

Vol. 4 No. 2 October 2023

ISSN: 2722-5461 (Online)
ISSN: 2722-5453 (Print)

ACADEMIC JOURNAL OF PSYCHOLOGY AND COUNSELING

*The Influence Of Psychological Hardiness,
Narcissism, And Perfectionism On
Depression Tendency Among
Undergraduate Students*

Samuel Toyin Akanbi, Joyce Mcivir Terwase,
Benita Dooshima Aki

*Basis For Career Guidance Program
Development: Identification Of Transferable
Skills In Generation Z Students*

Akhmad Harum

*Psychological Well-Being In People With
Chronic Diseases*

Muhammad Farid Azfaruddin, Afinia Sandhya
Rini

*Thinking Again And Again: The Link
Between Rumination And Creativity With
Anxiety As A Mediator*

Divine Grace C. Escobar, Jeannie A. Perez
*Development Of Qana'ah Instrument Using
Confirmatory Factor Analysis*

Ahmad Saifuddin, Lintang Seira Putri, Hellena
Kartika Sari



Fakultas Ushuluddin dan Dakwah
Universitas Islam Negeri Raden Mas Said Surakarta

ACADEMIC JOURNAL OF PSYCHOLOGY AND COUNSELING

Published by:

Fakultas Ushuluddin dan Dakwah, Universitas Islam Negeri Raden Mas Said
Surakarta, Central Java, Indonesia, in collaborate with Himpunan Psikologi Indonesia
(HIMPSI) and Perkumpulan Ahli Bimbingan dan Konseling Islam (PABKI).

Address:

Fakultas Ushuluddin dan Dakwah UIN Raden Mas Said Surakarta
Jalan Pandawa No. 1, Pucangan, Kartasura, Sukoharjo
Central Java, Indonesia - Postal Code 57168
Email: jurnal.ajpc@gmail.com
Website: <https://ejournal.uinsaid.ac.id/index.php/ajpc/index>

ACADEMIC JOURNAL OF PSYCHOLOGY AND COUNSELING

EDITORIAL TEAM

Editor In Chief

- Ahmad Saifuddin, Universitas Islam Negeri Raden Mas Said Surakarta, Indonesia

International Advisory Editorial Board

- İmran Aslan, Bingöl Üniversitesi, Bingöl, Turkey
- Wan Shahrazad Wan Sulaiman, Centre for Research in Psychology and Human Well-Being, Faculty of Social Sciences and Humanities, Universiti Kebangsaan Malaysia, Bangi, Malaysia
- Fnu Deepti, School of Medicine, University of Louisville, Louisville, United States
- Félix Arbinaga Ibarzábal, Departamento de Psicología Clínica y Experimental, Facultad de Educación, Psicología y Ciencias del Deporte, Universidad de Huelva, Spain
- Elliott Nkoma, Department of Psychology, Great Zimbabwe University, Zimbabwe
- Inero Valbuena Ancho, Faculty of Education, University of the Philippines Los Banos, Los Banos, Philippines
- Sefa Bulut, Department of Counseling Psychology & Head of Student Counseling Center, İbn Haldun Üniversitesi, Istanbul, Turkey
- Kemale Salmanova, Department of Psychology, Sumgayit State University, Sumgayit, Azerbaijan
- Gilbert S. Arrieta, College of Graduate Studies and Teacher Education Research Philippine Normal University, Philippine

Editorial Board

- Akhmad Liana Amrul Haq, Universitas Muhammadiyah Magelang, Indonesia
- Muthmainnah Muthmainnah, Universitas Negeri Yogyakarta, Indonesia
- Athia Tamyizatun Nisa, Universitas Islam Negeri Raden Mas Said Surakarta, Indonesia
- Lintang Seira Putri, Universitas Islam Negeri Raden Mas Said Surakarta, Indonesia
- Alfin Miftahul Khairi, Universitas Islam Negeri Raden Mas Said Surakarta, Indonesia

Assistant To The Editors

- Ayatullah Kutub Hardew, Universitas Islam Negeri Raden Mas Said Surakarta, Indonesia
- Agit Purwo Hartanto, Universitas Islam Negeri Raden Mas Said Surakarta, Indonesia

English Language Advisor

- Primadhani Setyaning Galih, Origin Hope Media Group, Indonesia

ACADEMIC JOURNAL OF PSYCHOLOGY AND COUNSELING

TABLE OF CONTENTS

<i>The Influence Of Psychological Hardiness, Narcissism, And Perfectionism On Depression Tendency Among Undergraduate Students</i>	127 – 156
Samuel Toyin Akanbi, Joyce Mcivir Terwase, Benita Dooshima Aki	
<i>Basis For Career Guidance Program Development:</i>	157 – 176
<i>Identification Of Transferable Skills In Generation Z Students</i>	
Akhmad Harum	
<i>Psychological Well-Being In People With Chronic Diseases</i>	177 – 204
Muhammad Farid Azfaruddin, Afinia Sandhya Rini	
<i>Thinking Again And Again: The Link Between Rumination And Creativity With Anxiety As A Mediator</i>	205 – 234
Divine Grace C. Escobar, Jeannie A. Perez	
<i>Development Of Qana'ah Instrument Using Confirmatory Factor Analysis</i>	235 – 262
Ahmad Saifuddin, Lintang Seira Putri, Hellena Kartika Sari	
<i>Author Guidelines</i>	



Psychological Well-Being In People With Chronic Diseases

Muhammad Farid Azfaruddin

Universitas Islam Negeri Sayyid Ali Rahmatullah Tulungagung, Indonesia

Email: axwongmaster@gmail.com

Afinia Sandhya Rini

Universitas Islam Negeri Sayyid Ali Rahmatullah Tulungagung, Indonesia

Email: afina2005@gmail.com

Keywords:

case study; chronic disease; psychological well-being; self-acceptance; social support

Abstract

Physical, psychological and spiritual problems are often faced by patients suffering from increasingly severe chronic diseases. This research focused on the psychological well-being of people with long-term chronic diseases. This qualitative research employed a case study approach. It involved three informants who had experienced or were suffering from chronic diseases for more than one year. The results revealed several important themes, namely, the need to meet the psychological needs of people suffering from chronic diseases. In addition, this study found that self-acceptance and social support were the most important factors for improving the mental health of people with chronic diseases.

Kata kunci:

studi kasus;
penyakit kronis;
kesejahteraan
psikologis;
penerimaan diri;
dukungan sosial

Abstrak

Masalah fisik, psikologis, dan spiritual sering dihadapi oleh pasien yang mengidap penyakit kronis yang semakin parah. Penelitian ini berfokus pada kesejahteraan psikologis orang yang mengidap penyakit kronis jangka panjang. Metode yang digunakan dalam penelitian ini adalah metode kualitatif dengan pendekatan studi kasus. Penelitian ini melibatkan tiga informan yang telah mengalami atau sedang mengidap penyakit kronis selama lebih dari satu tahun. Hasil dari penelitian ini menunjukkan beberapa tema penting yaitu perlunya memenuhi kebutuhan psikologis individu yang mengidap penyakit kronis. Selain itu, penelitian ini menemukan bahwa penerimaan diri dan dukungan sosial adalah faktor yang paling penting untuk meningkatkan kesehatan mental individu dengan penyakit kronis.

How to cite this (APA 7th Edition):

Azfaruddin, M. F., & Rini, A. S. (2023). Psychological Well-Being In People With Chronic Diseases. *Academic Journal Of Psychology And Counseling*, 4(2). 177-204. <https://doi.org/10.22515/ajpc.v4i2.7454>

INTRODUCTION

Background Of The Study

Chronic disease is a health condition that lasts for a year or more, limits the patient's daily activities, and requires extensive medical treatment (Bernell & Howard, 2016; Centers For Disease Control And Prevention [CDC], 2022; Goodman, Posner, Huang, Parekh, & Koh, 2013). Diseases that are categorized as chronic have permanent side effects caused by irreversible pathological changes, requiring rehabilitation and long-term care (Risal, Syafitri, & Sholichin, 2021; Zulkifli, Hairina, & Mubarak, 2021). Some chronic diseases include heart failure, cancer, diabetes mellitus, kidney failure, hypertension, and so on.

Chronic diseases are complex and cause a gradual decline in health. In addition, chronic diseases are among the leading causes of death (Purbaningsih, 2018). According to the CDC, chronic diseases are the leading cause of death and disability in the United States. Every year, the mortality rate is around 70%, or equal to 1.7 million (Dewi, 2016).

In more advanced stages, chronic diseases not only pose physical challenges but also psychological and spiritual disorders. This will impact the quality of life of patients and their families. For example, research by Inayati, Hasanah, & Maryuni (2020) on people with chronic kidney disease who were undergoing hemodialysis found that these patients experienced various psychological changes and psychosocial problems. These changes were caused by helplessness and lack of control over the disease, medication, intrusive therapy, restrictions during medical regimens, changes in body shape, or impact on one's sexual life. The support provided to people following the diagnosis of a chronic illness is very important. This support ensures that the person can cope with not only the physical impact of the disease but also the psychological and social challenges it brings (Akyirem, Forbes, Wad, & Due-Christensen, 2022). Stressors potentially pose more risks to sick patients than healthy

Psychological Well-Being in People with Chronic Diseases
Muhammad Farid Azfaruddin, Afinia Sandhya Rini

individuals. Drugs and treatment methods the patients go through can increase the risks of psychological issues ([National Institute Of Mental Health, 2021](#)).

Chronic diseases have been found to affect psychological well-being. A study conducted by [Seprian, Hidayah, & Masmuri \(2023\)](#) found that 56 out of 60 people with chronic diseases had moderate psychological well-being. Still, the researchers pointed out other risk factors could adversely impact the well-being. Meanwhile, according to [Ramya, Prasanth, & Subramanian \(2022\)](#), long-term care patients experience decreased psychological well-being. Chronic disease conditions can reduce the quality of life and motivation for recovery. The quality of life of people with chronic illness depends on the perception of the ability to manage daily challenges due to illness and treatment ([Ramya et al., 2022](#)).

[Ryff \(1989\)](#) described psychological well-being as a state in which people have a positive attitude toward themselves and others. They can make decisions, manage their behavior and environment according to their needs, have significant life goals, and continue developing their potential. According to [Mojahed, Fallah, Ganjali, & Heidari \(2019\)](#), psychological well-being can directly and indirectly affect mental and physical health. People with high levels of psychological well-being tend to have better mental and physical health.

[Ryff & Keyes \(1995\)](#) explained that psychological well-being has six components. First, *autonomy* refers to an individual's confidence in oneself and the ability to live without depending on others ([Hidalgo et al., 2010](#)). Second, positive relationships with others, including relationships with parents, partners, family members, and people around them. Third, environmental mastery includes an individual's ability to manage and control their environment. Fourth, personal growth, which involves individuals' efforts in personal development. Fifth is life purpose, which relates to meaningful goals that direct the individual. Sixth is self-acceptance, which includes the ability of individuals to accept their strengths and weaknesses ([Ryff & Keyes, 1995](#)).

Rationale Of The Study

Past studies have shown that patients with chronic diseases not only need medical care related to their physical condition, but also psychological support. A survey by [Amna, Zahara, Sari, & Sulistyani \(2022\)](#) showed that chronic renal failure affects

patients' psychological condition and that self-acceptance can promote their psychological well-being. Second, a literature review conducted by [Risal et al. \(2021\)](#) showed that it is important to prevent and reduce the suffering of chronic disease patients. Compassionate and collaborative care between the nurse and the patient's family should also be emphasized to increase treatment satisfaction. Third, [Jainudin & Astuti \(2022\)](#) said there are changes in the psychological well-being of people with leprosy. Patients showed symptoms of decreased self-confidence, feeling ashamed, losing hope, and having low self-esteem. Fourth, [Sujana, Wahyuningsih, & Uyun \(2015\)](#) found that psychological well-being in people with type 2 diabetes mellitus could be improved using group-positive psychotherapy.

These studies examined only one type of disease. Thus, research involving informants with different chronic diseases and various genders and developmental phases is considered necessary. This kind of research is expected to provide a more varied, broader and in-depth picture of the psychological well-being of patients with chronic diseases.

Purpose Of The Study

This study focused on the dynamics of psychological well-being in people with chronic illnesses. According to interviews with nurses at the research hospital, patients with long-term or severe illnesses also experience psychological disorders such as despair, anxiety, and even depression. The nurses also said that they need psychological support, not just material support or medication.

The aim of this study was to find out the impact of chronic illness on psychological well-being. In addition, this study provided a comprehensive picture of the factors affecting psychological well-being, considering variations in age, gender and type of illness among the informants. This will help design more appropriate interventions to improve the psychological well-being of individuals.

Novelty Of The Research

The main difference between this study and previous studies is using different informants regarding age and gender. This study covered a wide range of age groups and genders to better understand the differences in psychological well-being among them. In addition, this study also differs from previous research in that it involves informants with various types of illnesses.

Psychological Well-Being in People with Chronic Diseases
Muhammad Farid Azfaruddin, Afinia Sandhya Rini

METHODS

Research Method

This qualitative research employed a case study approach. According to Yin (2014), a case study approach is suitable for research proposing the how and why questions. Case studies are also used to track current events when researchers study an ongoing phenomenon. In addition, the case study approach is also suitable for researching a unique or extraordinary phenomenon. The main focus of the present study was considered unique because it involved patients with chronic illnesses who survived their health conditions.

Research Informants

The present study involved three informants who had chronic diseases (Table 1). Researchers implemented several criteria in participant selection. First, they must have been diagnosed with chronic illness and experienced the health condition for more than one year. Participants should not have communication disorders that could hinder the interview and fully consented when participating in the research. Then, participants should be men and women to help researchers gain comprehensive insights into the psychological well-being of the two genders. Participants should be of adult age.

Table 1.
Description of Research Informants

Informant	Sex	Age	Marital Status	Education	Job	Illness
B (initial)	Female	65	Married	Diploma	Retiree	Hyperthyroidism
IS (initial)	Male	62	Married	Bachelor	Civil Servant	Stroke
AW (initial)	Female	26	Unmarried	Bachelor	Special Needs Teacher	Gastric Infection

Data Collection Technique

The data collection technique implemented in this research was interviews. Interviewers used open-ended questions with a semi-structured method. Questions were developed based on psychological well-being by Ryff & Keyes (1995). The *Psychological Well-Being In People With Chronic Diseases*
Muhammad Farid Azfaruddin, Afinia Sandhya Rini

researcher visited the informants' residences to conduct the interviews. Voice recorders or similar tools were used in the interview process to obtain a comprehensive record of the interviews. In addition to interviews, the researcher also collected observation data, but only within the interview sessions. The interviewer noted the body movements and facial expressions of the informants.

Data Analysis Technique

There are three important stages in analyzing case study data. First, pattern matching. In this stage, the empirical data is compared with pre-determined patterns or alternative predictions. Similarities between these patterns will strengthen the internal validity of the case study. Second, explanation development aims to develop a more in-depth explanation of the case under study. Third, time series analysis (Yin, 2014).

RESULTS

Illness Experience And Psychological Well-Being Of B

B was diagnosed with hyperthyroidism and endured the illness from 2016 to 2019. Initially, B felt that her heartbeat was abnormal, and she lost weight. B then tried to see an internal medicine doctor. She was treated for six months, but B decided to move to the public hospital due to the high cost. She never tried alternative treatments, like traditional therapy and herbal medicine. B only went to the doctor and took the prescribed medicine. At the time of research, B no longer visited the hospital for check-ups for hyperthyroidism because she was almost fully recovered. However, B frequently visited the hospital and took medicine for other illnesses.

"Hyperthyroidism. I was sick from 2016 to 2019." (S:7)

"I'm no longer [being treated] for hyperthyroidism. But I still go to hospital for high blood pressure and gastritis. Now, it's not too painful. In the past, when I did hajj pilgrimage, I still had hyperthyroidism, so I wore the yellow band [for sick pilgrims]." (S:64).

"At first, my heart was beating fast [so] my son told me to go to a cardiologist. But I went to an internal medicine doctor first. I met Doctor L and was treated [by the doctor] for six months. [But] because the doctor's practice was expensive, I finally moved to the hospital." (S:11)

"After that, I was treated by Doctor R until I recovered now I only sometimes do check-ups, depending on [the health issues], sometimes gastritis." (S:12)

B acknowledged her illness with patience and accepted her condition. Before and after the disease, B said she had always taken things as is. She tried to care for and love herself. After the illness, B said she cared for herself better because she still had two children studying in college. Her husband passed away in 2012, making her the only breadwinner in the family.

"Yes, taking care of yourself is a must; if you are healthy, you can worship [God] and do daily activities easily." (INF1:B:Interview:L25)

"I love myself more because I must be strong since I have dependents, I try my hardest to recover." (INF1:B:Interview:L27)

When B received the diagnosis, she felt more eager to live. The vigor to live following the diagnosis was due to the desire to provide for the needs of her two children. According to B, apart from love for God, she must also love her children as a mother.

"Yes, I was alone at that time my husband had passed away. My husband died in 2012. I usually also went for the treatment alone, the children were not home at that time." (INF1:B:Interview:L18)

"Yes, I am more enthusiastic, I remember that besides the love for Allah, I also have to love my children. Therefore, as a mother, I have to try to be healthy." (INF1:B:Interview:L31)

Regarding family relationships, before her illness, B rarely shared her problems with her children. Following her diagnosis, B's children always encouraged her to get well quickly. Her children also always helped B's recovery by accompanying her to the hospital and caring for her when she was hospitalized.

"Before I got sick, I never told my children anything, I let myself endure [my problems] and only told them if there were bigger problems.... My children always encouraged me to get well." (INF1:B:Interview:L35)

"Yes, when I was hospitalized, I told them to come home even though they didn't return together. They were both [living] in Jember at that time." (INF1:B:Interview:L37)

"My nephew also told me I should be healthy because I wanted to do a Hajj pilgrimage. [My nephew said] I didn't need to think about money, the important thing was to be healthy first... Yes, it was not like this before." (INF1:B:Interview:L38)

Regarding her relationship with the community, B said there was not much difference in her relationship with the community before and after her illness. B's

work environment was filled with good people who understood her health condition. One of the community leaders in her neighborhood also held a communal prayer for her recovery.

"The community was kind, when I was sick the elder even led a prayer for me, wishing for my health, when I was not at home." (INF1:B:Interview:L42)

"It's good that everyone understood [my health condition]. Sometimes they also gave me encouragement." (INF1:B:Interview:L56)

B did not feel depressed. She thought that everything must be accepted as it was. She also never complained about her illness. The illness even encouraged her to be more diligent about worship or prayer.

"Alhamdulillah no, I return everything to Allah. Even before I got sick, I never complained about how my life went." (INF1:B:Interview:L45)

"I pray more often and get closer to Allah. Before, I did worship, but I wasn't as diligent as I am now. Especially before my illness, I was not retired yet." (INF1:B:Interview:L48)

B's wish was to be able to worship perfectly before and after her illness. She planned to go on a Hajj pilgrimage during her illness. Despite the high risk, she just wanted to perform the Hajj smoothly and perfectly. Her other wish was to make her children independent and successful.

"I really want to be able to fulfill all the pillars of Islam. When I was sick, I just had to try to be able to do ihram [the sacred state to perform Hajj] at that time. Alhamdulillah, I was able to do ihram smoothly." (INF1:B:Interview:L50)

"I'm no longer [being treated] for hyperthyroidism. But I still go to hospital for high blood pressure and gastritis. Now, it's not too painful. In the past, when I did hajj pilgrimage, I still had hyperthyroid, so I wore the yellow band [for sick pilgrims]." (INF1:B:Interview:L64)

"As for worldly problems, I want my children to succeed." (INF1:B:Interview:L52)

B did not feel issues regarding interactions with other people. She could still socialize with others and participate in community activities, such as Quran recitation and communal prayers.

"Yes, nothing, it's like the usual when I was sick or before I was sick. Yes, if there's a community activity, I will participate when I can, and not participate if I can't." (INF1:B:Interview:L54)

Before her illness, B rarely shared her problems with the children. She talked more often to her than college-age children when she was sick. She frequently asked her children for help, such as accompanying her to go somewhere and doing strenuous activities.

"I usually discuss [problems] with the children after my husband died, I started to talk to the children if there is a problem." (INF1:B:Interview:L58)

"When I was sick? I told my children if I was going to communal prayers or simply going out. I ask them to take me." (INF1:B:Interview:L60)

"Yes, I still do daily tasks that I can do, like cooking and washing clothes. Yes, the light things." (INF1:B:Interview:L62)

Illness Experience And Psychological Well-Being Of IS

IS had a stroke in 2009. It started when he felt uncomfortable during the maghrib prayer. He went straight to his room and found it difficult to move. The next day, IS was taken to the hospital and diagnosed with a stroke caused by a very high cholesterol level. The doctor said IS could recover, but the residual effect of the stroke would remain. In addition, the doctor also predicted that IS could potentially get a second attack, which could be more severe. Therefore, IS routinely took medicine and regularly did medical check-ups.

"My illness was stroke due to high cholesterol. February 7, 2009, Saturday night, I still remember it very well. I was already feeling bad when I prayed maghrib, so I went to bed. The next day, I went to the hospital, and [the doctor] said, 'His blood pressure and cholesterol were very high.' I was hospitalized for a week and couldn't go to work for two months, and the first month was the worst." (INF2:IS:Interview:L7)

"The doctor said it could be treated, but there was still a risk of recurrence. So until now, I still take medicine regularly to anticipate a second attack." (INF2:IS:Interview:L8)

"I only go to the doctor, to the public hospital for specialists. I only bathed in warm water for two months. I also practiced riding a bicycle." (INF2:IS:Interview:L10)

IS is a civil servant and is the breadwinner for his family, which consists of his wife and two children. At that time, IS's son was still in high school, while his daughter was in grade 4. The informant was worried that if he did not recover, no one would provide for his children and wife. These thoughts encouraged him to recover.

"There were thoughts like that, but I'm trying. I should get better no matter what. I also thought, what would happen to my children if I wasn't around?"

There was a person named Mr. Y at the hospital who said, 'Sir, if you want

to recover, you must unhealthy food.' So I force myself to eat my wife's food to be healthy." (INF2:IS:Interview:L14)

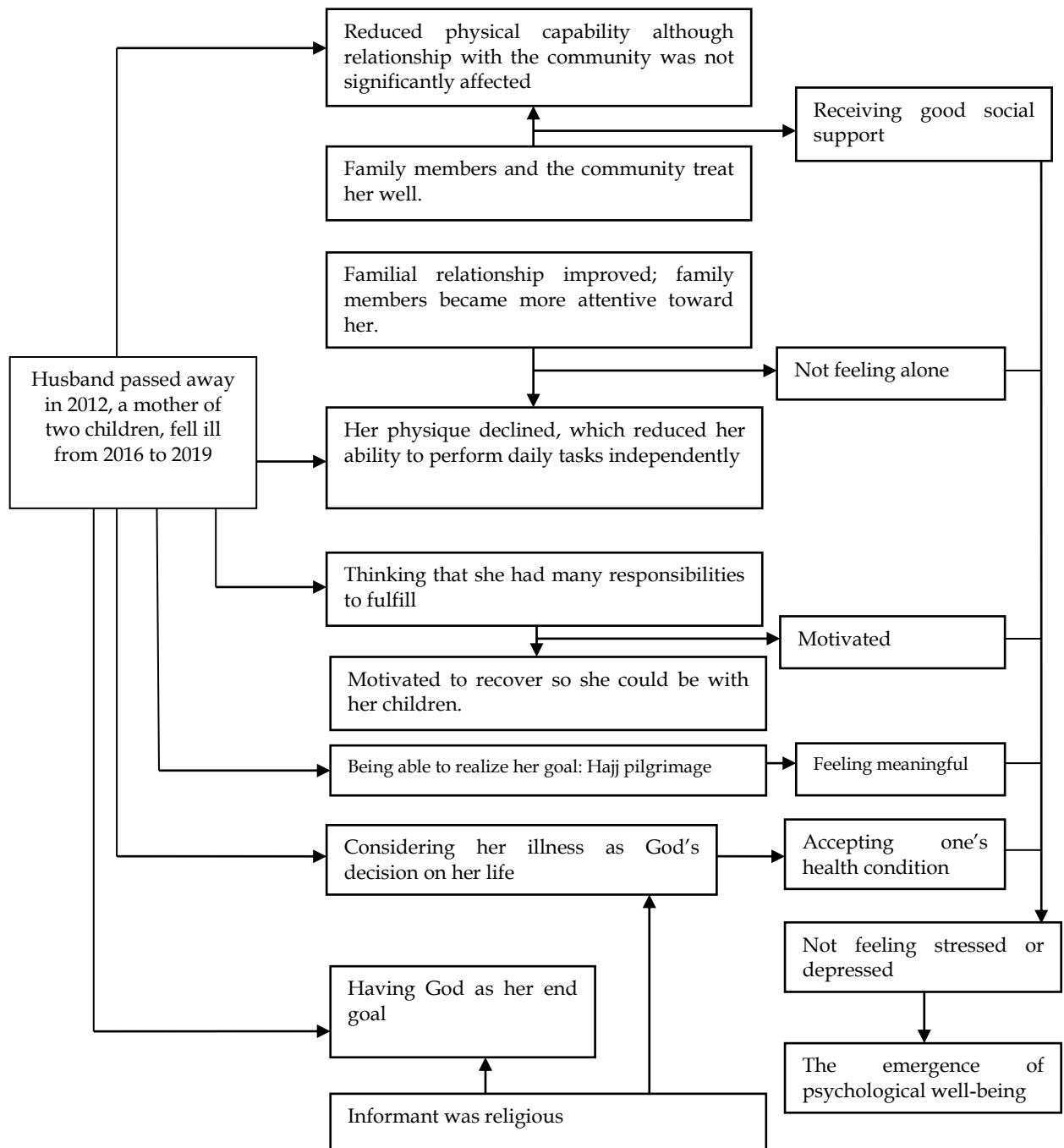


Figure 1. The Dynamic Of Psychological Well-Being In B

Before the illness, IS was a person who only performed mandatory worship. After illness, with encouragement from his wife, he increased his intensity in prayer. IS also tried to register for the Hajj pilgrimage when he was still sick. Before his illness, IS already wanted to register for the Hajj. However, he felt he was still healthy and had enough time, so he postponed the registration. After the stroke, IS felt regretful for delaying the Hajj.

"Everything is from God. Worship is constant, but there must be effort. Previously, I only prayed a little; after being sick, I do it more intensively." (INF2:IS:Interview:L16)

"Hajj actually [I thought of it before illness], but I thought I was still healthy, so I'll just wait. When I got sick, I felt regretful, so I used whatever I had to register for Hajj. When I registered, I went to the religious minister's office on foot; I was plodding; I had to go no matter what." (INF2:IS:Interview:L38)

"Now I want Umrah; other people want cars or something else, but I'm not." (INF2:IS:Interview:L40)

Before getting sick, IS was a person who lacked self-love and self-care. IS thought he was always healthy, so he never thought about taking care of his health. Since being sick, he has paid more attention to taking care of himself, including his health.

"Well, that's the thing that I sometimes forget. An hour before I had a stroke, I was chilling with my relatives. Someone said, 'Many of our relatives have had strokes, many have died from strokes, we must be careful if we have stroke risks.' But I said, 'No, my grandfather's descendants are the healthiest,' there was pride in me. I feel healthy, and then my thoughts are like that. If you say loving myself, it's still lacking." (INF2:IS:Interview:L19)

After his diagnosis, IS felt worried and sad at the prospect of failing to recover. If he could not recover, then no one could provide for his children and wife. IS once felt pessimistic about his recovery because he had seen several people around him die from strokes. IS could shake off that feeling because he was motivated by the need to provide for his family.

"My thoughts were, 'Will I be able to recover?' 'How will my children be [without me]?' Because I see around me that two people suffered a stroke and died, but my stroke attack was more severe, so I was afraid that I would die too." (INF2:IS:Interview:L21)

"Yes, there is, pessimistic right? Yes, I have thought about it, but I immediately remembered that the children were still young, and the only person who provided for them was me." (INF2:IS:Interview:L25)

IS's relationship with his family improved when he was sick. Since IS was ill with a stroke, family members have become more attentive toward him. For example, IS's wife prepares his needs for work. During his illness, IS's son always comforted him so that he would not feel burdened. IS's family always tries to prevent him from thinking about difficult problems.

"Yes, it's getting better; my wife also wants to see me healthy; sometimes she gets angry with me [but] with a good intention. My son also sometimes entertained me when I was sick and often made me laugh. I'm always told to be happy; they try to ensure I won't think of heavy matters. I also never think about finances, my children's school affairs or anything else. My wife accompanies me wherever I go to the office to handle correspondence and everywhere." (INF2:IS:Interview:L29)

"My wife and children also pay more attention to me. Like when I'm going to school [for work], they prepare all the clothes and other equipment." (INF2:IS:Interview:L30)

"The relationship is good. When I was sick, there were pros and cons. Some didn't care if I was sick, while others would visit me." (INF2:IS:Interview:L32)

Despite having a stroke, IS could still socialize with others. However, IS had difficulty in conveying something because the stroke impaired his speech ability.

"It's still good, but my problem is that the stroke made it difficult for me to speak. It's difficult to chat, it's difficult to express feelings, but the interaction is still good. Until now, it's a bit difficult when I have to talk a lot." (INF2:IS:Interview:L34)

Before being sick, IS often cleaned around the school he worked at. However, after the illness, he could not do it. This is also related to IS's relationship with his work environment, which he described as very good because all his coworkers understood his health situation. IS tried to remain productive by sweeping the house, helping to cook, and praying. He used to like playing volleyball but could no longer do so.

"Before I got sick, I was very diligent in cleaning the school, like I pulled the grass [and so on], but I can't bring myself to do it after I get sick. The people are all good; they are also understanding from the beginning; they also visit me and advise me to go to the hospital when I'm at school, and they also

sometimes remind me not to push myself too much."
(INF2:IS:Interview:L42)

"Yes, just cleaning the house, helping cook, reciting the Quran, that's it, nothing else." (INF2:IS:Interview:L50)

Before his illness, IS used to make decisions on his own, except for financial matters, which he left entirely to his wife. After his illness, IS consulted with his wife first when he was facing problems. IS was always accompanied by his wife, for example, when going to school or dealing with some issues out of town.

"Before I was sick, I only handed over my finances to my wife; the other [issues] I thought of myself. When I was sick, I would talk to my wife first."
(INF2:IS:Interview:L44)

"Wherever I go, my wife always accompanies me, to the office, taking care of letter correspondence, everywhere she's always with me."
(INF2:IS:Interview:L46)

IS's illness caused many changes in his life, including in work life, family relationships, and religiosity. Once pessimistic, IS was encouraged to recover because he had to provide for his wife and children. His psychological well-being was also affected by this sickness. However, thanks to the support of his wife and children, IS's psychological condition improved.

Illness Experience And Psychological Well-Being Of AW

AW often experienced illness and was hospitalized several times due to different diseases. From grade 2 to 4 of primary school, AW had to be hospitalized several times, but she did not know his illness. The doctor and family did not tell her because AW was considered too young. At that time, AW also had to routinely take medicine for two years because of a cracked eardrum. During the third grade of junior high, AW was diagnosed with a gastric infection, which she suffered until adulthood and still relapsed frequently. A few months before the data collection, AW underwent surgery to remove "growing meat" on the chest. AW only went to the doctor and took prescribed medicine for her health condition.

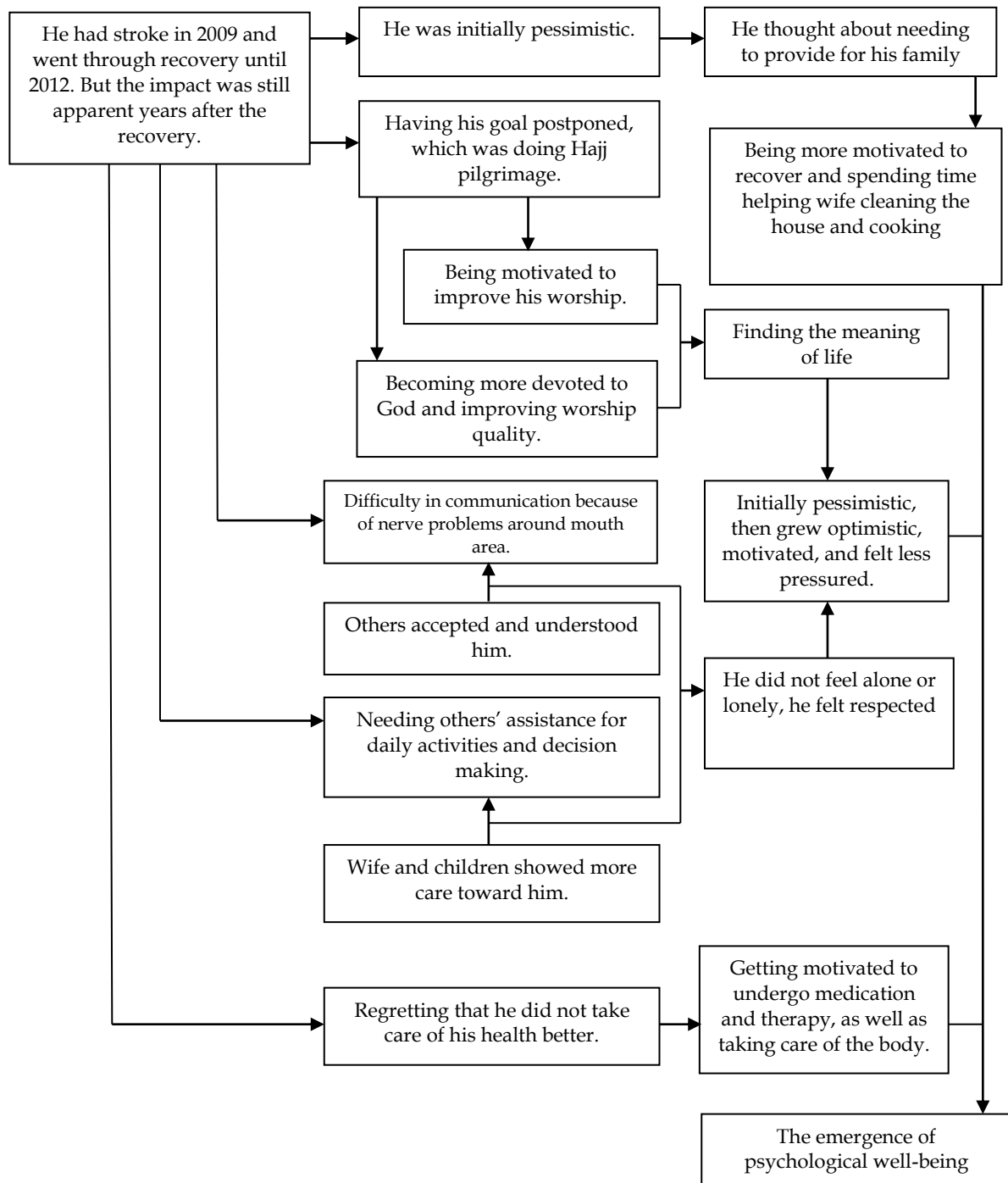


Figure 2. The Dynamic Of Psychological Well-Being In IS

"I haven't taken medicine for a long time, I haven't gotten check-ups [for the gastric condition] in a long time, [the relapse] isn't frequent too. In the past, I used to take medicine for a year nonstop." (INF3:AW:Interview:L16)

"What I remember is that in grade 2, if I'm not mistaken, I still took medicine until grade 4 because of ear problems. I had a ruptured eardrum." (INF3:AW:Interview:L26)

"I forgot the scientific name, there was meat growing in my breast." (INF3:AW:Interview:L29)

"No, like a tumor but benign. Actually, it's okay if I don't take it out, but the doctor advised me to take it out because the diameter was already 2.5 cm." (INF3:AW:Interview:L31)

Regarding financial matters, AW was not the only earner in the family, as her parents were still working. So, she was not worried that she could not continue working due to her illness. For future plans, AW would take every opportunity available. She also planned to get better.

"No, my mother and father also work." (INF3:AW:Interview:L39)

"Yes, there is [a plan], any opportunity that I can take, I will take. If possible." (INF3:AW:Interview:L43)

According to AW, God's role in her health was significant. She said treatment and surgery could fail and that everything happened at God's will and with help. AW became more devoted to her worship following the gastric infection diagnosis. AW felt that worship was something that she needed, not just an obligation. The informant said God was the ultimate goal of her life.

"It's very significant. When it comes to recovery post-surgery, the surgery can fail; many people experience that. When I was operated on, it seemed like I was given a high dose of anesthetic that I woke up only an hour after the operation." (INF3:AW:Interview:L45)

"It's definitely different; I used to think that worship was only done to fulfill obligations. But after being sick [I thought], oh yes, I need to pray, it's not just an obligation." (INF3:AW:Interview:L69)

Before her illness, AW said she did not have enough self-love because she did not pay enough attention to her health. AW admitted to being an ambitious person, and she wanted to do everything. Because of this, AW often pushed herself and forgot to care for her health. After being sick, AW felt that she had to be more accepting of her health condition and pay attention to it.

"Before the illness, [my self-love] was really lacking. I'm ambitious, but I sometimes forget time [when I'm working]. I didn't rest enough when I was sick, and then I thought, 'Oh yes, my body can't be forced to continue.' So after the illness, [I realized that] I must give myself a break. When it's time to rest, it's time to eat, so [my schedule is] more regulated. You can't force yourself. If when I'm working, I'm exhausted, I have to rest." (INF3:AW:Interview:L47)

"Gratitude is the same; it's just that after being sick, you must be more grateful by taking better care of yourself." (INF3:AW:Interview:L51)

When receiving a diagnosis of gastric infection, AW did not feel anything significant about it because she had often been hospitalized since childhood.

"There's nothing special because I've been hospitalized many times. I just accept it." (INF3:AW:Interview:L49)

AW's relationship with her family improved after her diagnosis. AW's parents became more attentive toward her, frequently reminding her to take care of herself. When AW got the diagnosis, her parents were also not too surprised because they were used to it.

"It's the same; nothing has changed, we still pay attention to each other, if I'm sick, I'm more attentive. I used to be fat, and now I'm thin because I often remind myself to rest and eat." (INF3:AW:Interview:L53)

"Because I'm used to being sick, I'm not surprised. But [my parents] immediately took me to the hospital." (INF3:AW:Interview:L55)

AW did not feel major differences in social relations before and after illness. When she fell sick, the community also visited AW.

"Kind, they are kind. Many visit me [when I was sick], they also don't scrutinize me too much, just a lot of people saying, 'Don't get sick too often!'" (INF3:AW:Interview:L57)

"When I'm sick, I stay at home, and when I'm better, I still socialize." (INF3:AW:Interview:L59)

The informant had felt unenthusiastic about life. She complained about her physique due to her frequent illness. AW felt jealous of other people who were physically strong and could do daily activities normally. However, she thought that her weak physical condition should not be a barrier that prevented her from doing many things. AW thought of people with special needs who could still attend school, which renewed her spirit. AW also reported not feeling excessive sadness.

"I have [felt down], it's not that I'm not eager to continue living. I just wonder why I am always tested physically. Sometimes, I also envy other people who work harder than me but are still physically strong." (INF3:AW:Interview:L61)

"Illness is not a barrier to achieving goals; I teach at a school for children with disabilities. I find that they can still be enthusiastic about going to school. If they can, there's no reason for me not to be able to." (INF3:AW:Interview:L63)

"No, never. When I was sick, I felt really sad, I cried when my friend told me once, 'How come I've never been hospitalized?' Even though I got sick of taking medicine from the doctor." (INF3:AW:Interview:L65)

According to AW, the illness positively impacted her, and she felt more grateful.

AW also realized that her body needed time to rest.

"I become more grateful. I have to pay more attention to taking care of myself. Before I got sick, I rarely realized that my body is weak and that I need to rest." (INF3:AW:Interview:L67)

"I want to do everything; before I got sick, I thought 24 hours a day was not enough. Because there are many things that I still want to do." (INF3:AW:Interview:L73)

"I want to, but I also think that I can't force myself. Now there must be time to rest." (INF3:AW:Interview:L75)

In the workplace, AW said her coworkers understood and accepted her. AW was honest about her health condition to her coworkers. Therefore, her coworkers adjusted her workload, avoiding giving her heavy tasks.

"They understand that if I'm sick, I have to rest at home. If my shoulder hurts when I'm tired, someone usually guides me to make it better." (INF3:AW:Interview:L77)

"Yes, I just be honest. If it hurts, I say it hurts. If I feel weak, I don't pretend to be strong." (INF3:AW:Interview:L79)

Before her gastric issue, AW liked to make her own decisions. However, since her diagnosis, AW asked permission from her parents more often before doing something, such as coming home late or going out.

"Personally, I have always applied that you can do anything, but you have to be responsible for what you do." (INF3:AW:Interview:L81)

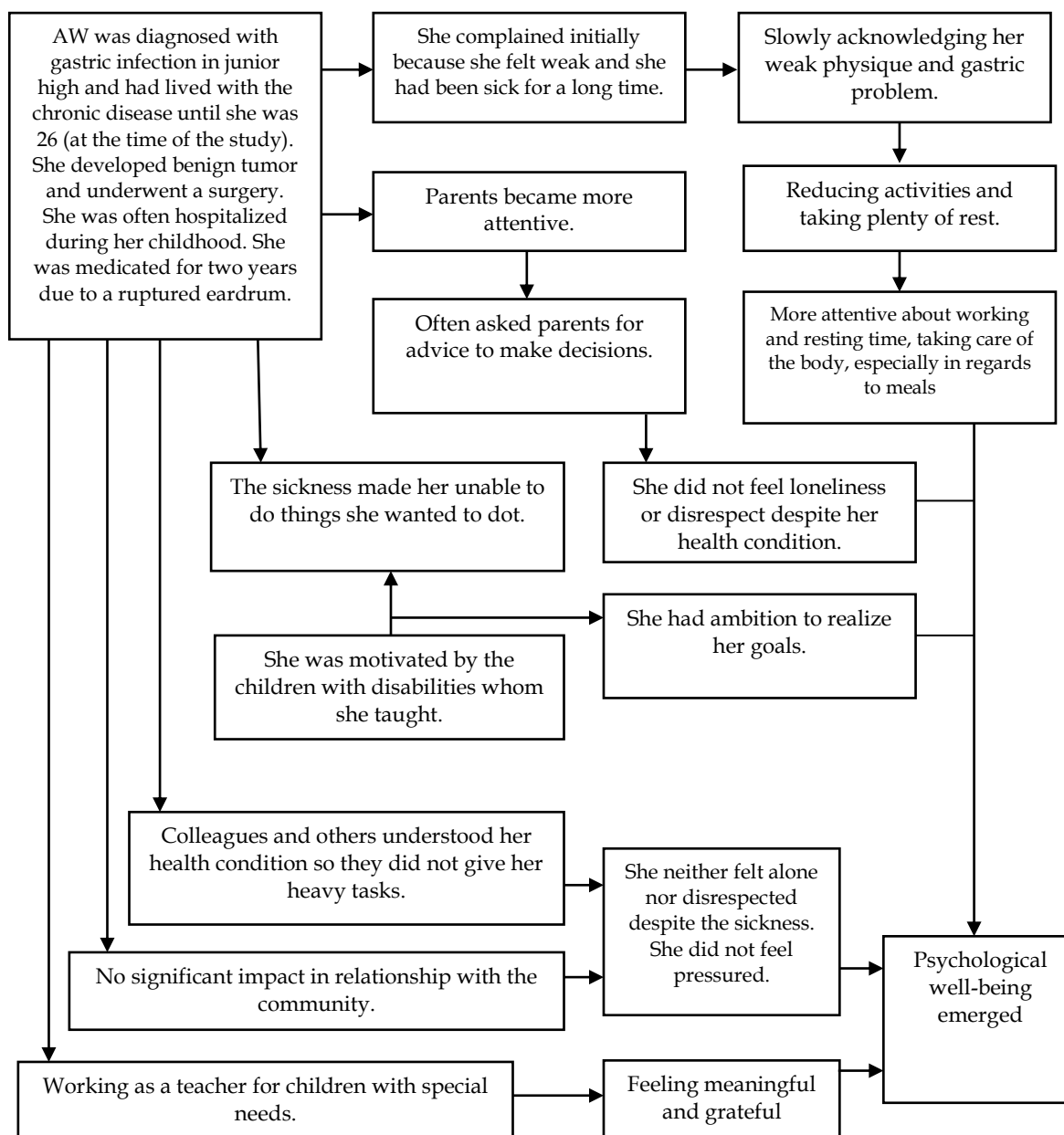


Figure 3. The Dynamic of Psychological Well-Being in IS

Discussion

This study aimed to explore the psychological well-being of three informants who experienced chronic diseases. All three informants said that, at first, they felt sad, hopeless, and weak compared to others. This greatly affected their lives and daily activities. Their illnesses interfered with work, affected their relationships with

neighbors and other people, weakened them physically and made them dependent on others. Various studies have also mentioned that chronic illnesses impair psychological well-being. Research conducted by [Rivera-Picón, Benavente-Cuesta, Quevedo-Aguado, & Rodríguez-Muñoz \(2022\)](#) showed that people with HIV have low psychological well-being and resilience scores. This is because they feel alone, implying the need to improve HIV patients' coping and social support-seeking skills. Research conducted by [Stacherl & Sauzet \(2023\)](#) also showed that chronic diseases can cause a decrease in psychological well-being in patients. Meanwhile, [Yildirim, Akman, & Dokumaci \(2023\)](#) found a significant correlation between perceived social support and psychological well-being in people with chronic diseases. If people with chronic diseases get high social support, they will see improvement in psychological well-being. Conversely, the lack of social support may lead to low psychological well-being in chronic disease patients.

This research explored each aspect of psychological well-being. According to [Ryff & Keyes \(1995\)](#) and [Ryff \(1989\)](#), psychological well-being comprises autonomy and environmental mastery. Autonomy relates to the individual's independence or ability to do something confidently. In contrast, the environmental mastery aspect relates to the individual's capacity to master the environment and adapt it to personal conditions. The researchers found disruptions of these two aspects in informants. The informants felt that their physical condition had decreased drastically since experiencing illness. Thus, they could not lead daily lives independently, even to the point of depending on others. This dependence is physical (e.g., having to be escorted and accompanied every time they travel) to psychological (e.g., discussing with family members before making personal decisions). Research conducted by [Yu, Song, & Kang \(2022\)](#) showed that patients with chronic coughs in Taiwan and Korea felt significant burdens, negatively affecting their overall quality of life, social and work life, and psychological conditions.

At first, the three informants experienced anxiety, sadness, weakness and other psychological problems. However, at a certain point, they were able to overcome these negative feelings. For example, B was encouraged to survive by the thought of providing for her children after her husband died; IS was motivated to keep working

because he was the breadwinner of the family; and AW was grateful because many people with lifelong disabilities were still able to live life. The process of turning negative emotions into positive ones is related to emotion regulation. People with chronic diseases who can regulate emotions well are likelier to see lower stress levels (Wierenga, Lehto, & Given, 2016). A low-stress level contributes to high psychological well-being (Suleman, Hussain, Shehzad, Syed, & Raja, 2018; Yadav, Yadav, & Sharma, 2023).

People around chronic disease patients also provided social support. For example, family members became more attentive and accompanied them to places. In addition, their coworkers also understood their health conditions so they could give them a suitable workload. Community leaders held communal prayers to wish the informant a speedy recovery. The support given to the informants was then interpreted as a form of concern for their well-being. It made the patients feel that they were not alone in the struggle for recovery. Various studies have shown that social support is important in developing psychological well-being (Bustamante, Vilar-Compte, & Lagunas, 2018; Dinh & Bonner, 2023).

Self-acceptance, a high level of religiosity, and a persistent desire for recovery enabled them to improve their psychological well-being. They faced the challenges of chronic illness positively and saw the future with hope. This finding showed that psychological well-being could be enhanced even in challenging situations if provided with strong social support, positive self-acceptance, and high motivation to recover (Khairani, Selvi, & Sari, 2021).

Self-acceptance is another important aspect found in this study besides social support. Several studies have shown that self-acceptance of someone who experiences chronic pain can have an impact on the emergence of psychological well-being (Brzoza et al., 2022; Szcześniak, Świątek, Cieślak, & Świdurska, 2020). When people with chronic illnesses accept their situation, it reduces the intensity of negative feelings and emotions. In addition, such an attitude also alleviates the psychological pressures. Thus, the psychological well-being will improve.

These findings slightly deviate from Potter, Perry, Stockert, & Hall's (2020). Some changes in health conditions can be stressors that have the potential to affect one's self-

concept, which in turn can affect self-identity and acceptance. Chronic illnesses like stroke will make individuals undergo significant changes in their self-acceptance. Chronic diseases increasingly interfere with an individual's ability to perform daily activities, which will increasingly affect their self-acceptance (Potter et al., 2020).

Strong social support has a positive impact on the self-acceptance of individuals with chronic illnesses. It increases self-confidence, reduces stress, anxiety, and depression, and increases optimism and motivation for recovery (Bustamante et al., 2018). Social support was another prevalent aspect in the informants' psychological well-being dynamics. They said that support from family increased their motivation for recovery. Research conducted by Dedi, Murdiana, & Zainuddin (2021) on women who were diagnosed with breast cancer showed social support's role in influencing patients' emotional health too.

Social support can be a form of protection against psychological stress. On the other hand, perceived social support can potentially cause psychological distress. As an illustration, a spouse's efforts to encourage their partner who lives with chronic disease to exercise and change their diet can cause psychological distress (Bouchard et al., 2023). This also happened to IS. His wife provided support to IS by being very attentive to his physical condition. In addition, his wife controlled IS's daily life. From this, it can be seen that social support has an important contribution to the psychological condition of people with chronic diseases, positively and adversely.

In this study, there was no indication of difference in psychological well-being based on gender. The three informants showcased similar factors that supported their recovery process, ranging from family support, religiosity, and motivation to recover. Research done by Salleh & Mustaffa (2016) and Hasan (2019) also showed no significant differences in psychological well-being between men and women. Meanwhile, a study by Matud, López-Curbelo, & Fortes (2019) found no difference in psychological well-being between men and women in late adulthood (55-64 years old and 65-74 years old). However, they found gender differences in the 35-44 and 44-54 age groups. This may result from the major social changes that have occurred in Spain (the study location) over the past years and differences in social context (Matud et al., 2019).

This study found another factor that can impact psychological well-being, namely religiosity. Previous studies have shown that religiosity contributes to life satisfaction and psychological well-being (Leondari & Gialamas, 2009; Lianda & Himawan, 2022; Raza, Yousaf, & Rasheed, 2016). In the context of this study, religiosity refers to the internalization of religious values in a person. The results of internalizing these values are then implemented into daily life, as happened to B, who could accept her condition because she felt that everything was God's gift. IS also experienced changes in religiosity, in which he became more diligent in worship. This improvement in religious attitude was able to help IS achieve psychological well-being.

Based on this explanation, although the two informants initially felt weak and pessimistic, both were able to acknowledge their conditions and accept themselves. This self-acceptance is due to the support of the closest people, making the informants feel valuable. Gender and age had no apparent effect on psychological well-being. Influential factors other than social support are religiosity and understanding of the meaning of life.

CONCLUSIONS AND SUGGESTIONS

Conclusions

Chronic illness not only affects one's physique but also their psychological well-being. This study discovered that self-acceptance and social support (from family or the surrounding community) are necessary to improve psychological well-being in patients with chronic diseases. Social support and self-acceptance can motivate patients to go through the recovery process. In addition to assisting patients with carrying out daily activities, family and the community can help prevent loneliness. The social support provided by the people closest to patients makes them accept their chronic health conditions better (self-acceptance).

An informant experienced negative feelings following his diagnosis, which affected his psychological well-being. However, the informant was able to change these negative feelings due to social support from family members and other people around him. Then, an informant who did not experience negative feelings after the diagnosis said she believed that a chronic health condition was a challenge from God, so she had

to accept it. In addition, one informant was often sick before the diagnosis, which helped mitigate the negative feelings.

Suggestions

This study's limitation lies in the limited behavioral observations of the respondents, which could have enriched the data obtained from interviews. Thus, future researchers are expected to conduct more comprehensive observations of research participants. In addition, future researchers should explore the quantitative approach to examine the impact of certain variables, such as the type of chronic pain, gender, and age, on psychological well-being.

The study found that social support could foster self-acceptance, which eventually would help people with chronic illnesses achieve psychological well-being. Therefore, people who have family members with chronic diseases are expected to provide appropriate social support, both physically and psychologically. Several forms of support that can be provided to the patients are daily assistance, listening to their stories, and being attentive.

AUTHORS CONTRIBUTION STATEMENT

Muhammad Farid Azfaruddin: Conceptualization; Data Curation; Investigation; Methodology; Resources; Validation; Visualization; Writing Original Draft; Writing, Review & Editing.

Afinia Sandhya Rini: Formal Analysis; Project Administration; Validation; Writing, Review & Editing; Supervisor.

REFERENCES

- Akyirem, S., Forbes, A., Wad, J. L., & Due-Christensen, M. (2022). Psychosocial Interventions For Adults With Newly Diagnosed Chronic Disease: A Systematic Review. *Journal Of Health Psychology*, 27(7), 1753–1782. <https://doi.org/10.1177/1359105321995916>
- Amna, Z., Zahara, M., Sari, K., & Sulistyani, A. (2022). Gambaran Kesejahteraan Psikologis Pada Pasien Penderita Gagal Ginjal Kronik (GGK) Yang Menjalani Treatmen Hemodialisis. *Jurnal Psikologi*, 15(2), 323–338. <https://doi.org/10.35760/PSI.2022.V15I2.6358>

- Bernell, S., & Howard, S. W. (2016). Use Your Words Carefully: What Is A Chronic Disease? *Frontiers In Public Health*, 4(159), 1–3. <https://doi.org/10.3389/fpubh.2016.00159>
- Bouchard, V., Robitaille, A., Perreault, S., Cyr, M.-C., Tardif, J.-C., Busseuil, D., & D'Antono, B. (2023). Psychological Distress, Social Support, And Use Of Outpatient Care Among Adult Men And Women With Coronary Artery Disease Or Other Non-Cardiovascular Chronic Disease. *Journal Of Psychosomatic Research*, 165, 111131. <https://doi.org/10.1016/j.jpsychores.2022.111131>
- Brzoza, K. B., Głównczyńska, P., Piegza, M., Błachut, M., Sedlaczek, K., Nabrdalik, K., ... Gorczyca, P. (2022). Acceptance Of The Disease And Quality Of Life In Patients With Type 1 And Type 2 Diabetes. *The European Journal Of Psychiatry*, 36, 114–119. <https://doi.org/10.1016/j.ejpsy.2021.12.001>
- Bustamante, A. V., Vilar-Compte, M., & Lagunas, A. O. (2018). Social Support And Chronic Disease Management Among Older Adults Of Mexican Heritage: A U.S.-Mexico Perspective. *Social Science & Medicine*, 216, 107–113. <https://doi.org/10.1016/j.socscimed.2018.09.025>
- Centers For Disease Control And Prevention. (2022). About Chronic Diseases. Retrieved May 7, 2023, from National Center For Chronic Disease Prevention And Health Promotion website: <https://www.cdc.gov/chronicdisease/about/index.htm>
- Dedi, A., Murdiana, S., & Zainuddin, K. (2021). Pengaruh Dukungan Sosial terhadap Emotional Well Being Pasien Kanker Payudara. *Pinisi Journal Of Art, Humanity And Social Studies*, 1(4), 101–103.
- Dewi, R. (2016). Pengalaman Mahasiswa Dengan Penyakit Kronik Dalam Belajar Di Universitas Esa Unggul. *Indonesian Journal Of Nursing Health Science*, 1(1), 67–74. <https://doi.org/10.47007/ijnhs.v1i1.1287>
- Dinh, T. T. H., & Bonner, A. (2023). Exploring The Relationships Between Health Literacy, Social Support, Self-Efficacy And Self-Management In Adults With Multiple Chronic Diseases. *BMC Health Services Research*, 23(923), 1–10. <https://doi.org/10.1186/s12913-023-09907-5>
- Goodman, R. A., Posner, S. F., Huang, E. S., Parekh, A. K., & Koh, H. K. (2013). Defining And Measuring Chronic Conditions: Imperatives For Research, Policy, Program, And Practice. *Preventing Chronic Disease*, 10(E66), 1–16. <https://doi.org/10.5888/pcd10.120239>
- Hasan, M. (2019). Psychological Well-Being And Gender Difference Among Science And Social Science Students. *Indian Journal Of Psychological Science*, 6(2), 151–158.
- Hidalgo, J. L.-T., Bravo, B. N., Martínez, I. P., Pretel, F. A., Postigo, J. M. L., & Rabadán, F. E. (2010). Psychological Well-Being, Assessment Tools And Related Factors. In *Psychological Well-Being in People with Chronic Diseases* Muhammad Farid Azfaruddin, Afinia Sandhya Rini

I. E. Wells (Ed.), *Psychological Well-Being* (pp. 77–113). Hauppauge, New York, United States: Nova Science Publishers, Inc.

Inayati, A., Hasanah, U., & Maryuni, S. (2020). Dukungan Keluarga Dengan Kualitas Hidup Pasien Gagal Ginjal Kronik Yang Menjalani Hemodialisa Di RSUD Ahmad Yani Metro. *Jurnal Wacana Kesehatan*, 5(2), 588–595. <https://doi.org/10.52822/jwk.v5i2.153>

Jainudin, J., & Astuti, F. (2022). Kesejahteraan Psikologis Pada Penderita Kusta Di Sumberglagah Kec. Pacet. Kab. Mojokerto. *Indonesian Psychological Research*, 4(1), 42–50. <https://doi.org/10.29080/ipr.v4i1.649>

Khairani, M., Selvi, A., & Sari, K. (2021). Dukungan Sosial Dan Penerimaan Diri Penderita Pascastroke. *INSAN: Jurnal Psikologi Dan Kesehatan Mental*, 6(1), 53–62. <https://doi.org/10.20473/jpk.v6i12021.53-62>

Leondari, A., & Gialamas, V. (2009). Religiosity And Psychological Well-Being. *International Journal Of Psychology*, 44(4), 241–248. <https://doi.org/10.1080/00207590701700529>

Lianda, T. C. R., & Himawan, K. K. (2022). A Source Of Hope Whilst In Waiting: The Contributions Of Religiosity To The Psychological Well-Being Of Involuntarily Single Women. *ANIMA Indonesian Psychological Journal*, 37(2), 244–267. <https://doi.org/10.24123/aipj.v37i2.5029>

Matud, M. P., López-Curbelo, M., & Fortes, D. (2019). Gender And Psychological Well-Being. *International Journal Of Environmental Research And Public Health*, 16(19), 3531. <https://doi.org/10.3390/ijerph16193531>

Mojahed, A., Fallah, M., Ganjali, A., & Heidari, Z. (2019). The Role Of Social Support And Coping Strategies In The Prediction Of Psychological Well-Being In Type 2 Diabetic Patients Of Zahedan. *Bali Medical Journal*, 8(1), 281–286. <https://doi.org/10.15562/bmj.v8i1.663>

National Institute Of Mental Health. (2021). Chronic Illness And Mental Health: Recognizing And Treating Depression. Retrieved June 6, 2023, from NIH Publication No. 21-MH-8015 website: <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health>

Potter, P. A., Perry, A. G., Stockert, P. A., & Hall, A. (2020). *Fundamentals Of Nursing* (10th Ed). Amsterdam, Netherlands: Elsevier.

Purbaningsih, E. S. (2018). Hubungan Penyakit Kronis Dengan Masalah Psikososial Pada Pasien Di RSUD Gunung Jati Cirebon. *Jurnal Kesehatan Mahardika*, 5(1), 42–48. <https://doi.org/10.54867/jkm.v5i1.36>

Ramya, M. S., Prasanth, C. B., & Subramanian, C. (2022). Psychological Well-Being And Quality Of Life Among Patients With Type 2 Diabetes Mellitus. *Journal Of Positive*

School Psychology, 6(4), 243–256.

- Raza, H., Yousaf, A., & Rasheed, R. (2016). Religiosity In Relation With Psychological Distress And Mental Wellbeing Among Muslims. *International Journal Of Research Studies In Psychology*, 5(2), 65–74. <https://doi.org/10.5861/ijrsp.2016.1371>
- Risal, M., Syafitri, K. H., & Sholichin. (2021). Literatur Review: Perawatan Menjelang Ajal Pada Pasien Kritis. *Concept And Communication*.
- Rivera-Picón, C., Benavente-Cuesta, M. H., Quevedo-Aguado, M. P., & Rodríguez-Muñoz, P. M. (2022). Differences In Resilience, Psychological Well-Being And Coping Strategies Between HIV Patients And Diabetics. *Healthcare (Basel, Switzerland)*, 10(2), 266. <https://doi.org/10.3390/healthcare10020266>
- Ryff, C. D. (1989). Happiness Is Everything, Or Is It? Explorations On The Meaning Of Psychological Well-Being. *Journal Of Personality And Social Psychology*, 57(6), 1069–1081. <https://doi.org/10.1037/0022-3514.57.6.1069>
- Ryff, C. D., & Keyes, C. L. M. (1995). The Structure Of Psychological Well-Being Revisited. *Journal Of Personality And Social Psychology*, 69(4), 719–727. <https://doi.org/10.1037/0022-3514.69.4.719>
- Salleh, N. 'Aaina B., & Mustaffa, C. S. (2016). Examining The Differences Of Gender On Psychological Well-being. *International Review Of Management And Marketing*, 6(85), 82–87.
- Seprian, D., Hidayah, N., & Masmuri. (2023). Psychological Well-Being Pada Pasien Diabetes Melitus Yang Menjalani Rawat Inap. *CITRA DELIMA: Scientific Journal Of Citra Internasional Institute*, 7(1), 14–19. <https://doi.org/10.33862/citradelima.v7 i1.342>
- Stacherl, B., & Sauzet, O. (2023). Chronic Disease Onset And Wellbeing Development: Longitudinal Analysis And The Role Of Healthcare Access. *European Journal Of Public Health*, Oct 6(ckad167), 1–6. <https://doi.org/10.1093/eurpub/ckad167>
- Sujana, R. C., Wahyuningsih, H., & Uyun, Q. (2015). Peningkatan Kesejahteraan Psikologis Pada Penderita Diabetes Mellitus Tipe 2 Dengan Menggunakan Group Positive Psychotherapy. *Jurnal Intervensi Psikologi (JIP)*, 7(2), 215–232. <https://doi.org/10.20885/intervensipsikologi.vol7.iss2.art7>
- Suleman, Q., Hussain, I., Shehzad, S., Syed, M. A., & Raja, S. A. (2018). Relationship Between Perceived Occupational Stress And Psychological Well-Being Among Secondary School Heads In Khyber Pakhtunkhwa, Pakistan. *PLoS ONE*, 13(12), 1–22. <https://doi.org/10.1371/journal.pone.0208143>
- Szcześniak, M., Świątek, A. H., Cieślak, M., & Świdurska, D. (2020). Disease Acceptance And Eudemonic Well-Being Among Adults With Physical Disabilities: The Mediator Effect Of Meaning In Life. *Frontiers In Psychology*, 11(525560), 1–10.

<https://doi.org/10.3389/fpsyg.2020.525560>

- Wierenga, K. L., Lehto, R. H., & Given, B. (2016). Emotion Regulation In Chronic Disease Populations: An Integrative Review. *Research And Theory For Nursing Practice*, 31(3), 247–271. <https://doi.org/10.1891/1541-6577.31.3.247>
- Yadav, V., Yadav, N., & Sharma, S. (2023). The Relationship Between Perceived Stress And Psychological Well-being Among Working Women And Housewives. *The International Journal Of Indian Psychology*, 11(2), 419–427. <https://doi.org/10.25215/1102.043>
- Yildirim, D., Akman, Ö., & Dokumaci, D. (2023). Perceived Social Support And Psychological Well-Being In Patients With Chronic Diseases. *Balikesir Health Sciences Journal*, 12(1), 52–60. <https://doi.org/10.53424/balikesirsbd.1202679>
- Yin, R. K. (2014). *Case Study Research: Design And Methods* (5 Ed). Thousand Oaks, California, United States: Sage Publications.
- Yu, C.-J., Song, W.-J., & Kang, S. H. (2022). The Disease Burden And Quality Of Life Of Chronic Cough Patients In South Korea And Taiwan. *World Allergy Organization Journal*, 15(9), 100681. <https://doi.org/10.1016/j.waojou.2022.100681>
- Zulkifli, M., Hairina, Y., & Mubarak, M. (2021). Gambaran Tawakal Pada Mahasiswa Yang Memiliki Penyakit Kronis. *Jurnal Al-Husna*, 1(2), 94–102. <https://doi.org/10.18592/jah.v1i2.3501>

Copyright holder:

© Muhammad Farid Azfaruddin, Afinia Sandhya Rini (2023)

First publication right:

[Academic Journal of Psychology and Counseling](#)

This article is licensed under:

CC-BY-NC

AUTHOR GUIDELINES

1. The article must be **scientific**, either based on the **empirical research** or **conceptual ideas (example systematic literature review and meta-analysis)**. The content of the article have not published yet in any journal, and should not be submitted simultaneously to another journal.
2. Article must be in the range between **20-30 pages**, including title, abstract, keywords, and references
3. Article consisting of the various parts: i.e. **Title, The author's name(s) and affiliation(s), Abstract (200-250 words), Keywords (maximum 5 words), Introduction, Method, Result and Discussion, Conclusion and Suggestion, and References.**
 - a. **Title** should not be more than 15 words
 - b. **Author's name(s)** should be written in the full name without academic title (degree), and completed with institutional affiliation(s) as well as corresponding address (e-mail address).
 - c. **Abstract** consisting of the discourses of the discipline area; the aims of article; methodology (if any); research finding; and contribution to the discipline of areas study. Abstract should be written in English.
 - d. **Introduction** consisting of the literature review (would be better if the research finding is not latest than ten years), gap of research, rationale of the study, and novelty of the article; scope and limitation of the problem discussed; and the main argumentation of the article.
 - e. **Method** consists of an explanation of the approach and research methods used, population and samples, data collection techniques, data validation techniques, and data analysis techniques.
 - f. **Results of the study** contain research data that have not been analyzed. Data can be displayed in the form of tables, graphs, or narratives.
 - g. **Discussion** or description and analysis consisting of reasoning process of the article's main argumentation.
 - h. **Conclusion** should be consisting of answering research problem, based on the theoretical significance/conceptual construction.

- i. **Suggestions** contain suggestions formulated from research limitations and are addressed to future researchers, research samples and populations, and related policy making and formulating agencies.
- j. All of the references used should be written properly
4. **Citation's style used is the American Psychological Association (APA) 6th Edition** and should be written in the model of **body note (author(s), year)**.
5. In writing the citation's would be better and suggested to use software of citation manager, like **Mendeley, Zotero, End-Note, Ref-Works, Bib-Text**, and so forth, with following standard of **American Psychological Association 6th Edition**.
6. Arabic transliteration standard used International Journal of Middle Eastern Studies. For detailed transliteration could be seen at <http://ijmes.chass.ncsu.edu/docs/TransChart.pdf>
7. Article must be free from plagiarism; through attached evidence (screenshot) that article has been verified through anti-plagiarism software, but not limited to the plagiarism checker (plagiarism.com).

COMMITMENT TO ANTIPLAGIARISM

All submitted manuscripts will be double-checked for plagiarism using at least two anti-plagiarism softwares and Academic Journal of Psychology and Counseling unique detection of plagiarism. The submitted manuscripts written under the same 100% or less condition as other published manuscripts would be blacklisted.

Academic Journal of Psychology and Counseling is a scientific publication that efforts to facilitate academic articles and scholarly writings of a number studies in empirical research in the field of psychology and counseling. Published by Faculty of Ushuluddin and Dakwah, Universitas Islam Negeri Raden Mas Said Surakarta, Central Java, Indonesia, in collaborate with Himpunan Psikologi Indonesia (HIMPSI) and Perkumpulan Ahli Bimbingan dan Konseling Islam (PABKI).

Academic Journal of Psychology and Counseling has been accredited by The Ministry of Education, Culture, Research, and Technology, Republic of Indonesia as an academic journal in Sinta Grade 4 (SK Direktur Jenderal Pendidikan Tinggi, Riset, dan Teknologi, Kemendikbudristek No. 225/E/KPT/2022) and is valid for 5 years from Volume 1 No. 2 2020 to Volume 6 No. 1 2025.

All articles in Academic Journal of Psychology and Counseling have DOI and indexed by DOAJ, Crossref, Moraref, Sinta, Dimensions, and Google Scholar.

Address:

Fakultas Ushuluddin dan Dakwah UIN Raden Mas Said Surakarta
Jalan Pandawa No. 1, Pucangan, Kartasura, Sukoharjo
Central Java, Indonesia - Postal Code 57168
Email: jurnal.ajpc@gmail.com
Website: <https://ejournal.uinsaid.ac.id/index.php/ajpc/index>