki, F. (2026). Prioritizing Modifiable Lifestyle Factors in the Prevention of Psychological Distress. *Mental Health and Lifestyle Journal, 4*(2), 1-14. https://doi.org/10.61838/mhlj.153

Introduction

Psychological distress has emerged as one of the most critical public health concerns of the 21st century, affecting people across cultures, socioeconomic backgrounds, and age groups. Mounting evidence indicates that lifestyle patterns—particularly those that are modifiable—play a decisive role in shaping mental health outcomes, either promoting resilience or increasing vulnerability to distress. The concept of lifestyle as a

determinant of psychological well-being is well established, with numerous studies demonstrating that daily behaviors, routines, and health-related choices create long-term trajectories for emotional functioning, cognitive health, and stress regulation. The interplay between lifestyle and psychological distress has thus become a major focus of interdisciplinary research, especially as contemporary societies face heightened stressors related to digitalization, chronic health conditions, and changing social structures (1). Given the rising prevalence of distress across populations, lifestyle-based frameworks offer accessible, preventive, and cost-effective avenues for mental health promotion.

Lifestyle patterns influence psychological outcomes through biological, cognitive, emotional, and social pathways. Research on chronic health conditions, such as multiple sclerosis, underscores the strong associations between modifiable lifestyle behaviors—including diet, physical activity, sleep, and stress management—and psychological outcomes like depression, anxiety, pain experience, and mental health-related quality of life (2). Similar findings appear in cognitive aging research, where factors such as physical activity, intellectual engagement, social participation, and cardiovascular health significantly shape cognitive reserve and functioning in later life (3). These converging lines of evidence indicate that lifestyle is a multidimensional construct that directly influences both psychological well-being and long-term resilience to mental disorders.

Recent work has expanded this field by examining psychological distress in relation to modern stressors, including digital device overuse, social constraints, and pandemic-related disruptions. For example, studies during the COVID-19 pandemic showed dramatic associations between lifestyle instability, emotional exhaustion, and distress among both general populations and clinical samples (4, 5). Researchers have emphasized that emotional regulation, social connection, and health-oriented routines buffer individuals against such stressors, helping mitigate symptoms of anxiety, depression, and fatigue. These findings reinforce the view that lifestyle is not only preventive but also adaptive, adjusting to environmental demands and supporting psychological coping capacities.

The growing emphasis on digital lifestyle factors reflects modern shifts in daily living. Excessive smartphone use, fear of disconnection, and nomophobia have been shown to disrupt sleep patterns, social interaction, and emotional regulation, elevating distress among adolescents and young adults (6). Parallel research identifies problematic internet use and digital overconsumption as risk factors for depression and anxiety among university students, particularly when combined with low levels of physical activity or maladaptive stress-coping behaviors (7). These studies reflect a broader trend: the digital landscape increasingly shapes lifestyle quality, making digital behavior management a crucial modifiable factor.

Healthy lifestyle components—such as physical activity, nutrition, sleep, and stress management—serve not only physical health but also psychological well-being. Extensive literature highlights how health-promoting lifestyle patterns protect against stress and depression and contribute to greater life satisfaction and emotional stability (8). This protective role is further demonstrated in older adults, where healthy lifestyle behaviors are associated with reduced psychological distress, enhanced autonomy, and improved quality of life (9). Similarly, in Chinese older adults, resilience was found to mediate the relationship between healthy lifestyle and depressive symptoms, illustrating how lifestyle behaviors activate internal psychological strengths (10). The strong link between depression and unhealthy lifestyles across diverse cultures reinforces the universality of lifestyle's impact on mental well-being.

The association between lifestyle and psychological distress is particularly relevant in contexts of chronic disease and long-term health risk. For example, during the COVID-19 pandemic, individuals with chronic conditions reported heightened anxiety and psychological burden, yet those who maintained healthy routines demonstrated greater emotional stability (11). Likewise, UK healthcare professionals who adopted improved lifestyle practices during the pandemic exhibited reduced depression, anxiety, and distress over time, demonstrating lifestyle's powerful role even under extreme environmental pressures (12). Such findings confirm the potential of lifestyle interventions to act as a buffer against psychological vulnerability, especially in unstable or high-demand contexts.

Cultural and demographic factors also shape lifestyle patterns and their psychological effects. In Iranian populations, research shows strong relationships between health-promoting lifestyle, psychological well-being, and distress management. For instance, health-oriented lifestyle and emotional adjustments have been found to predict functional disability among individuals with chronic pain, mediated through psychological constructs such as experiential avoidance (13). Among young people, cyberspace overuse has been linked to increased coronary anxiety and lower health-promoting behaviors, indicating that lifestyle disruption affects both mental and physical health (14). Studies also show that self-compassion-based therapy can enhance health-oriented lifestyle patterns and mindfulness in students experiencing psychological distress (15). Each of these findings further illustrates that lifestyle modification serves diverse psychological and physiological functions across age groups and clinical presentations.

Lifestyle also impacts psychological distress through personality and emotional mechanisms. For example, personality traits and lifestyle patterns together were shown to predict anxiety and depression during the pandemic among Iranian adults (16). Similar studies demonstrate that health-promoting lifestyle behaviors mediate associations between socially related anxieties—such as body image concerns—and mental health outcomes (17). These findings indicate that lifestyle is not only a behavioral construct but also a psychosocial mediator that connects emotional vulnerabilities with psychological outcomes.

Other scholars have emphasized that lifestyle modification training can reduce psychological symptoms in diverse groups, including chronic disease patients, university students, and clinical populations (18-20). For instance, lifestyle education has been shown to improve psychological hardiness, reduce distress, and promote healthier routines in students and patients dealing with chronic illness (21). These studies demonstrate that lifestyle interventions are practical, teachable, and effective in both preventive and therapeutic contexts.

Evidence also suggests that lifestyle influences cognitive and emotional functioning across the lifespan. Stressful life events, for example, have been associated with greater cognitive impairment in individuals with diabetes, but lifestyle modification may serve as a protective buffer (22). In meta-analytic evidence, combined healthy lifestyle patterns—including nutrition, exercise, and sleep quality—are associated with lower depressive symptoms across various populations (23). The fundamental importance of lifestyle is also visible in geriatric mental health research. In elderly Japanese adults, past lifestyle patterns demonstrated long-term associations with depressive symptoms, suggesting that early lifestyle interventions may provide enduring psychological benefits (24).

At the community level, health-promoting lifestyle interventions have proven effective in reducing psychological distress and improving well-being among adults in diverse settings. Community-based

programs targeting physical activity, social engagement, and emotional coping were shown to positively influence mental health among Iranian and international populations (25, 26). Lifestyle modification has also been linked to reductions in anxiety and depression among non-medical students during the COVID-19 pandemic, showing the preventive value of health-promoting routines under crisis conditions (27). Additional research demonstrates that emotional constructs such as happiness and optimism predict healthier lifestyle trajectories, further supporting lifestyle's reciprocal relationship with mental health (1).

Although there is now substantial evidence linking lifestyle factors to psychological distress, the relative importance of specific modifiable lifestyle components remains insufficiently understood. Prior research has examined lifestyle elements individually—such as physical activity, sleep, diet, digital behavior, and emotional regulation—but few studies have systematically categorized and prioritized these factors within an integrated framework. Moreover, lifestyle patterns differ across cultural and demographic contexts, and little is known about which lifestyle behaviors individuals perceive as most influential in preventing psychological distress. Understanding these priorities is essential for designing targeted interventions, public health initiatives, and culturally sensitive programs that align with the needs and perceptions of specific populations.

Given these gaps, the present study integrates qualitative and quantitative methodologies to identify and prioritize modifiable lifestyle factors related to psychological distress among adults.

The aim of this study is to identify and prioritize modifiable lifestyle factors that play a preventive role in psychological distress among adults.

Methods and Materials

Study Design and Participants

This study was conducted using a two-phase sequential mixed-methods design. The first phase employed a qualitative approach to identify modifiable lifestyle factors relevant to the prevention of psychological distress. This exploratory phase relied exclusively on an extensive literature review, which continued until theoretical saturation was achieved. In the second phase, a quantitative ranking study was implemented to prioritize the identified factors among a broader population.

The quantitative phase involved 200 participants residing in Tehran. Eligible participants were adults aged 18 years and older, able to read and write in Persian, and willing to provide informed consent. A convenience sampling technique was used due to the geographical diversity of Tehran and the exploratory nature of the ranking procedure.

Data Collection

Data collection occurred in two stages. In the qualitative phase, published literature, scientific articles, and conceptual reports related to lifestyle, mental health, and psychological distress were systematically reviewed. The selection of sources was iterative, and the process continued until no new conceptual themes emerged, indicating theoretical saturation.

In the quantitative phase, a structured questionnaire was developed based on the themes extracted from the qualitative analysis. Participants were asked to rate or rank the modifiable lifestyle factors in terms of

their perceived effectiveness in preventing psychological distress. Questionnaires were administered either in person or online to facilitate accessibility for participants across Tehran.

Data analysis

Qualitative data from the literature review were analyzed using thematic content analysis. NVivo 14 software was used to code, classify, and synthesize the emerging themes. The coding process followed an inductive strategy, involving initial open coding, categorization of codes into subthemes, and eventual integration into overarching lifestyle domains.

Quantitative data collected from the ranking questionnaires were analyzed using SPSS version 26. Descriptive statistics (means, standard deviations, and ranking frequencies) were used to determine priority levels across factors. Inferential statistics were applied where appropriate to evaluate differences in ranking patterns among demographic groups. Finally, the combined qualitative–quantitative approach enabled a structured prioritization of modifiable lifestyle factors most influential in preventing psychological distress.

Findings and Results

The qualitative phase of this study aimed to identify and conceptualize modifiable lifestyle factors associated with the prevention of psychological distress. To achieve this, an extensive literature review was conducted across interdisciplinary sources including psychology, psychiatry, public health, behavioral sciences, and lifestyle medicine. The review process was iterative and interpretive, focusing on extracting conceptual patterns related to behavioral, environmental, cognitive, and social determinants of mental well-being. Using NVivo 14, the extracted data were coded inductively until theoretical saturation was achieved, allowing for the development of a structured thematic framework that informed the subsequent quantitative prioritization phase.

Table 1. Categories, Subcategories, and Concepts (Open Codes)

Main Themes (Categories)	Subcategories	Concepts (Open Codes)
Physical Health Behaviors	Physical Activity Patterns	Regular aerobic exercise; walking routines; home-based workouts; sedentary reduction; stretching habits
	Sleep Hygiene	Fixed sleep schedule; screen-free bedtime; adequate sleep duration; sleep environment optimization
	Nutritional Balance	Whole foods consumption; reduced sugar intake; meal regularity; hydration habits; portion control; mindful eating
Emotional Regulation & Stress Management	Mindfulness Practices	Breathing exercises; body scanning; mindful awareness; grounding techniques
	Cognitive Coping Skills	Positive reframing; self-talk monitoring; thought challenging; acceptance strategies
	Relaxation Techniques	Progressive muscle relaxation; guided imagery; calming music routines
Social Connectedness	Family Support	Shared activities; emotional openness; conflict management; routine communication
	Peer and Community Engagement	Group involvement; volunteering; social gatherings; online support communities
	Relationship Quality	Trust building; empathy behaviors; boundary setting
Digital Lifestyle Management	Screen Time Regulation	Daily usage limits; avoiding doom-scrolling; tech-free hours
	Healthy Digital Content Consumption	Educational content; motivational media; mental health resources
	Online Behavior Hygiene	Cyberbullying avoidance; privacy management; safe communication
Work–Life Balance	Time Management	Task prioritization; daily planning; deadline scheduling; workload distribution

	Boundary Setting	Saying no; managing expectations; limiting after-hours communication
	Rest and Recreation	Short breaks during work; leisure activities; nature exposure; vacation planning
Cognitive & Personal Development	Learning and Skill Growth	Continuous learning habits; reading routines; new skill acquisition
	Self-Reflection Practices	Journaling; self-assessment; values clarification; emotional insight
	Goal Setting	Short-term goals; long-term objectives; realistic planning; motivation tracking; progress monitoring
Environmental & Lifestyle Structure	Home Environment Optimization	Decluttering; natural lighting; organized spaces; quiet zones
	Access to Green and Public Spaces	Park visits; nature walks; outdoor sitting; recreational areas
	Daily Routine Stability	Consistent scheduling; morning routines; meal timing; structured activities
	Financial Lifestyle Management	Budgeting habits; spending awareness; saving strategies

Theme 1: Physical Health Behaviors

The first theme highlights the central role of physical health behaviors in preventing psychological distress. Evidence from the literature consistently shows that regular physical activity patterns—such as aerobic exercise, walking, and reducing sedentary habits—serve as protective factors by enhancing neurobiological resilience and improving emotional balance. Sleep hygiene emerged as another essential subdimension, emphasizing the importance of fixed sleep schedules, adequate sleep duration, and reducing nighttime screen exposure as determinants of mental regulation. Nutritional balance was also identified as a modifiable lifestyle factor, with whole-food consumption, reduced sugar intake, hydration, and mindful eating contributing to stabilized mood and cognitive functioning. Collectively, these subthemes underline that physical well-being acts as a foundational pillar that directly and indirectly mitigates psychological distress.

Theme 2: Emotional Regulation and Stress Management

Emotional regulation and stress management constitute a second major theme, emphasizing the internal psychological processes that individuals can modify to reduce vulnerability to distress. Mindfulness practices—including breathing exercises, grounding, and body scanning—were frequently referenced as effective mechanisms for enhancing emotional awareness and reducing reactivity. Cognitive coping skills such as positive reframing, self-talk monitoring, and acceptance strategies further support adaptive emotional processing by interrupting maladaptive thought patterns. Relaxation techniques, including muscle relaxation and guided imagery, provide additional pathways for physiological calming and stress reduction. Together, these subthemes reveal that psychological distress can be prevented by cultivating internal skills that promote emotion regulation, cognitive flexibility, and stress resilience.

Theme 3: Social Connectedness

The third theme emphasizes the protective value of social connectedness, illustrating that interpersonal relationships and community engagement significantly influence mental well-being. Family support, through emotional openness, shared activities, and effective communication, serves as a primary buffer against distress. Beyond the family, peer and community engagement—such as volunteering, social gatherings, and participation in group activities—enhances social capital and reduces feelings of isolation. Relationship quality, characterized by trust, empathy, and healthy boundaries, further contributes to

psychological safety and emotional stability. This theme underscores that strong social networks function as a critical component of mental health promotion across the lifespan.

Theme 4: Digital Lifestyle Management

Digital lifestyle management emerged as a contemporary and highly relevant theme in the literature, reflecting the increasing role of digital behavior in influencing mental health outcomes. Screen time regulation—such as limiting daily use, avoiding excessive scrolling, and designating tech-free periods—was identified as necessary for preventing cognitive overload and emotional exhaustion. Healthy digital content consumption, including educational or motivational media, can enrich knowledge and promote adaptive behaviors, whereas harmful content may escalate distress. Online behavior hygiene, such as maintaining privacy and avoiding cyberbullying dynamics, also plays a substantial role in shaping mental well-being. Overall, this theme highlights that digital habits form a significant part of modern lifestyle and must be consciously managed to prevent psychological distress.

Theme 5: Work–Life Balance

The fifth theme centers on the importance of work–life balance as a modifiable determinant of psychological well-being. Time management strategies—including task prioritization, daily planning, and workload distribution—contribute to greater perceived control and reduced stress. Boundary setting, such as limiting after-hours communication and learning to say no, protects individuals from chronic overload and burnout. Rest and recreation, including leisure activities, exposure to nature, and planned vacations, provide essential recovery experiences that counteract work-related pressure. The literature consistently supports the notion that balanced occupational and personal roles contribute meaningfully to the prevention of psychological distress.

Theme 6: Cognitive and Personal Development

The sixth theme relates to cognitive and personal development, reflecting the role of continuous learning and self-reflection in mental resilience. Subthemes include learning and skill growth, which encompass reading, skill acquisition, and lifelong education as sources of cognitive stimulation and self-efficacy. Self-reflection practices, such as journaling and emotional insight, enable individuals to interpret experiences constructively and align behavior with personal values. Goal-setting emerged as another important subtheme, with realistic planning, tracking progress, and setting meaningful objectives contributing to motivation, purpose, and psychological stability. These components together highlight that personal development strengthens psychological resources that help prevent distress.

Theme 7: Environmental and Lifestyle Structure

The final theme emphasizes how external environments and daily structures shape mental health. Home environment optimization—including decluttering, organizing spaces, and improving natural lighting—has been linked to increased calmness and reduced cognitive strain. Access to green and public spaces, such as parks and nature paths, enhances relaxation and supports mental restoration. Daily routine stability, including consistent schedules and structured activities, contributes to predictability and emotional regulation. Additionally, financial lifestyle management, through budgeting and mindful spending, reduces stress associated with economic uncertainty. This theme demonstrates that well-structured living environments and daily routines serve as important, modifiable external factors in preventing psychological distress.

Following the qualitative identification of modifiable lifestyle factors, the second phase of the study aimed to determine the relative priority of these factors in preventing psychological distress. A structured questionnaire was developed from the themes and subthemes generated in the qualitative phase. The questionnaire was administered to 200 adult participants in Tehran, selected through convenience sampling. Participants rated the importance of each lifestyle theme on a 5-point priority scale. Data were analyzed using SPSS version 26, where descriptive statistics were used to calculate mean priority scores for each theme, enabling the ranking of lifestyle factors according to their perceived impact on psychological distress.

Table 2. Ranking of Modifiable Lifestyle Factors

Theme	Mean Priority Score	Rank
Physical Health Behaviors	4.7	1
Emotional Regulation & Stress Management	4.6	2
Social Connectedness	4.4	3
Work–Life Balance	4.3	4
Cognitive & Personal Development	4.2	5
Digital Lifestyle Management	4.1	6
Environmental & Lifestyle Structure	4.0	7

The ranking results indicate a clear hierarchy in how participants perceive the importance of modifiable lifestyle factors in preventing psychological distress. Physical Health Behaviors received the highest priority score (M = 4.7), reflecting the strong emphasis participants place on exercise, sleep hygiene, and nutrition as essential preventive measures. Emotional Regulation and Stress Management followed closely (M = 4.6), suggesting that psychological coping skills are nearly as influential as physical behaviors. Social Connectedness ranked third (M = 4.4), emphasizing the role of interpersonal relationships and community engagement. Work–Life Balance (M = 4.3) and Cognitive and Personal Development (M = 4.2) ranked in the middle range, indicating moderate but significant importance. More contemporary behavioral domains, such as Digital Lifestyle Management (M = 4.1), were rated slightly lower, possibly reflecting varied levels of digital awareness among participants. Finally, Environmental and Lifestyle Structure (M = 4.0) ranked seventh but still maintained a relatively high score, consistent with the multifactorial nature of psychological distress prevention. Overall, results show that all categories were perceived as important, with some exhibiting stronger preventive value than others.

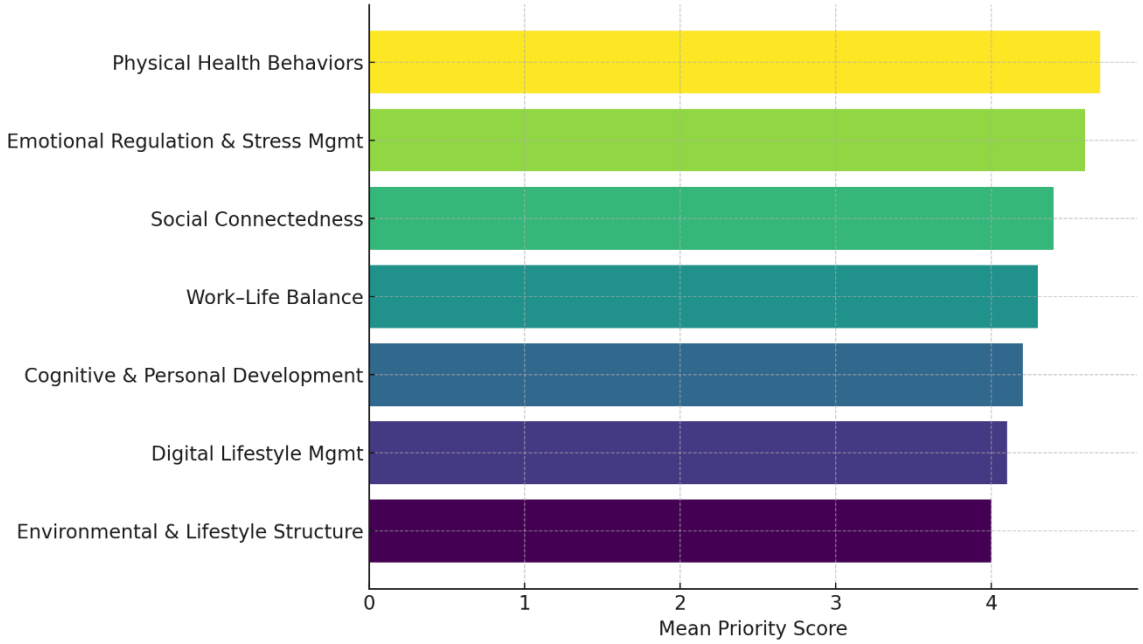

Figure 1. Ranking of Modifiable Lifestyle Factors in Preventing Psychological Distress

Discussion and Conclusion

The purpose of this study was to identify and prioritize modifiable lifestyle factors that contribute to the prevention of psychological distress among adults. Through a sequential mixed-methods design, the qualitative phase generated seven core lifestyle domains—physical health behaviors, emotional regulation and stress management, social connectedness, digital lifestyle patterns, work–life balance, cognitive and personal development, and environmental or structural lifestyle factors. The quantitative ranking demonstrated that participants perceived physical health behaviors, emotional regulation, and social connectedness as the highest-priority determinants of psychological distress prevention, followed by work–life balance, cognitive growth, digital lifestyle, and environmental structure. These findings indicate that individuals recognize lifestyle as a multidimensional construct in which biological, psychological, social, and environmental components interact to influence mental health outcomes.

A major outcome of this study is the centrality of physical health behaviors, which ranked first in perceived importance. This aligns with extensive literature demonstrating that physical activity, sleep hygiene, and balanced nutrition provide foundational protective effects against depression, anxiety, and psychological distress. Research on chronic health conditions highlights that modifiable lifestyle factors—including exercise frequency, dietary quality, and sleep regularity—significantly reduce psychological distress, fatigue, and pain among individuals with chronic conditions such as multiple sclerosis (2). These relationships are reflected in cognitive aging studies as well, where physical activity and biological health factors strongly contribute to cognitive reserve and psychological resilience in older adults (3). The strong prioritization of physical lifestyle behaviors by participants supports the idea that biological health behaviors form a core protective mechanism across populations.

The study also found that emotional regulation and stress management emerged as the second most influential lifestyle factor. This is consistent with findings from community-based and clinical research

showing that emotional coping skills—such as mindfulness, adaptive cognitive coping, and stress-management routines—play a substantial role in mitigating depression and anxiety. During the COVID-19 pandemic, emotional regulation difficulties were shown to exacerbate distress, while individuals with stronger coping mechanisms maintained better psychological adjustment (4). Similarly, among independent samples in two countries, psychological distress was found to mediate the relationship between lifestyle patterns and compulsivity, emphasizing the bidirectional influence between emotional skills and lifestyle quality (5). The present study extends this evidence by showing that participants themselves recognize skill-based components of lifestyle—not just behavioral routines—as central to preventing distress.

Social connectedness, the third-ranked domain, reflects the protective impact of interpersonal relationships on resilience and emotional well-being. Numerous studies affirm that social lifestyle patterns—including peer support, family functioning, and community involvement—significantly influence the severity of depression, anxiety, and general psychological distress. In population-based studies, health-promoting lifestyle behaviors significantly predicted well-being through social participation and relational engagement (8). Among older adults, social participation was shown to buffer depressive symptoms, mediated by psychological resilience (10). Moreover, findings on body esteem and health-oriented lifestyle show that social anxieties are moderated through supportive relationships, revealing additional psychosocial pathways connecting lifestyle and distress (17). The prioritization of social connection in the present study therefore reflects well-established research supporting the protective role of social networks.

Interestingly, work–life balance emerged as a mid-level priority, ranking fourth. Despite being less emphasized than biological and emotional domains, work–life balance has been increasingly recognized as a determinant of psychological distress in modern societies. During the pandemic, individuals with disrupted work–life boundaries experienced elevated stress, sleep problems, and cognitive fatigue (11). Healthcare professionals who adopted balanced routines showed stronger improvement in depression and anxiety over time (12). In Iranian populations, lifestyle-based interventions—particularly those involving daily structure, work–life adjustments, or value-aligned routines—were found to enhance psychological well-being (13). The ranking results from this study indicate that while participants do value work–life balance, they may view it as less controllable or less foundational compared to biological and emotional lifestyle factors.

The fifth-ranked domain, cognitive and personal development, encompasses self-reflection, continuous learning, and goal-setting behaviors. The significance of these factors is echoed in research showing that cognitive engagement contributes to long-term protection against distress, supports a higher sense of purpose, and promotes psychological resilience in both clinical and non-clinical populations. For example, stressful life events were associated with cognitive impairment among individuals with Type 2 diabetes, suggesting that cognitively stimulating lifestyles may buffer against stress-related cognitive decline (22). Similarly, research on optimism and emotional well-being suggests that individuals with positive cognitive orientations adopt healthier lifestyles over time (1). The moderate ranking in this study reflects that participants view growth-oriented cognitive behaviors as important but perhaps less immediately influential than biological and emotional regulation factors.

Digital lifestyle management ranked sixth, reflecting participants' awareness of the increasing impact of technology on mental health. Prior research highlights that smartphone addiction, nomophobia, and digital overuse predict psychological distress among adolescents and young adults (6). Among university students,

unhealthy internet use was linked to depression and reduced healthy lifestyle behaviors (7). Studies of cyberspace use among Iranian youth also found that excessive online engagement increased anxiety and reduced adherence to health-promoting routines (14). Although digital lifestyle was not ranked among the top three domains in this study, its emerging role reflects a growing recognition of technology's psychological impact, particularly among younger individuals and high-use populations.

Finally, environmental and lifestyle structure ranked seventh, though with a still-high mean score. Environmental stability—including financial habits, home organization, and access to green spaces—has been associated with reduced stress and better mental health across multiple populations. Community-based lifestyle interventions among adults and the elderly demonstrate that structural aspects of lifestyle—such as daily routines, living environment quality, and economic stability—significantly influence psychological distress (19, 25). Moreover, research in chronic illness populations shows that health-oriented lifestyle modifications improve psychological states through improved structure and predictability in living environments (18). The lower ranking in this study may reflect participants' perception that environmental factors, while important, are less immediately modifiable compared to personal behaviors.

Together, the findings of the present study align with the broader international literature emphasizing lifestyle as an integrated system involving physical, emotional, social, cognitive, digital, and environmental components. The results demonstrate that individuals prioritize lifestyle domains differently, with physical health, emotional regulation, and social connectedness perceived as most essential in preventing psychological distress. These priorities underscore the need for lifestyle-oriented interventions that target multiple domains simultaneously. They also suggest that prevention and mental health promotion programs should reflect participant-identified priorities, ensuring alignment between public perceptions and scientific evidence.

This study has several limitations. The use of convenience sampling in Tehran restricts the representativeness of the sample, potentially limiting generalizability to other regions, cultures, or socioeconomic groups. The ranking questionnaire relied on self-reported perceptions, which may have been influenced by social desirability bias, individual awareness levels, or recent personal experiences. The qualitative phase, although methodologically systematic, was based on literature saturation rather than interviews or direct participant narratives, which may have constrained the identification of some culturally specific lifestyle components. Additionally, the cross-sectional nature of the quantitative phase limits causal inference; the study identifies perceived importance but cannot determine the actual effectiveness of these lifestyle factors in preventing psychological distress.

Future research should incorporate more diverse demographic samples across geographic regions and cultural contexts to enhance generalizability. Qualitative interviews or focus groups could be integrated into the exploratory phase to capture firsthand experiences and enrich the thematic framework. Longitudinal designs would allow researchers to assess how lifestyle changes influence psychological distress over time and examine causal pathways. Additionally, future studies could compare different age groups or clinical populations to identify subgroup-specific lifestyle priorities. Developing validated lifestyle-distress assessment instruments and incorporating behavioral tracking or digital health analytics would strengthen the precision and ecological validity of future research.

Mental health practitioners should design interventions that focus primarily on physical health behaviors, emotional regulation skills, and strengthening social connectedness, as these were identified as the most impactful domains. Public health programs should promote balanced routines, sleep hygiene, physical activity, and nutritional awareness. Integrating stress-management training and mindfulness into community and workplace settings may further enhance preventive efforts. Educational institutions and workplaces should facilitate opportunities for skill development, healthy digital habits, and supportive social environments. Policymakers should consider environmental and structural supports—including urban green spaces, accessible health resources, and community centers—to reinforce healthier lifestyles at a societal level.

Acknowledgments

The authors express their deep gratitude to all participants who contributed to this study.

Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

References

1. Trudel-Fitzgerald C, James P, Kim ES, Zevon ES, Grodstein F, Kubzansky LD. Prospective associations of happiness and optimism with lifestyle over up to two decades. Preventive Medicine. 2019;126:105754.
2. Marck C, De Livera AM, Weiland TJ, Jelinek P, Neate SL, Brown CR, et al. Pain in people with multiple sclerosis: Associations with modifiable lifestyle factors, fatigue, depression, anxiety, and mental health quality of life. Front Neurol. 2017;8:461. doi: 10.3389/fneur.2017.00461.
3. Clare L, Wu YT, Teale JC, Macleod C, Matthews FE, Brayne C, et al. Potentially Modifiable Lifestyle Factors, Cognitive Reserve, and Cognitive Function in Later Life: A Cross-Sectional Study. Plos Medicine. 2017;14(3):e1002259. doi: 10.1371/journal.pmed.1002259.

4. Chapman J, Malacova E, Patterson S, Reavley N, Wyder M, Brown WJ, et al. Psychosocial and Lifestyle Predictors of Distress and Well-Being in People With Mental Illness During the COVID-19 Pandemic. Australasian Psychiatry. 2021;29(6):617-24. doi: 10.1177/10398562211025040.
5. Brierley ME, Albertella L, Rotaru K, Destrée L, Thompson EM, Liu C, et al. The Role of Psychological Distress in the Relationship Between Lifestyle and Compulsivity: An Analysis of Independent, Bi-National Samples. CNS Spectrums. 2021;28(2):164-73. doi: 10.1017/s1092852921001048.
6. Buctot DB, Kim N, Kim SH. The role of nomophobia and smartphone addiction in the lifestyle profiles of junior and senior high school students in the Philippines. Social Sciences & Humanities Open. 2020;2(1):100035.
7. Çelik D, Haney MÖ. The Relationship Between Depression, Healthy Lifestyle Behaviors and Internet Addiction: A Cross-Sectional Study of the Athlete University Students in Turkey. Frontiers in Psychiatry. 2023;14. doi: 10.3389/fpsyt.2023.1222931.
8. Chuang SP, Wu JYW, Wang CS, Pan LH. Health-promoting lifestyles and psychological distress associated with well-being in community adults. American Journal of Health Behavior. 2017;41(4):446-53.
9. Jiao H, Ge-Zhang S, Yang J. Healthy Lifestyle Behaviors and Depressive Symptoms: A National Cross-Sectional Study of the Older Adults in China. Frontiers in Medicine. 2025;12. doi: 10.3389/fmed.2025.1548034.
10. Duan A. The Effects of a Healthy Lifestyle on Depressive Symptoms in Older Chinese Adults: The Mediating Role of Psychological Resilience. Cureus. 2024. doi: 10.7759/cureus.57258.
11. Fahim AU, Liza SJ, Lina SJ, Salim MAA. Study of Mental Stress Related with Lifestyle During COVID-19: A Case Study of Bangladesh. International Journal of Education and Cognitive Sciences. 2022;3(2):30-41. doi: 10.22034/injoeas.2022.160611.
12. Khanji MY, Collett G, Godec T, Maniero C, Ng SM, Siddiqui I, et al. Improved Lifestyle Is Associated With Improved Depression, Anxiety and Well-Being Over Time in UK Healthcare Professionals During the COVID-19 Pandemic: Insights From the CoPE-HCP Cohort Study. General Psychiatry. 2023;36(1):e100908. doi: 10.1136/gpsych-2022-100908.
13. Hashemi S, Gholizadeh R. Prediction of Functional Disability Based on Health-Promoting Lifestyle, Psychological Distress, Emotional Adjustment with Mediating Role of Experiential Avoidance in Patients with Chronic Pain. Journal of Modern Psychological Researches. 2024;19(74):78-86. doi: 10.22034/jmpr.2023.57111.5656.
14. Fathi A, Sadeghi S, Maleki Rad AA, Rostami H, Abdolmohammadi K. Effect of Health-promoting Lifestyle and Psychological Well-being on Anxiety Induced by Coronavirus Disease 2019 in Non-medical Students. Journal of Arak University of Medical Sciences. 2020;23(5):698-709. doi: 10.32598/jams.23.Cov.1889.2.
15. Khavari M. The Effectiveness of Self-Compassion-Based Therapy on Health-Oriented Lifestyle and Mindfulness in Students With Psychological Distress. Jarac. 2023;5(5):37-44. doi: 10.61838/kman.jarac.5.5.5.
16. Zad ZN, Bakhshayesh A, Abarghoui MS. The Role of Personality Traits and Lifestyle in Predicting Anxiety and Depression During the Covid-19 Pandemic: A Web-Based Cross-Sectional Study. Journal of Guilan University of Medical Sciences. 2022;31(2):84-101. doi: 10.32598/jgums.31.2.1883.1.
17. Hajiebrahim Araghi B, Rahmani MA, Rahimaghaee F. Examining the Mediating Role of Body Esteem in the Relationship Between Social Body Anxiety and Health-Oriented Lifestyle in Women with Obesity. Psychology of Woman Journal. 2024;5(3):97-105. doi: 10.61838/kman.pwj.5.3.12.
18. Alijani S, Akrami N, Faghih Imani E. The Effectiveness of Lifestyle Modification Training on Psychological Symptoms and Glycemic Control in Patients with Type II Diabetes. Journal of Research in Behavioural Sciences. 2015;13(4):562-71.
19. Atadokht A, Rahimi S, Valinejad S. The Role of Health Promoting Lifestyle and Religious Orientation in Predicting Quality of Life and Death Anxiety in Elders. Aging Psychology. 2018;4(2):143-54.
20. HosseiniTavan SH, Taher M, Nuhi SH, Rajab A. Comparison of the Effectiveness of Positive Psychology and Motivational Interviewing on Lifestyle and Psychological Capital in People with Type 2 Diabetes. Biannual Peer Review Journal of Clinical Psychology & Personality. 2023;21(1):155-70.
21. Bakhshi A, Normiq KN, Hossein Zahi H, Zare Tajabadi M. The Effectiveness of Spiritual therapy on psychological Hardiness and psychological Distress of Students. Islamic Lifestyle Centered on Health. 2023;7(2):359-66.
22. Wang L, Dong S, Zhao C, Gao Z, Jiang L, Zhang R, et al. Association of stressful life events with cognitive impairment in patients with type 2 diabetes mellitus. Journal of Diabetes Investigation. 2023;14(6):792-800.
23. Wang X, Arafa A, Liu K, Eshak ES, Hu Y, Dong JY. Combined healthy lifestyle and depressive symptoms: a meta-analysis of observational studies. Journal of affective disorders. 2021;289:144-50. doi: 10.1016/j.jad.2021.04.030.
24. Aihara Y, Minai J, Aoyama A, Shimanouchi S. Depressive symptoms and past lifestyle among Japanese elderly people. Community Mental Health Journal. 2011;47:186-93. doi: 10.1007/s10597-010-9317-1.

25. Chafjiri RT, Shirinkam F, Karimi H. Investigating the effect of education on health-promoting lifestyle am ong the elderly of Ramsar in 2017. Journal of family medicine and primary care. 2018;7(3):612-7. doi: 10.4103/jfmpc.jfmpc_306_17.
26. Mohammadi Z. The Impact of a Healthy Lifestyle on Reducing Anxiety and Depression. Tehran: Roshd Publications; 2022.
27. Fathi A, Sadeghi S, Maleki Rad AA, Sharifi Rahnmo S, Rostami H, Abdolmohammadi K. The Role of Cyberspace Use on Lifestyle Promoting Health and Coronary Anxiety in Young People. IJPCP. 2020;26(3):332-47.