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АКТУАЛЬНЫЕ ПРОБЛЕМЫ СОЦИАЛЬНО-ГУМАНИТАРНЫХ НАУК

ACTUAL PROBLEMS OF HUMANITIES AND SOCIAL SCIENCES

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ТОШКЕНТ-2023

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13.00.00- Психология фанлари

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THE CHARACTERISTICS OF MENTAL HEALTH IN ELDERLY PEOPLE

Abstract. The article is about an experimental psychological study of the mental health of 152 elderly people between the ages of 55 and 92 years. To achieve this goal, a special battery of techniques was selected. The results showed that 1) the mental health status of the elderly population may be considered normal; 2) Elderly people who receive a personal income from work, play sports, have hobbies and actively pursue activities suited to their age, and participate in the public life of the country are in good mental health; 3) The mental health status of elderly people who live in the suburbs or in nursing homes and who are employed in industries that require a high level of intelligence is worse than that of other elderly people. Elderly people living with their spouses have the best mental health status. 4) A negative attitude of elderly people toward disease and their environments can adversely affect their mental health, but a harmonious attitude does not significantly affect the mental state of elderly people.

Key words: mental health, elderly people, anxiety, well-being, mood

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ХАРАКТЕРИСТИКА ПСИХИЧЕСКОГО ЗДОРОВЬЯ ПОЖИЛЫХ ЛЮДЕЙ

Аннотация. Статья посвящена экспериментально-психологическому исследованию психического здоровья 152 пожилых людей в возрасте от 55 до 92 лет. Для достижения данной цели была подобрана специальная батарей методик. Результаты показали, что 1) состояние психического здоровья у пожилого населения нормальное; 2) пожилые люди имеющие личный доход от работы, занимающиеся спортом, имеющие хобби и активно участвующие в мероприятиях по старости и в общественной жизни страны имеют хорошее состояние психического здоровья; 3) состояние психического здоровья пожилых людей, которые живут в пригороде или в домах престарелых, и которые заняты в отраслях экономики, требующих высокого уровня интеллекта, хуже, чем у других пожилых людей. Пожилые люди, живущие со своими супругом, имеют наилучшее состояние психического здоровья. 4) негативное отношение

пожилых людей к болезням и окружающей среде может плохо отразиться на их психическом здоровье, а гармоничное отношение не может существенно отражаться в психическом состоянии пожилых людей.
Ключевые слова: Психическое здоровье, пожилой человек, тревожность, самочувствие, настроение

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Dotsent, tibbiyot fanlari nomzodi.

KEKSA INSONLAR RUHIY SALOMATLIGINING XUSUSIYATLARI

Annotatsiya. Maqola 55 yoshdan 92 yoshgacha bo'lgan 152 nafar keksa odamlarning ruhiy salomatligini eksperimental psixologik o'rganishga bag'ishlangan. Ushbu maqsadga erishish uchun maxsus texnika akkumulyatori tanlangan. Natijalar shuni ko'rsatdiki, 1) keksa aholining ruhiy salomatlik holati normaldir; 2) mehnatdan shaxsiy daromad oladigan, sport bilan shug‘ullanadigan, sevimli mashg‘ulotlari bilan shug‘ullanadigan, keksalik va mamlakat jamoat hayotida faol ishtirok etadigan, ruhiy salomatligi yaxshi holatda bo‘lgan keksalar; 3) shahar chekkasida yoki qariyalar uyida yashovchi va yuqori darajadagi aql-zakovatni talab qiladigan ishlab chiqarishlarda ishlaydigan keksa odamlarning ruhiy salomatligi boshqa keksa odamlarga qaraganda yomonroq. Turmush o'rtog'i bilan yashaydigan keksa odamlar eng yaxshi ruhiy salomatlik holatiga ega. 4) keksa odamlarning kasalliklarga va atrof-muhitga salbiy munosabati ularning ruhiy salomatligiga yomon ta'sir ko'rsatishi mumkin va uyg'un munosabat keksa odamlarning ruhiy holatiga sezilarli ta'sir ko'rsata olmaydi.
Kalit so'zlar: Ruhiy salomatlik, keksa odam, tashvish, farovonlik, kayfiyat

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The problems of mental health in old age are becoming increasingly relevant for society. Currently *mental health* is understood not only as the absence of any mental illness, but also as a person's ability to fully make use of their cognitive abilities, and to build successful relationships with others. The concept of mental health is particularly relevant in old age, when a person, realizing the inevitability of the decline of their physiological and mental functions, choose to embrace a behavioural strategy which can be characterized as a continuation of a full life or a rejection of it. Mentally healthy elderly people are those aged 55 and older who are optimistic about being faced with illnesses and related interpersonal relationships, have high self-esteem, can adapt to changes, and have normal peers. The level of their cognitive abilities and a healthy personality allows them to effectively exercise control over their emotions. The World Health Organization (WHO) defines health as a state of physical, psychological and social adaptation. The WHO also defines mental health as a state of well-being in which a person can realize his or her potential, cope with the ordinary stresses of life, work productively and fruitfully, and contribute to the community (10).

A person goes through physical and mental changes as he enters old age. Old age is the final stage in a person’s development, where this process occurs in a descending life curve (1).

A characteristic demographic sign witnessed in communities on planet Earth is aging of populations. By 2017 senior people aged 65 and older made up 6.02% of the total population, the population of China aged 65 and older accounted for 10.64% of the total population and in the United States this number was 15.41% (11).

Aging of the population has accelerated and changes in lifestyle have also occurred. In general, the mental health status of elderly people is currently facing three main challenges: declining physical function, psychological pressure caused by various diseases, declining family support, and lack of a complete social welfare system (12).

The following main psychological problems of elderly people stand out:

1. Decreased physiological abilities and general health due to age-related changes in the body.
2. Decrease in physical endurance.
3. Changes in social status (loss of business ties).
4. Narrowing of spheres of communication due to the loss of loved ones (spouse, relatives, friends).
5. Rethinking and changing the relationship with their own children living an independent life.
6. The need to find a new sphere of communication and ways of spending time.
7. The need to revise the material satisfaction of one's own capabilities due to the reduction of the family budget.

The quality of life in old age mostly depends on desire and ability to solve the above-mentioned psychological problems. And this in turn is determined by the life experience specifics and personal characteristics of the senior person (9). In his monograph on Mental Aging, N.F. Shakhmatov defines it as a case of natural aging, in which there is a decrease in mental strength, shrinking of mental life, and an economical use of available resources (5).

When describing mental aging, it is also necessary to consider some positive changes that are compensatory or a means of adapting to these new life circumstances. So, at the same time as there is a decline in levels of mental activity, qualitative changes that contribute to overcoming and balancing this decline, and to the achievement of a structural unity of the signs of decline and positive or compensatory ones are noted. This indicates the ability to adapt to new living conditions in old age. When studying the abilities of old people aged, 60 to 93, it was found that they use the structure of their experience, drawing elements from it to keep existing knowledge at the necessary level and to process it into new knowledge. Old people can greatly develop some of their abilities and even exhibit new ones.

The aging process is a genetically pre-programmed process, accompanied by certain age-related changes in the body (3). In the post-maturity period of human life, there is a gradual weakening of the body's functions. Elderly people are not as strong and not as able, as they were in their younger years, to withstand prolonged physical or nervous strain; their total energy supply has wained; the vitality of body tissues has been lost, which is closely related to a decrease in body tissue fluid content. Because of the decrease in the sensitivity of their nervous systems, elderly people’s reactions to changes in external temperatures are slower and they are therefore more susceptible to the adverse effects of heat and cold. There are changes in the sensitivity of diffent sense organs, and it manifests as a weakening of the sense of balance, in loss of appetite, in the need for brighter lighting of the place, etc. Here are a few examples: people over 50 need twice as much light, and people over 80 need three times more light; in a 20-year-old, wounds take on average 31 days to heal, at 40 years of age – wounds take 55 days, at 60 years of age – wounds take 100 days, and the time span becomes progressively longer.

During old age, morphological changes occur that lead to brain atrophy, and this, in turn, is the main cause of the physiological and mental changes (7;8).

There are different ways to increase biological activity of various body structures (polarization, reservation, compensation, construction), to ensure whole body performance after the end of the reproductive period.

Egocentricity and egoism are characteristic features of a psychological portrait of an old person I.S. Kohn identified the following socio-psychological types of old age: 1) active creative old age; 2) self-education, recreation, entertainment; 3) for women, using their strength for the family; 4) people for whom the meaning is taking care of their own health. These are all favorable types of aging.

Negative types of aging in old age: a) aggressive, grumpy; b) disappointed in themselves and their own lives. Five types of adaptation to old age are the following: 1) constructive attitude towards old age; 2) dependency relationship; 3) defensive attitude; 4) An attitude of hostility towards others; 5) An attitude of hostility towards oneself (4).

We tentatively divided the literature related to this problem into several groups.

The authors in the **first group** consider the phenomena of old age and aging from a general biological and medical-physiological point of view These are the studies of M.D. Alexandrova, I.A. Arshavsky, G.D. Berdysheva, A.V. Burlinsky, V.I. Dontsova and others.

A significant role in the study of general biological, physiological, neuropsychological mechanisms of aging belong to scientists such as N.B. Mankovsky, A.F. Mintsu, Z.G. Frenkel, V.V. Frolkis and D.F. Chebotarev.

The **second group** includes studies representing the psychological direction of the study of old age. This group includes works by G.S. Abramova, V.P. Averina, M.D. Alexandrova, B.G. Ananyeva, L.I. Antsiferova, V.G. Aseeva, D. Bromley, N.F. Dementieva, M. Ermolaeva, L.N. Kuleshova, L.A. Loginova, S.G. Maksimova, K. Roschak, J. Stuart-Hamilton, O.V. Khukhlaeva, U.G. Shavkova, N.F. Shakhmatova, E. Erickson, C.L. Dorman, B.J. Fisher, J.D. Webster, J.A. Wingard. The authors of these studies analyzed the characteristics of the personalities of elderly persons, the types of aging, the behavioural strategies adopted by elderly and old individuals, psychological features of the perception of old age in the individual mind, gender differences in how elderly people adapted to the aging process.

Issues of demographic portrait of the population and its aging, as well as related socio-economic problems, were covered in the works of the **third group**, which are represented by the studies of G.Sh. Bakhmetova, S.G. Burchinsky, D.I. Valenteya, A.G. Vishnevsky, A.V. Dmitrieva, I.V. Kalinyuk, A.Ya. Kvashi, A.R. Omrana, O.B. Oskolkova, A.V. Khoreva, V.M. Shkolnikova, W.M. Dugger and others.

The **fourth group** includes works that reflected problems of old age from a sociological science perspective. Authors such as S.S. Balabanov, N.V. Gudkov, A.V. Dmitriev, E.F. Molevich, N.V. Nechaeva, V.D. Shapiro, R.W. Besdine, M. Dittmann, A. Hervonen, L.C. Hurd, O. Jolanki, W. Kidd, R. Landau, H. Litvin, T. Maltby, J. Pannel, C. Russell, A. Walker, Sh. Wray and others consider the problems of old age and elderly people at various levels, from empirical research and their analysis to the construction of comprehensive theoretical sociologically oriented models of old age.

A significant place in the literature in recent years has also been given to issues of social protection and social work with elderly people. Works of this kind were included by us in the

fifth group. (V.M. Vasilchikova, R.M. Weber, N.F. Dmitrieva, T.S. Dymnich, Malykhin, A.R. Masalimiva, N.N. Moroz, N.B. Smirnova, L.S. Soldatova, N. V. Fokin, E. I. Kholostova, N. P. Schukina, R. S. Yatsemirskaya, I. Burnside, E. Mooney, E. Tulle, etc.).

One of the most important directions in the study of the phenomena of old age and aging is the study of the problems the elderly experience with social adaption. The works of the **sixth group** are devoted to this and are represented by authors such as: N.V. Gerasimova, O.V. Krasnova, S.G. Maksimova, V.V. Polinichenko, L.S. Shilova, V.I. Yavnykh and others.

And finally, in the **seventh group** we included works that study the problems of old age in line with social philosophy. On the one hand, these are works contained in the classics of philosophy: F. Bacon, J.A. Condorcet, I.I. Mechnikov, F. Petrarch, M. T. Cicero, A. Schopenhauer, and on the other hand, the works of modern philosophers such as V.D. Alperovich, Z.A. Butueva, T.Yu. Dubrovskaya, M.E. Elyutina, E.V. Zimakova, E.K. Krasnukhina, L.P. Lipova, N.P. Lushkina, X. Ortega y Gasset, K.S. Pigrov, I.A. Podolskaya, P.M. Pugacheva, E.G. Sakhno, S.L. Frank, A.T. Shatalov, K. Jaspers and others.

Based on existing literature, the mental health of elderly people is influenced by genetic and biological factors, subjective factors (different happiness; health satisfaction, income, communication, etc.; personality characteristics and coping styles of the elderly) and objective factors (influence of health conditions, financial income, interpersonal communication, etc.). Of the general demographic variables (age, gender, education), the influence of subjective factors on mental health (55%) is much greater than the objective factors (21%) and the influence of demographic variables (4%) (6).

Relatively little research on mental health interventions in elderly people exists, and most research, as a starting point, asks how to prevent and treat mental health problems in elderly people. In accordance with the main part of the intervention, mental health interventions for elderly people can be roughly divided into three categories: individual and family category, community level category, national level category.

Life expectancy and health are 50% dependent on the lifestyle that a person has created for themselves, 20% on hereditary biological factors, another 20% on external environmental factors, and only 10% on the efforts of medicine.

It has been established that there are different ways to increase the biological activity of various structures of the body, to ensure its overall performance after the end of the reproductive period.

Along with this, there is a growing need to strengthen conscious control and regulation of processes. This is carried out with the help of the emotional and psychomotor spheres of a person. The central mechanism of conscious regulation is speech, the importance of which increases significantly during the period of gerothegenesis. B.A. Ananiev wrote that “speech-thinking secondary signal functions resist the general process of aging and themselves undergo involutional shifts much later than other psychophysiological functions. These most important acquisitions of the historical nature of man become the decisive factor in the ontogenetic evolution of man“ (2).

Thus, various changes in a person as an individual, occurring in the elderly, are aimed at actualizing the potential, reserve capabilities accumulated in the body during the period of growth, maturity and formed during the period of late ontogenesis. At the same time, a person’s

participation in the preservation of the individual organization and the regulation of its further development during the period of gerogenesis should increase.

Further changes during the period of gerogenesis depend on the degree of maturity of a particular person as a personality and subject of activity.

Medicine cannot guarantee the preservation of absolute health and longevity, if an individual does not have a desire for self-preservation, or the desire to be healthy and hardworking for as long as possible.

A healthy lifestyle as a system consists of three main interrelated and interchangeable elements, or three cultures: culture of food, culture of movement and culture of emotions.

The purpose of this study is to study the current state of mental health of elderly people in Azerbaijan and analyse factors affecting the mental health of this population group, to offer targeted recommendations for improving policy regarding them.

Features of mental health in old age in Azerbaijan are related to attitude towards oneself, illness, work, others around one, as well as economic, social conditions related to lifestyle, food culture, and many other factors (research hypothesis). In this study, 5 methods were used to study people in old age: 1) clinical conversation; 2) observation; 3) LOBI test (Personality Questionnaire of the Bechterev Institute) for diagnosing different types of attitudes towards disease and interrelationships associated with it in patients with chronic somatic diseases; 4) methodology for diagnosing self-assessment of the mental state (according to G. Eysenck); 5) SAN questionnaire (assessment of well-being, activity and mood).

The surveys were conducted using a questionnaire type survey. Questionnaire 1 used Test LOBI - personal questionnaire. The Personality Questionnaire (LOBI) was developed at the St. Petersburg Psychoneurological Research Institute named after V.M. Bechterev to diagnose types of attitudes towards disease and other personality relationships associated with attitudes in patients with chronic somatic diseases/ The test was translated and adapted in Azerbaijan.

Diagnosed types of relationships:

1. Harmonious (Har). A sober assessment of your condition. 2. Anxious (Anx). Continuously worrying and being apprehensive about the unfavorable course of a disease, possible complications, inefficienctiveness and even the danger of treatment. 3. Hypochondriacal (Hch). Focusing on subjective painful and other unpleasant sensations. Exaggeration of the side effects of medicines. 4. Apathetic (Ap). Complete indifference to one's fate, to the outcome of the disease or to the results of treatment. 5. Neurasthenic (N). Pain intolerance. 6. Obsessive-phobic (O). Anxiety about fears that are not real. 7. Sensitive (S). Excessive concern about the possible adverse impressions that others might develop when they find out about their diseases. 8. Egocentric (I) "Departure into the disease" Showing off their suffering and experiences to their relatives and others to get their full attention. 9. Euphoric (Eph). Unreasonably elevated mood. The desire to get everything from life, despite the disease. 10. Anosognosic (Ansg). Denial of the obvious in the manifestations of the disease, attributing them to random circumstances or other non-serious diseases. Refusal of examination and treatment. 11. Ergopathic (Er). Even when the disease and suffering is severe, they try to continue work at all costs. 12. Paranoid (P). Conviction that the disease is the result of someone's malicious intent [65].

Questionnaire 2 used a self-assessment methodology for diagnosing the mental states of subjects (by G. Eysenck). This included four subscales: anxiety, frustration, aggressiveness, and

rigidity. Anxiety: 0 - 7 points (not anxious); 8 - 14 points (moderate anxiety, acceptable level); 15 - 20 points (very anxious). Frustration: 0 - 7 points (you have high self-esteem, are resistant to failure and are not afraid of difficulties); 8 - 14 points (average level, frustration occurs); 15 - 20 points (you have low self-esteem, you avoid difficulties, you are afraid of failure). Aggressiveness: 0 - 7 points (You are calm, patient); 8 - 14 points (average level); 15 - 20 points (you are aggressive, impatient and experiencing difficulties in working with people). Rigidity: 0 - 7 points (no rigidity, easy changeability); 8 - 14 points (average level); 15 - 20 points (very pronounced rigidity; changing the job, family are contraindicated for you).

Representative results of the creativity tendency test with a score of 28 or less are in a good mental state, 28-56 points are those who may be said to have a normal mental state, and 56-80 points indicate those whose mental states are not good.

The SAN questionnaire is designed for rapid assessment of well-being, activity and mood. It contains thirty pairs of words with opposite meanings, reflecting the mobility, speed and pace of the flow of functions (activity), strength, health, fatigue (well-being), as well as characteristics of the emotional state (mood).

The developed battery of psychodiagnostic methods enabled us to create psychological portraits of old people, to discern the factors characterizing a personality at this age, and to prioritize tasks to intervene in, or arrest the psychological aging process. Herein lies the practical significance of this study.

The study involved 152 subjects aged 55-92 years, who were divided into three groups: 55-65, 65-75 and over 75 years old. Equal numbers of women and men participated in the study and there was no significant difference in the mental health indicators of elderly people by gender when statistical analysis was performed. The study was conducted on individuals and there were 152 valid questionnaires, the effective recovery rate of which was 100%.

Statistical analysis was performed using SPSS 21.0 statistical software.

The results of the study

Table 1.

Basic status of mental health of elder people in Azerbaijan

	anxiety	frustration	agression	rigidity	Mental health status	well-being	active	mood	Psycho-emotional state
S	10	10.2985	10.6418	10.5373	41.4776	6.0448	5.3284	4.6567	16.0299
MD	4.62208	5.11982	5.24751	4.1863	15.42367	13.18221	8.38178	12.78559	30.68756
Min	0	0	0	2	8	-22	-19	-23	-54
Max	18	19	20	18	71	30	19	28	70

This study examines the mental health statuses of elderly people by measuring their anxiety, frustration, level of aggression, rigidity, well-being, how active they were, and their mood. As seen from Table 1, the general characteristics of the elderly are moderate. The mental health status of elderly people in Azerbaijan is moderate.

Table 2

Independent sample t-тест (M ± SD) according to the tests 1,2,3 for elderly people

Subscale	indicators	t	
Harmonious	1.36±1.29		1.563
Anxious	1.84±1.65	-4.211*	
Hypochondriacal	1.33±1.13	-3.008*	
Apathetic	1.50±0.18	-5.005*	

Neuroasthenic	1.78±1.67	-4.567*	
Obsessive-phobic	1.42±1.51	-4.14*	
Sensitive	1.34±1.12	-2.861*	
egocentric	0.81±0.87	-3.398*	
euphoric	2.18±1.29	4.711*	
anosognosic	2.52±1.83	4.957*	
ergopathic	1.10±1.23	2.851*	
Paranoid	1.43±1.08		-1.364
anxiety	10.00±4.62	-7.06 *	
fruistration	10.30±3.73	-7.209 *	
agression	10.64±0.46	-5.26 *	
rigidity	10.54±4.19	-2.114 *	
Mental health status	41.47±15.42	-7.001 *	
well-being	6.04±13.18	2.875*	
Active	5.33±8.38		1.917
mood	4.66±12.79	4.806*	
Psychoemotional state	16.03±30.69	3.761*	

Correlation is significant at the 0.05 level.

Table 2 shows that elderly people Azerbaijan have significantly higher scores in different parameters such as anxious, hypochondriacal, apathetic, neurasthenic, obsessive-phobic, sensitive, egocentric, anxiety, frustration, aggressiveness, rigidity, and general assessment of the state of people. Elderly people in Azerbaijan have significantly lower scores in different parameters such as euphoric, anosognosic, ergopathic, well-being, mood, and psycho-emotional states than elderly Chinese people. There were no statistically significant differences in certain of the different parameters such as harmonic, paranoia, and activity in the elderly.

That is, elderly people in Azerbaijan have a higher level of anxious, hypochondriacal, apathetic, neurasthenic, obsessive-phobic, sensitive, egocentric and frustration, aggressiveness, and rigidity characteristics. And the level of euphoric, anosognosic, ergopathic, well-being, mood, and psycho-emotional state is lower.

Table 3

The results of the correlation analysis of sources of income, and ways to maintain health according to the LOBI test.

	Har	Anx	Hch	Ap	N	O	S	I	Eph	Ansg	Er	P
Pension		.168*		.225**	.176*			.191*	-.313**	-.246**		
Own income				-.238**					.309**	.217**		
		-.314**	-.285**	-.240**	-.278**	-.166*	-.194*	-.271**	.205*	.432**		
Diet												-.166*
Suppliments/Meds		.317**	.198*	.236**	.314**	.180*	.207*	.263**		-.282**		

* Correlation is significant at the 0.05 level (2 tailed). ** Correlation is significant at the 0.01 level (2 tailed). harmonious (Har) ; Anxious(Anx) ; Hypochondriacal(Hch) ; apathetic(Ap) ; neuroasthenic(N) ; Obsessive-phobic(O) ; Sensitive(S) ; egocentric (I) ; euphoric(Eph) , anosognosic(Ansg) , ergopathic(Er) ; paranoid(P)

Table 1.3 presents the results of a correlation analysis between the source of income, ways elderly people maintain their health and their attitudes towards disease and others around them. The table shows that when faced with disease and the environment, elderly people whose source of income is only a pension have higher rates of anxiety, apathy, neurasthenia, egocentricity and lower euphoric and anosognostic scores than those who work and have other sources of income from their relatives.

Elderly people who earn an income from their own labors are more euphoric and anosognostic, and less aphatetic than those who do not work and earn an income.

Elderly people who have different ways of maintaining their health have lower rates of anxiety, neurasthenia, are less hypochondriacal, apathetic, less likely to have obsessive-phobic, sensitive, and egocentric rates, and are more euphoric and anosognostic than those who do not maintain their health.

Elderly people who have a healthy diet have a lower tendency to symptoms of paranoia than those who do not.

Elder people who take supplements/medications for health are more likely to be anxious, neurasthenic, they are hypochondriacal, aphatetic, have fewer obsessive-phobic, sensitive, and egocentric symptoms, and are less anosognosic than those who do not take supplements/medications.

And the above results reflect statistically significant differences.

Table 4

Results of an independent sample t-test on the source of income and the method of health care management for tests 2 and 3

		anxiety	frustration	agression	rigidity	Mental health status	well-being	active	mood	Psycho-emotional state
Pension	0	6.18±4.91	5.97±4.73	7.6±5.18	9.45±3.77	29.21±15.44	11.74±9.4	7.55±8.88	12.9±9.88	32.19±24.6
	1	8.36±4.71	8.69±5.2	9.09±4.95	10.19±3.84	36.34±14.53	6.39±13.16	6.14±8.78	6.22±12.68	18.74±32.07
	t	-2.8 *	-3.369 *	-1.814	-1.198	-2.929 *	2.872 *	0.988	3.611 *	2.89 *
Relatives	0	7.58±4.79	7.81±5.22	8.88±5.28	9.93±3.77	34.2±15.27				
	1	6.49±5.17	6.15±4.79	7.11±4.51	9.53±3.94	29.28±15.23				
	t	1.268	1.858	1.994 *	0.599	1.839				
Own	0						6.58±12.29	4.71±9.01	7±12.02	18.28±30
	1						11.84±10.37	9.14±8.1	12.43±10.92	33.41±26.32
	t						-2.845 *	-3.183 *	-2.912 *	-3.297 *
Support health	0	8.77±4.88	8.92±5.52	9.48±5.67	10.59±3.93	37.77±16.31	4.68±12.63	5±8.26	5.73±13.14	15.41±30.96
	1	6.07±4.64	6.05±4.46	7.44±4.46	9.21±3.63	28.77±13.45	12.56±9.6	8.29±9.04	12.65±9.66	33.5±25.21
	t	3.481 *	3.458 *	2.41 *	2.244 *	3.729 *	-4.216 *	-2.31 *	-3.599 *	-3.865 *
Diet	0	7.5±4.69	7.84±5	8.79±5.13	10.44±3.47	34.56±14.76				
	1	6.83±5.28	6.41±5.26	7.59±5.02	8.79±4.15	29.62±15.98				
	t	0.818	1.675	1.413	2.631 *	1.943				
Supplements/ medication	0	6.28±4.65	6.27±4.86	7.65±4.62	9.3±3.74	29.5±14.54	11.93±10.76	8.06±8.79	12.39±10.42	32.38±26.33
	1	9.16±4.90	9.33±5.1	9.67±5.76	10.82±3.77	38.98±15.18	3.61±11.49	4.49±8.52	4.22±12.52	12.31±30.19
	t	-3.537 *	-3.614 *	-2.167 *	-2.366 *	-3.743 *	4.402 *	2.389 *	4.262 *	4.22 *

Correlation is significant at the 0.05 level. 0 means the option wasn't chosen, 1 means this option was chosen

Table 4 presents the results of independent sample t-tests of various sources of income, against ways of maintaining health in the second t-test.

Table 4 shows that elderly people who rely on pensions have a higher degree of anxiety, frustration, lower levels of well-being, worse mood and psycho-emotional states than working elderly people.

Elderly people whose family members provide for their living expenses show less aggression than elderly people who do not receive any assistance.

Elderly people who rely on their own work have greater well-being, better mood, and psycho-emotional states than elderly people who do not receive assistance.

Elderly people who control their health through diet and take supplements/medications have lower levels of anxiety, frustration, aggression, rigidity, and a greater sense of well-being,

better mood, and a better psycho-emotional state than elderly people who do exercise control over their health using the abovementioned means.

Elderly people who use diet and other types of health care have lower levels of rigidity than elderly people who do not use these health measures.

Elderly people who take medications or supplements to maintain their health have higher levels of anxiety, frustration, aggression, and rigidity, and a lower sense of well-being, worse mood, and a poorer psycho-emotional state than elderly people who do not use these methods.

The results given above are statistically significant.

Table 5

Correlation analysis between education level, economic situation, frequency of participation, number of hobbies and test scores

	education	economical	participation	hobbies
Har				.160*
Anx		-.169*		-.163*
Ap				-.280**
Hch				-.224**
I			-.168*	-.234**
Eph				.247**
Ansg	-.174*			.258**
Er				.201*
P				
anxiety	.171*			-.166*
frustration	.190*			-.229**
agression	.224**			
rigidity		-.208*	-.262**	-.255**
Mental health status	.180*		-.185*	-.238**
well-being		.294**	.191*	.318**
active		.203*	.210**	.345**
mood		.262**		.242**
Psycho-emotional state		.285**	.187*	.329**

* *. Correlation is significant at the 0.05 level (2-tailed). **. Correlation is significant at the 0.01 level (2-tailed)..harmonious (Har) ; Anxious(Anx) ; Hypochondriacal(Hch) ; apathetic(Ap) ; neuroasthenic(N) ; Obsessive-phobic(O) ; Sensitive(S) ; egocentric (I) ; euphoric(Eph) , anosognosic(Ansg) , ergopathic(Er) ; paranoid(P)

Table 5 presents the correlation between education level, economic status, frequency of participation in social events, number of hobbies, and test scores. It shows that level of education has a significantly positive correlation with anxiety, frustration, aggressiveness, and a negative correlation with the psycho-emotional state of the elderly, and a significantly negative correlation with anosognosia. That means, elderly people with higher levels of education have a higher degree of anxiety, frustration, aggressiveness, and a worse psychological state. In the face of disease and in the environments they find themselves, they

have lower anosognosia than those who do not have a higher education.

Economic status has a significantly positive correlation with well-being, activity, mood, and psycho-emotional state, and a significantly negative correlation with anxiety and rigidity of elderly people. That means, elderly people who have a higher economic status enjoy a higher level of well-being, activity, mood, their psycho-emotional states are better, the level of rigidity is lower, and in the face of diseases and environmental problems they have a lower level of anxiety compared to those who have a lower economic status.

Elderly people's participation in activities for the elderly and in the public life of the country was significantly positively correlated with their well-being, activity, and psycho-emotional state, and negatively correlated with their egocentrism, rigidity, and having a poor psychological state. That means, the more often elderly people participated in various events, the more they tended to maintain a better state of health, activity, improve their psycho-emotional states, reduce the degree of rigidity and self-centeredness in relationships, and get sick less often.

The number of hobbies elderly people have were significantly, positively correlated with their harmonic, euphoric, anosognosic and ergopathic attitudes to disease and the environment. They enjoyed a greater sense of well-being, higher levels of activity, better mood, and psycho-emotional states; while significantly negatively correlated with anxious, apathetic, neurasthenic, and egocentric attitudes towards disease and their environments, and also experiencing greater anxiety, frustration, aggressiveness, rigidity, and a poorer psycho-emotional state. In other words, the more hobbies elderly people have, the more they tend to be harmonic, euphoric, anosognosic and ergopathic and the less they tend to be anxious, apathetic, neurasthenic, egocentric about diseases and their environments, anxiety, frustration, aggressiveness, rigidity, while having a greater sense of well-being, better mood, higher levels of activity, and better psycho-emotional states in life.

Table 6

Analysis of deviations for different age groups and their comparison

		N	S±MD	Mean difference	F	Sig
Г	55-65 years	79	1.84±1.45		4.297	0.015
	65-75 years	44	1.16±1.12			
	>=75 years	29	1.34±1.04			
	Sum	152	1.55±1.32			
	55-65 years * 65-75 years			.67635*		0.006
	55-65 years * >=75 years			0.49062		0.083
	65-75 years * >=75 years			-0.18574		0.549
Ф	55-65 years	79	3.01±1.27		3.396	0.036
	65-75 years	44	2.64±1.54			
	>=75 years	29	2.24±1.57			
	Sum	152	2.76±1.43			
	55-65 years * 65-75 years			0.37629		0.158
	55-65 years * >=75 years			.77128*		0.013
	65-75 years * >=75 years			0.39498		0.244

*. Correlation is significant at the 0.05 level. (Har)-harmonious ; (Eph)-euphoric

Table 6 presents the results of the analysis of age deviations by tests. There are no significant differences in test scores between Question 2 and Question 3 across different age groups. In Questionnaire 1, it was noted that there was only a significant difference with respect

to harmonic and euphoric. Among the 55-65-year-olds, the scores for harmonic were the highest and were significantly higher than those of the 65-75-year-olds. The scores for 65-year-olds were lower than those over 75, but not significantly so. The scores for 55–65-year-olds were also the highest in euphoria and significantly higher than those of elderly people over 75 years of age. And in general, there was a tendency for scores to decrease with age. That is, elderly people aged 55-65 years maintained the highest levels of harmonious and euphoric attitudes toward disease and the environment compared to elderly people from different age groups.

Table 7

Analysis of deviations of different places of permanent residence of elderly people according to different questionnaires

		S	MD	Mean difference	F	Sig			S	MD	Mean difference	F	Sig
Т	City	1.16	1.39		3.946	0.021	frust ratio n	City	7.27	5.1		5.355	0.006
	Suburb	1.91	1.80					Suburb	9.53	5.92			
	village	1.02	1.27					Village	5.76	3.99			
	City * Suburb			-.74625*				City * Suburb			-2.26458*		
	Suburb * Village			.88403*				Suburb * Village			3.77569*		
Я	City	0.48	0.74		3.186	0.044	agre ssion	City	9	5.04		6.356	0.002
	Suburb	0.88	0.94					Suburb	9.78	5.84			
	Village	0.44	0.84					Village	6.18	3.97			
	City * Suburb			-.39500*				City * Village			2.82222*		
	Suburb * Village			.43056*				Suburb * Village			3.60347*		
Ф	City	2.67	1.4		3.326	0.039	Ment al healt h statu s	City	33.55	15.28		4.982	0.008
	Suburb	2.38	1.5					Suburb	38.06	16.68			
	Village	3.18	1.37					Village	27.4	13.12			
	Suburb * Village			-.80278*				City * Village			6.14667*		
								Suburb * Village			10.66250*		
mo od	City	9.73	11.52		4.666	0.011							
	Suburb	4.81	13.25										
	Village	12.93	10.07										
	City * Suburb			4.92083*									
	Suburb * Village			-8.12083*									

*. Correlation is significant at the 0.05 level. Anxious(anx)； egocentric(I)； euphoric(Eph)

Table 7 presents the results of the analysis of deviations for different places of permanent residence of elderly people. As can be seen from Table 7, different places of residence of elderly people show significant differences in anxiety, egocentric, and euphoric attitude scores, as well as frustration, aggressiveness, mental state, and mood scores. The table shows that elderly people in the suburbs have higher levels of anxiety, egocentric attitudes and lower levels of euphoric attitude toward illness and environmental problems; and have higher levels of frustration, aggressiveness, lower mental state, and mood than those who live in urban and rural areas.

Elderly people living in rural areas have the lowest levels of anxiety, egocentric attitudes, and the highest level of euphoric attitudes towards illness and their environments; have the lowest levels of frustration, aggressiveness, and higher levels of mental state and mood. The mental health of elderly people in the suburbs and cities is average, while the mental health of elderly people living in rural areas is good. Estimates of elderly people in different places of residence did not show statistically significant differences in other indicators.

Table 8

The results of the analysis of deviations for different occupations of elderly people by the LOBI questionnaire, the second questionnaire and the SAN questionnaire

		S	MD	Mean difference	F	Sig			S	MD	Mean difference	F	Sig
Apathetic	Fermer	0.56	0.85		4.444	0.005	mood	Fermer	12.44	9.50		3.4	0.019
	Worker	0.98	1.41					Worker	11.36	10.84			
	Private owner	0.75	0.71					Private owner	8.88	13			
	Other	1.53	1.4					Other	5.34	13.42			
	Fermer * Other			-.96781*				Fermer * Other			7.09547*		
	Worker * Other			-.54916*				Worker * Other			6.02164*		
	Private owner * Other							Private owner * Other					
anxiety	Fermer	5.64	4.28		7.495	0	frustration	Fermer	5.41	3.79		7.86	0
	Worker	6.14	4.6					Worker	6.28	4.73			
	Private owner	8.13	4.32					Private owner	8	6.14			
	Other	9.79	4.97					Other	10	5.41			
	Fermer * Other			-4.14621*				Fermer * Other			-4.58974*		
	Worker * Other			-3.64930*				Worker * Other			-3.72414*		
aggression	Fermer	5.9	4.31		5.287	0.002	Mental health status	Fermer	26.08	12.39		8.577	0
	Worker	8.52	4.91					Worker	30.03	13.19			
	Private owner	8.38	5.83					Private owner	36.63	18.97			
	Other	10.11	5.19					Other	40.74	16.25			
	Fermer * Worker			-2.61981*				Fermer * Other			-14.66776*		
	Fermer * Other			-4.20895*				Worker * Other			-10.71020*		
rigidity	Fermer	9.13	3.62		3.383	0.02							
	Worker	9.10	3.64										
	Private owner	12.13	5.3										
	Other	10.85	3.69										
	Fermer * Independent			-2.99679*									
	Fermer * Other			-1.72286*									
	Worker * Private owner			-3.02155*									
	Worker * Other			-1.74762*									

*. Correlation is significant at the 0.05 level. Other professions are mainly: high-tech personnel, medical workers, researchers, civil servants, military, etc.

Table 8 shows the results of the analysis of variance for different occupations of elderly people. As can be seen from Table 8, professions of elderly people show significant differences in scores for apathetic, mood, anxiety, frustration, aggressiveness, and rigidity. The table shows that elderly people in industries that require a high intellectual contribution show a more apathetic attitude toward disease and the environment, their mood is worse, experience greater anxiety, are more frustrated, higher levels of aggression, more rigid in life compared to farmers and workers. Elderly workers in the private sector are more rigid than farmers and workers. Farmers think more about diseases and environmental problems and have a better mood levels, are less anxious,less frustrated, less aggressive.

The results given above are statistically significant

Table 9

The results of the analysis of deviations for different forms of residence of elderly people for questionnaire 1

		S	MD	Mean difference	F	Sig			S	MD	Mean difference	F	Sig
Ap	1	1	1.3484		4.783	0	Eph	1	3	1.3484		3.339	0.007
	2	0.8679	1.19354					2	2.8679	1.44166			

	3	1.6667	1.53393				3	2.1111	1.99673			
	4	0.6909	1.0341				4	3.0364	1.07089			
	5	2.4	1.50555				5	1.4	1.07497			
	6	1.75	1.5				6	3	1.82574			
	1 * 5			-1.40000*			1 * 5			1.60000*		
	2 * 3			-.79874*			2 * 3			.75681*		
	2 * 5			-1.53208*			2 * 5			1.46792*		
	3 * 4			.97576*			3 * 4			-.92525*		
	4 * 5			-1.70909*			4 * 5			1.63636*		
N	1	1.3333	1.43548		2.095	0.069	Ansg 1	3.1667	1.64225		2.788	0.02
	2	1.0189	1.37967				2	3.6038	2.14243			
	3	1.8333	1.7905				3	2.2778	1.90373			
	4	0.9455	1.32523				4	3.8364	2.01626			
	5	2.1	1.72884				5	2	1.56347			
	6	0.75	0.95743				6	3.5	1.91485			
	2 * 3			-.81447*			2 * 3			1.32600*		
	2 * 5			-1.08113*			2 * 5			1.60377*		
	3 * 4			.88788*			3 * 4			-1.55859*		
	4 * 5			-1.15455*			4 * 5			1.83636*		
O	1	1.1667	1.40346		2.573	0.029	Er 1	1.3333	1.61433		2.496	0.033
	2	0.5849	0.96942				2	1.4717	1.63617			
	3	1.5	1.65387				3	2.2222	1.59247			
	4	0.9636	1.37388				4	1.5455	1.39865			
	5	0.8	0.91894				5	0.2	0.42164			
	6	2.25	0.5				6	1	1.41421			
	2 * 3			-.91509*			2 * 5			1.27170*		
							3 * 5			2.02222*		
							4 * 5			1.34545*		

*. Correlation is significant at the 0.05 level. 1.Single ; 2.With a spouse ; 3.With children ; 4.With a spouse and children ; 5.Old age home ; 6.Other. harmonious(Har); Anxious(Anx) ; Hypochondriacal(Hch) ; apathetic(Ap) ; neuroasthenic(N) ; Obsessive-phobic(O) ; Sensitive(S) ; egocentric(I) ; euphoric(Eph) , anosognosic(Ansg) , ergopathic(Er) ; paranoid(P)

Table 9 shows the results of the analysis of deviations for various forms of residence of elderly people according to the LOBI questionnaire. Different forms of residence of elderly people manifest as significant differences in scores on various scales such as apathetic, obsessive-phobic, euphoric, anosognosic and ergopathic scales.

As can be seen from the table, elderly people who live in a nursing home have the highest scores on the apathy scale, higher than those of elderly people who live with children (slightly); and significantly higher than in elderly people who live alone; significantly higher than in elderly people who live with a spouse. Elderly people who live with a spouse and children have the lowest rates of apathy. (5>3>1>2>4)

Elderly people who live in a nursing home have the lowest euphoric scale scores, lower

than elderly people who live with their children (slightly); and significantly lower than in elderly people who live with a spouse; significantly lower than in elderly people who live alone. Elderly people who live with a spouse and children have the highest euphoric scale scores. (5<3<2<1<4)

Elderly people who live in a nursing home have the lowest scores on the anosognosic scale, lower than those of elderly people who live with children (slightly); and lower than for elderly people who live alone (slightly); significantly lower than for elderly people who live with a spouse. Elderly people who live with a spouse and children have the highest scores on the anosognosis scale. (5<3<1<2<4)

Elderly people who live with a spouse have the lowest obsessive-phobic scale scores, lower than elderly people who live in a nursing home (slightly); lower than for elderly people who live with a spouse and children (slightly); and lower than for elderly people who live alone (slightly). Elderly people who live with their children have the highest scores on the obsessive-phobic scale. (2<5<4<1<3)

Elderly people who live in a nursing home have the lowest ergopathic scale scores, lower than elderly people who live alone (slightly); significantly lower than in elderly people who live with a spouse; significantly lower than for elderly people who live with a spouse and children. Elderly people who live with their children have the highest scores on the ergopathic scale. (5<1<2<4<3)

In other words, elderly people living in nursing homes often encounter disease and problems with the environment, have the highest level of apathy, the lowest level of euphoric, anosognosic, ergopathic obsessive-phobic scales compared to other forms of residence.

Elderly people living with a spouse and children often face disease and environments with the highest levels of euphoric, anosognosic, high ergopathic, and lowest apathetic.

Elderly people living with their children often face illness and environmental problems and score highest on the obsessive-phobic, ergopathic, apathetic, and low on the euphoric, anosognosic scales.

Elderly people living with a spouse often face illness and problems with the environment and score high on the apathetic, anosognostic, and low obsessive-phobic scales.

Elderly people living alone often encounter illness and environmental problems and score high on the obsessive-phobic, euphoric and low on the ergopathic scales.

Table 10

The results of the analysis of deviations for different forms of residence of elderly people according to questionnaire 2

		S	MD	Mean difference	F	Sig			S	MD	Mean difference	F	Sig
anxiety	1	7.42	5.94		2.737	0.021	agression	1	7.5	5.3		1.026	0.405
	2	6.45	4.35					2	7.79	4.86			
	3	8.78	4.54					3	9.28	4.64			
	4	6.53	5.12					4	8.07	5.2			
	5	10.2	3.71					5	10.7	5.68			
	6	12.75	4.99					6	11.25	7.14			
	2 * 5			-3.74717*			rigidity	1	9.75	2.42		2.133	0.065
	4 * 5			-3.67273*				2	9.34	3.68			

								3	11.67	3.43				
								4	9.56	4.17				
frustration	1	8.08	5.92		4.243	0.001		5	8.8	3.26				
	2	6.34	4.34					6	13.75	3.86				
	3	9.67	4.61				Mental health status	1	32.75	15.85		3.206	0.009	
	4	6.22	5.32					2	29.92	13.95				
	5	10.3	3.89					3	39.39	12.4				
	6	14.25	5.19					4	30.38	16.61				
	2 * 3			-3.32704*				5	40	7.77				
	2 * 5			-3.96038*				6	52	20.23				
	3 * 4			3.44848*				2 * 3			-9.46436*			
	4 * 5			-4.08182*				3 * 4			9.00707*			

*. Correlation is significant at the 0.05 level. 1.Single ; 2.With a spouse ; 3.With children ; 4.With a spouse and children ; 5.Old age home ; 6.Other

Table 10 shows the results of the analysis of deviations for various forms of residence of elderly people according to the indicators of the second questionnaire. It was found that elderly people, depending on form of residence occupied, showed significant differences in scores for anxiety, mental state, and frustration. As can be seen from the table, elderly people who live with a spouse have the lowest anxiety scores, lower than those of elderly people who live with a spouse and children; and lower than in elderly people who live alone; lower than in elderly people who live with children. Elderly people who live in nursing homes have the highest anxiety scores. (2<4<1<3<5)

Elderly people who live in a nursing home have the highest frustration scores, higher than elderly people who live with children; and higher than in elderly people who live alone; higher than that of elderly people who live with a spouse. Elderly people who live with a spouse and children have the lowest frustration scores. (5>3>1>2>4)

Elderly people who live in a nursing home have the highest mental status scores, higher than elderly people who live with children; and higher than elderly people who live alone; higher than elderly people who live with a spouse and children. Elderly people who live with a spouse have the lowest mental health scores. (5>3>1>4>2)

In other words, elderly people living in nursing homes have the highest levels of anxiety, frustration, and poor mental status. In second place are the elderly who live with children, followed by the elderly who live alone. Elderly people who live with their spouses score best on this scale.

Table 11

The results of the analysis of deviations for different forms of residence of elderly people for questionnaire 3

		S	MD	Mean difference	F	Sig			S	MD	Mean difference	F	Sig
well-being	1	5.5	12.25		3.866	0.003	active	1	7.5	5.5		3.521	0.005
	2	11.09	11.41					2	7.25	10.21			
	3	0.89	12.25					3	0.72	9.49			
	4	11.67	9.91					4	9.38	7.19			

	5	2.7	10.83				5	2.6	6.29			
	6	12.5	16.25				6	3.5	5.2			
	2 * 3			10.21*			1 * 3			6.78*		
	2 * 5			8.4*			2 * 3			6.52*		
	3 * 4			-10.78*			3 * 4			-8.66*		
	4 * 5			8.97*			4 * 5			6.78*		
mood	1	6.25	14.23		4.901	0	Psycho-emotional state	1	19.25	30.17		4.623	0.001
	2	12	10.88					2	30.34	29.84			
	3	2.72	12.88					3	4.33	31.73			
	4	12.71	10.53					4	33.76	24.23			
	5	1.4	8.97					5	6.7	22.46			
	6	-1.75	2.63					6	14.25	21			
	2 * 3			9.28*				2 * 3			26.01*		
	2 * 5			10.6*				2 * 5			23.64*		
	3 * 4			-9.99*				3 * 4			-29.43*		
	4 * 5			11.31*				4 * 5			27.06*		

* Correlation is significant at the 0.05 level. 1.Single ; 2.With a spouse ; 3.With children ; 4.With a spouse and children ; 5.Old age home ; 6.Other

Table 11 shows the results of the analysis of deviations for various forms of lifestyle of elderly people according to indicators used in the third questionnaire. As can be seen from Table 11, forms of residence elderly people occupy have significant differences in indicators of well-being, activity, mood, and psycho-emotional state.

Elderly people who live with their children have the lowest well-being scores, lower than elderly people who live in a nursing home (slightly); and lower than for elderly people who live alone (slightly); significantly lower than for elderly people who live with a spouse. Elderly people who live with a spouse and children have the highest well-being scores. (3<5<1<2<4)

Elderly people who live with children have the lowest activity scores, lower than elderly people who live in a nursing home (slightly); and lower than for elderly people who live with a spouse (slightly); significantly lower than in elderly people who live alone. Elderly people who live with a spouse and children have the highest activity scores. (3<5<2<1<4)

Elderly people who live in a nursing home have the lowest mood scores, lower than elderly people who live with children (not significant); and lower than for elderly people who live alone (slightly); significantly lower than for elderly people who live with a spouse. Elderly people who live with a spouse and children have the highest mood scores. (5<3<1<2<4)

Elderly people who live with children have the lowest psycho-emotional state scores, lower than those of elderly people who live in a nursing home (slightly); and lower than for elderly people who live alone (slightly); significantly lower than for elderly people who live with a spouse. Elderly people who live with a spouse and children have the highest rates of psycho-emotional state. (3<5<1<2<4)

In other words, elderly people living with a spouse and children have the highest level of well-being, activity, mood, and a good psycho-emotional state. In second place are elderly people who live with their spouse. Following them are the elderly, living alone. Elderly people

living in nursing homes and living with children show the worst results on these indicators.

Table 12

Correlation analysis for each parameter and the total score of the questionnaire 1, 2 and 3

	anxiety	frustration	agression	rigidity	Mental health status	well-being	active	mood	Psycho-emotional status
Har									
Anx	.564**	.493**	.350**	.279**	.531**	-.526**	-.298**	-.502**	-.503**
Hch	.486**	.434**	.248**	.224**	.438**	-.454**	-.307**	-.434**	-.449**
Ap	.609**	.592**	.322**	.370**	.591**	-.658**	-.498**	-.636**	-.671**
N	.498**	.460**	.445**	.344**	.546**	-.478**	-.248**	-.463**	-.453**
O	.456**	.420**	.278**	.201*	.428**	-.280**		-.321**	-.255**
S	.197*					-.165*		-.188*	
I	.562**	.586**	.351**	.390**	.589**	-.550**	-.445**	-.538**	-.572**
Eph	-.416**	-.424**	-.262**	-.196*	-.411**	.527**	.321**	.503**	.511**
Ansg	-.494**	-.515**	-.378**	-.293**	-.528**	.636**	.467**	.558**	.621**
Er	-.174*	-.201*			-.169*				
P									
well-being	-.547**	-.546**	-.268**	-.362**	-.536**				
active	-.462**	-.484**	-0.156	-.365**	-.451**				
mood	-.624**	-.647**	-.391**	-.414**	-.648**				
Psycho-emotional state	-.610**	-.626**	-.312**	-.422**	-.612**				

*. Correlation is significant at the 0.05 level (2-tailed). **. Correlation is significant at the 0.01 level (2-tailed). harmonious (Har) ; Anxious (Anx) ; Hypochondriacal (Hch) ; Apathetic (Ap) ; Neuroasthenic(N) ; Obsessive-phobic(O) ; Sensitive(S) ; Egocentric (I) ; Эйфорическая (Eph); Anosognosic (Ansg); Ergopathic (Er) ; Paranoid (P)

Table 12 presents the results of the correlation analysis between the indicators of questionnaires 1, 2 and 3, and their total scores. It can be seen from Table 12 that there is a significant negative correlation between each Questionnaire 2 paremeter and Questionnaire 3 parameter. In other words, elderly people's anxiety, frustration, aggressiveness, and rigidity can negatively affect their well-being, activity, and mood to some extent.

At the same time, the anxious, hypochondriacal, apathetic, neurasthenic, obsessive-phobic, and egocentric attitudes of elderly people toward diseases and the environment show a significant positive correlation with the indicators of Questionnaire 2. The attitude of elderly people towards disease and the environment shows a significant positive correlation with their anxiety.

The euphoric, anosognostic attitude of elderly people to diseases and to their environment shows a significant negative correlation with the indicators of Questionnaire 2. The ergopathic attitude of elderly people to disease and their environment is significantly negatively correlated with their anxiety, frustrations, and mental states.

In other words, the anxious, hypochondriacal, apathetic, neurasthenic, obsessive-phobic, and egocentric attitudes of elderly people toward disease and to their environment increase anxiety, levels of frustration, aggressiveness, and rigidity.

The euphoric, anosognosic attitude of elderly people to disease and to their environment reduces their anxiety, frustration, aggressiveness, and rigidity.

The attitude of elderly people to disease and their environment increases their anxiety. The ergopathic attitude of elderly people to disease and their environment reduces their anxiety, levels of frustration and improves their mental states.

Conclusion. Thus, in conclusion, the following conclusions can be drawn:

The aging process is a genetically programmed process, accompanied by certain age-related changes in the body.

All changes during aging are individual. The complex and contradictory nature of human aging in an individual is associated with quantitative changes and qualitative restructuring of biological structures, including neoplasms.

The period of late ontogenesis is a new stage in development and specific action of the general laws of ontogenesis, heterochrony and structure formation.

Different changes that occur in the elderly are aimed at actualizing the potential, reserve capabilities accumulated in the body during the period of growth, maturity and are formed during the period of late ontogenesis. At the same time, the participation of the person in the preservation of the individual organization and the regulation of its further development during the period of gerontogenesis (including the possibility of neoplasms) should increase.

Many factors contribute to active longevity of an elderly person and the leading psychological factor among them can be considered the following: his development as a socially active person, as a subject of creative activity and a bright personality. A high level of self-organization, conscious self-regulation of one's lifestyle and activity play a huge role here. The indicators of mental health used in this study are the following: an optimistic attitude towards disease and people around oneself, high self-esteem; can adapt to change and has a social circle with peers. Having high level of cognitive ability and a healthy personality allows you to effectively control your emotions.

The results of our study showed that the state of mental health in the elderly population is within normal limits, and the state of mental health of elderly people cannot be distinguished based on gender.

If elderly people spend their pensions mainly on medicines to maintain their health, then this negatively affects their mental states. Elderly people who work and have a personal income, do sports, have hobbies and actively participate in the public life of the country, participate in different activities suited for people of their age, have a good state of mental health.

The mental health of elderly people living in suburban areas is worse than that of elderly people living in cities and rural areas. Elderly people living in rural areas have a higher level of mental health.

The mental health state of elderly people who are employed in industries that require a high level of intelligence is worse than that of older people employed in other professions.

Elderly people living in nursing homes have poor mental health.

Elderly people living with their spouse have the best state of mental health.

The negative attitudes of elderly people toward diseases and the environment worsens their mental health. An adequate and harmonious attitude towards oneself and the environment does not significantly affect the mental health of elderly people.

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