



# Chapter 48

## Arrest of psychological well-being in patients with a chronic-degenerative disease

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### 1 INTRODUCTION

The concept of Psychological Well-being arose in the United States and was refined as a result of the development of industrialized societies and interest in living conditions. Initially, feeling good was associated with physical appearance, intelligence or economic aspect, but nowadays, as a result of several researches, it is known that Psychological Well-being is not only related to these variables but also to healthy practices and personal subjectivity.

In general terms, psychological well-being is a broad concept that includes social, subjective and psychological dimensions, as well as general health-related behaviors that lead people to function in a positive way. It is related to how one copes with daily challenges, devising ways to manage them, learning from them, and deepening one's sense of meaning in life.

Currently, Psychological Well-being is understood as the development of capabilities and personal growth, where the individual shows indicators of positive functioning, so that well-being can be considered the precursor of the current models of Positive Psychology. On the other hand, Positive Psychology defines the contours of human well-being by enhancing positive elements (strengths and positive emotions).

Maintaining and increasing well-being is an important goal. This element is crucial in people of all ages, but also, regardless of age, in other age groups in which the maintenance of well-being is often relegated to the background due to an overvaluation of certain professional or other goals.

### Psychological Well-Being

Psychological well-being, as already mentioned, is a broad topic, it is related to social, subjective, psychological and behavioral elements that participate in the functioning of people. It is linked to the way in which day by day people face the challenges they encounter in life, which allows them to create ways to handle conflictive situations and learn based on each experience until they achieve the meaning of being

and existing. Now, psychological well-being includes objective and subjective dimensions, to which the objective dimensions are related to the conditions of life, but they need in an indispensable way the evaluation and assessment by the individual, hence the study of psychological well-being as a subjective dimension of the quality of life, since it includes the subjective experience at a personal level, which alludes to feeling good.

According to Garassini and Camilli (2012) psychological well-being is the product of discernment, that is, the analysis at a global level constructed that takes into account the pleasant personal experience and the satisfactory valuation in the various dimensions of life. That is to say that well-being is related to the valuation of situations or daily circumstances that are influenced by the possibility of experiencing them in an optimal and satisfactory way throughout the stages of the human being's life cycle, which shows the importance of psychological well-being at different levels according to the stage of development through which one passes, since it should be taken into account that there are differences between each stage of development. Aguilar (2009) mentions that psychological well-being is the product of an appropriate satisfaction of psychological needs that have a direct connection with autonomy, and a congruent system of intrinsic and extrinsic goals, coherent with one's own interests and values that are reflected in optimal mental functioning based on the positive emotions experienced by the human being in daily life. Regarding psychological well-being at the individual level, it is stated that it involves different alternative elements such as creativity, intelligence, perseverance, courage, flexibility, the ability to relate to others and to give love, as well as being open to what the future holds with a positive attitude. Corral et. al. (2012) explains that psychological well-being is synonymous with mental health, i.e. there is no presence of disease or psychic discomfort, but on the contrary speaks about the presence of healthiness that is reflected in the state and feeling of fulfillment, growth, fullness, happiness, satisfaction and subjective well-being. From the philosophical perspective it is about the "fullness of being" which is in fact the ultimate goal in the life of every person where one's own potential, optimism, perseverance and the desire for self-realization come into play. It is important to remember that the evaluation of psychological well-being will offer different results and perceptions at certain stages of life depending on chronological development, gender, religion, moral values and the culture in which it is to be evaluated.

There are several psychological models of well-being, but we will focus on Ryff's model of psychological well-being in Aguilar Op. cit. (2009), which states that psychological well-being is not defined by non-hedonic elements, i.e., those that seek pleasure, nor by the amount of positive emotions on the pleasure experienced. This model has also developed six dimensions that encompass well-being globally, which are: environmental control, personal growth, purpose in life, autonomy, self-acceptance and positive relationships. One reason why this model has increased in importance is due not only to the six dimensions developed on the elements involved in well-being but also because its author (Ryff, 1989; Ryff and Keyes, 1995), with the support of other colleagues, developed a questionnaire to assess the six

dimensions. This questionnaire takes into account the variations that will occur due to age, life stage and context. During the assessment of psychological well-being, Ryff explains that there are many psychological processes that arise during the evaluation of the individual's experiences, among which are attributions, social comparisons and the evaluation of significant people in life. These processes impact on the response of satisfaction and perception of well-being in each individual in a different way. Each event that occurs in life can be perceived, interpreted and judged according to one's values, culture and other elements as bad, good, important or insignificant situations. Carl Ryff's Psychological Well-being includes six dimensions.

### **Dimensions of psychological well-being**

Corral Op. cit. (2012) mentions the existence of many psychological processes that take place when the individual evaluates psychological experiences, either through the comparison of one with another, or the evaluation of self-important people. These processes are capable of modifying the perception of well-being at a personal level, where individual aspects come into play again. It is therefore important to review the dimensions set out in Ryff's model, with the aim of understanding and identifying each of the dimensions alone and as a whole. Papalia, Wendokos and Duskin (2010) mention the multiple dimensions of well-being used in Carol Ryff's model, pointing out that people with mental health have positive attitudes towards themselves and those around them, however, each dimension has positive and negative aspects.

The concepts of each of the dimensions of psychological well-being are presented below. Ryff and Keyes (In Corral 2012) state:

- **Self-acceptance** means to accept and love oneself as one is with all the weaknesses, deficiencies and virtues that make up one's personality. It is also about accepting one's surroundings, enjoying what one has and where one is, an idea that can be criticized because it implies a certain degree of commitment to what is there. There is self-acceptance by positively valuing individuality based on the past and the present. There is evidence that people who have a high level of self-acceptance live more relaxed and therefore with better mental and physical health.

- **Purpose in life** This term is related to the concept of "meaning", but in reality the purpose of life goes beyond that, it refers to the existence of goals, objectives, vision and mission that each one proposes in life. This is in tune with one's personality, that is to say, with what one is, thinks and acts, in other words, in accordance with one's values and needs at a personal and collective level. There are studies that reveal very low levels in this aspect due to different causes among them the lack of coherence with what one is and the excess of fixation in the goals because not achieving them generates negative symptoms such as anxiety.

- **Environmental control** has been defined as the capacity to control one's own life and the environment in which human beings develop. The environmental domain has advantages as well as

disadvantages, the environmental domain offers security, stability and personal growth, but the excess of this domain can be transformed into environmental depredation because this domain must be carried out with total responsibility while maintaining the principle of conservation of the natural environment that when wanting to be controlled can be damaged abruptly. It is important to remember that it is part of life, so it begins with the control of habits that are under the power as the care of the environment, prevention of the destruction of natural resources, environmental pollution at all levels, conservation of flora and fauna that are part of the human being and the culture itself.

- **Personal growth** It needs the awareness of change and development in the stages of life. That is to say, the individual needs to become aware of the need that by nature the human being has to learn and modify behaviors for his own benefit and for the benefit of others who are part of the circle of friends. Consequently, the individual must look for positive tools that favor the continuous updating of knowledge from the intellectual area. The academic and economic improvement from the material area. And happiness and well-being at an integral level. It is known that personal growth is something innate, because since a child is born, the desire for self-improvement begins.

- **Autonomy** It is defined as the ability to make decisions, resolve conflicts and independence of the person. There are two ways that move behaviors which speak on the one hand of behavior caused by internal sources, and behavior caused by external sources. The first is based on the intention to do what is born from within and the second is based on doing what is driven by the outside. In other words, autonomy is about the power to make decisions in life and to take responsibility for the consequences of those decisions. Feeling the power to think and act the way we want to think and act while not overstepping the integrity of others and not being trampled by those who want to do so.

- **Positive relationships** It deals with the creation and development of social ties or in other words, quality relationships with other people. Ryff emphasizes the importance of interpersonal relationships characterized by the warmth and trustworthiness that can be practiced in them. In this dimension, the most important factor that moves relationships is considered to be sincere and unconditional love. But it does not neglect aspects of human beings such as empathy, understanding and trust, responsibility and respect.

From this perspective, it is proposed that well-being is a consequence of a full psychological functioning from which the person develops his or her full potential. Thus, well-being plays a key role in the prevention and recovery of physical conditions.

In short, what is presented here converges in a general idea, psychological well-being can have an important effect in terms of health, since it seems to play a key role in the prevention and recovery of physical conditions. Thus, the promotion of well-being thus becomes a desirable objective at the level of health.

## 2 CHRONIC DEGENERATIVE DISEASES

Chronic diseases are defined as pathological processes of prolonged evolution that do not resolve spontaneously, generating a great social burden from the economic point of view, as well as from the perspective of social dependence and disability. They have a multiple etiology and present multiple risk factors and, with some exceptions, their origin is not infectious. For all these reasons, they represent a national and international public health problem that affects most nations, with a great impact on the populations of developing countries.

The most important chronic diseases include systemic arterial hypertension, diabetes, hyperlipidemias, overweight and obesity, cancer and chronic respiratory disease, which are closely linked to poor lifestyles -such as inadequate diets, excessive alcohol and tobacco intake, and sedentary lifestyles-, as well as visual and hearing impairments. Currently, HIV/AIDS is also included in this category of chronic diseases.

According to the World Health Organization (WHO), around 80% of all chronic diseases occur in low- and middle-income countries, where most of the world's population lives and, of course, affect the quality of life of their citizens and health budgets [3](#). Many of these diseases are related to risk factors that could be controlled by improving the lifestyle of the population through actions such as the consumption of an adequate diet, the frequent practice of physical exercise and, of course, avoiding the use of toxic substances such as alcohol and tobacco.

Thus, chronic degenerative diseases are one of the greatest challenges facing the health system worldwide. This is due to several factors: the large number of cases affected, their growing contribution to overall mortality, the fact that they are the most frequent cause of premature disability, and the complexity and high cost of their treatment. Its emergence as a public health problem was the result of social and economic changes that modified the lifestyle of a large percentage of the population.

## 3 METHOD

**Objective:** To detect the psychological well-being of patients with a chronic degenerative disease who seek medical care at a primary health care institution.

**Subjects:** 40 patients with chronic degenerative diseases (diabetes, hypertension, obesity and rheumatoid arthritis). Informed consent was obtained from all participants.

**Venue:** San Andres Atento Health Center, Tlalnepantla, State of Mexico.

**Instrument:** Ryff's Psychological Well-Being Scale (1989).

Spanish adaptation of the Ryff Psychological Well-Being Scales. By Díaz, D., Rodríguez-Carvajal, R., Blanco, A., Moreno-Jiménez, B., Gallardo, I., Valle, C., & Dierendonck, D. V. (2006).

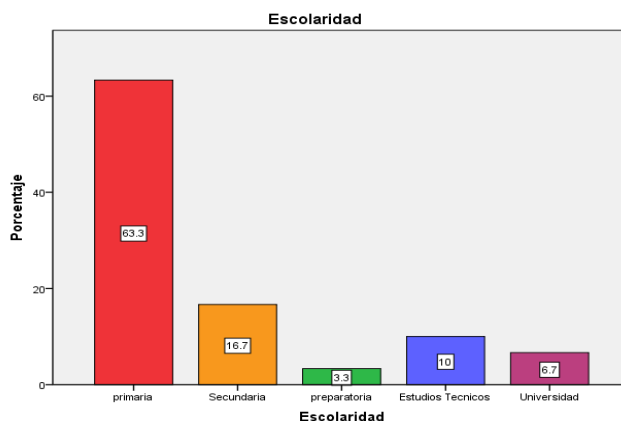
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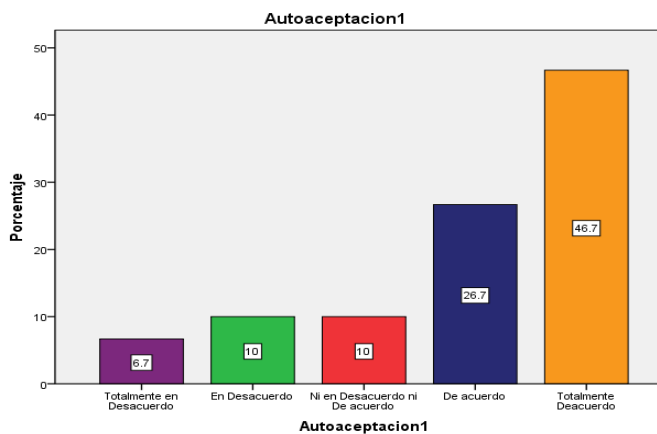
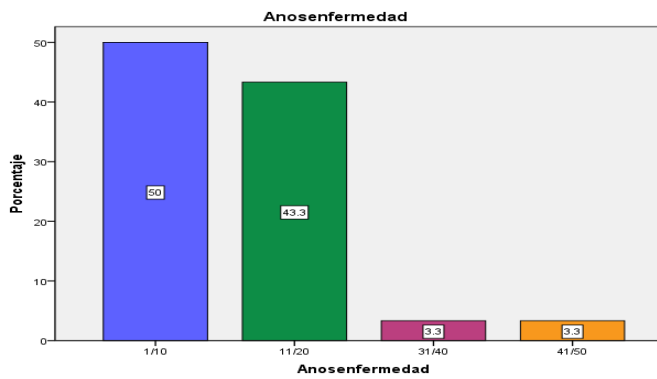
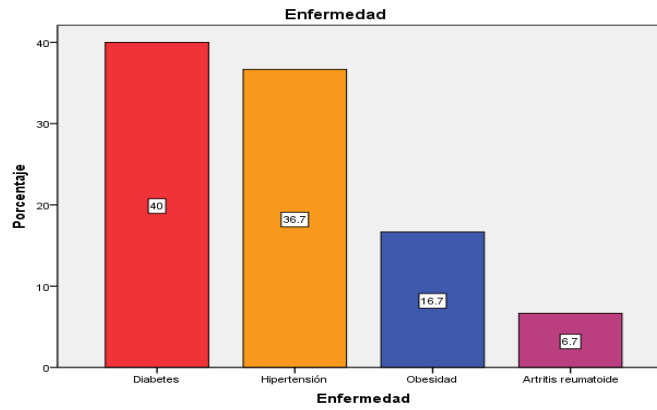
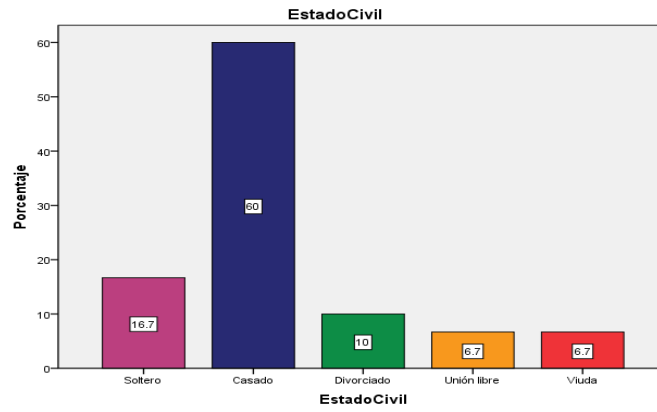
## 4 RESULTS

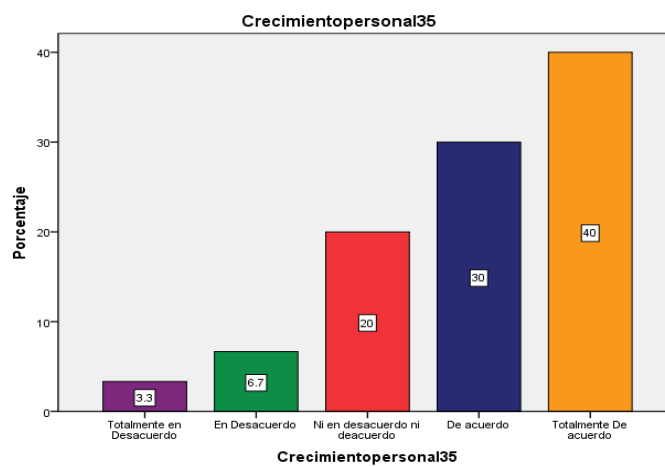
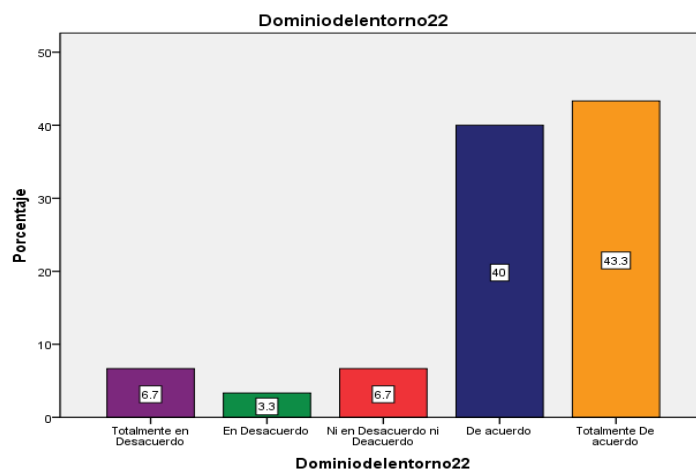
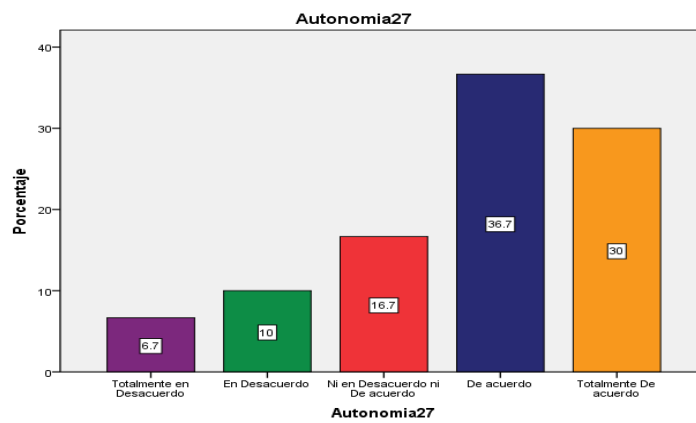
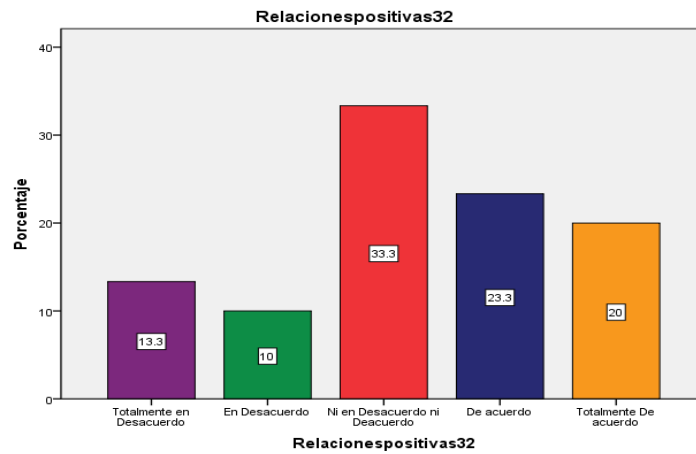
The Ryff Psychological Well-Being Scale allowed us to evaluate the following areas: Self-Acceptance, Positive Relationships, Autonomy, Mastery of the Environment, Personal Growth and Life Purpose.

Regarding the general characteristics of the population, we found the following: In the population studied 76.7% were women and 23.3% were men. And the age range was between 40-80 years. In terms of schooling, 63.3% had primary education, 16.7% had secondary education, 3.3% had high school education, 10% had technical studies and 6.7% had university studies. Regarding marital status, 60% were married, 16.7% were single, 10% were divorced, 6.7% lived in union and 6.7% were widowed. In relation to the diseases they suffered from, 40% had diabetes, 36.7% had high blood pressure, 16.7% were obese and 6.7% had rheumatoid arthritis. Regarding the number of years with the disease, 50% were 1-10 years old, 43.3% were 11-20 years old, 3.3% were 31-40 years old and 3.3% were 41-50 years old.

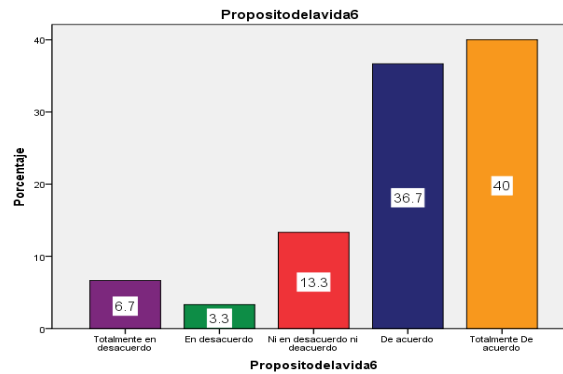
Regarding the results obtained with the areas measured by Ryff's scale of psychological well-being, the following was detected: a high level of Self-acceptance, since 73.4% of the participants reported being in total agreement or agreement with themselves and only 10% reported disagreeing or totally disagreeing with themselves. In the area of positive relationships, the highest category was that of neither agreeing nor disagreeing with their relationships (33.3%), 23.3% reported agreeing and 20% totally agreed, although it should be noted that 23.2% reported disagreeing or totally disagreeing with their positive relationships. In the area of mastery of the environment 83.3% indicated that they agreed or totally agreed with the mastery of the environment they had, while only 10% reported not having mastery of it. In Personal growth, 70% stated that they agreed with the personal growth they have had throughout their lives, while 10% reported that they disagreed or totally disagreed with their personal growth. And finally in the area of purpose in life there is a high rate of acceptance, since the population studied reported 76.7% to be in total agreement with their purpose in life since they mentioned that they had life projects to carry out and only 10% reported disagreeing or totally disagreeing with their purpose in life since they had no projects to carry out. (These data can be seen in the following graphs).











## 5 CONCLUSIONS

From the data obtained, it was possible to detect that more women went to health institutions to receive care and follow up on their chronic degenerative diseases, since 76.7% of the population studied were women. The level of schooling was not identified as a determining factor in attendance at the health center for medical care, since the majority of the population had primary school education (63.3%). Regarding marital status, 60% of the participants were married and this was reported as a protective factor since most of the participants mentioned attending their periodic medical check-ups because their partners or children were aware of their attendance and even accompanied them, so having a family support network was an important element in the adherence to medical treatment of these patients. In relation to the disease, 76.7% suffered from diabetes or arterial hypertension, coinciding with the most frequent chronic degenerative diseases in Mexico, and which cause the greatest degree of mortality and mobility in the Mexican population. In relation to the number of years with the disease, 93.3% of the participants had been suffering from a chronic degenerative disease for 1 to 20 years, and at the same time they reported that the fact that they had remained stable during this time was due to the family and medical support network they had.

On the data obtained in the Psychological Well-being Scale of Ryff (op. cit.), we can conclude that most of the participants have a high level of self-acceptance, while in their positive relationships most reported to be in disagreement or totally in disagreement with these, which indicates that this is a very important aspect to work with these participants in future interventions. In the area of autonomy, most reported being autonomous people who could take care of themselves. Also in the area of personal growth, the participants had a high index, which shows that most of them were satisfied with the personal growth they had had throughout their lives. On the other hand, in the area of mastery of the environment, the majority reported feeling a mastery of it, which coincides with the high degree of autonomy and personal growth identified in this group. And finally, in the area of purpose in life, a very high index was also detected, since the majority reported having a personal purpose in life. Thus, based on the data obtained, we can highlight that, in this group, the area where the most difficulties were found regarding psychological well-being was that of positive relationships.

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