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PSYCHOLOGICAL WELL-BEING IN CHRONIC MEXICAN PATIENTS

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Abstract: Psychological well-being as a field of research became relevant in the 1970s when the concept of quality of life evolved and began to be conceived from a biopsychosocial dimension beyond the conditions necessary for a good life (food, housing and sufficient medical care, among others). Psychological well-being is thus related to a personal feeling of satisfaction or happiness. It is the personal perception of one's own situation in life based on one's own objectives, expectations, values and interests influenced by the cultural context of reference of each individual. Therefore, in the case of patients with a chronic non-communicable disease it is of utmost importance to evaluate the six dimensions of psychological well-being proposed by Ryff (1989), in order to detect any alteration in any of these dimensions and, if necessary, to strengthen them to improve the quality of life of these patients.
Keywords: Psychological well-being, chronic noncommunicable diseases.

INTRODUCTION

The multidimensional model of Psychological Well-Being (PW) In an effort to integrate concepts that had been previously studied, Carol Ryff set herself the task of developing a model of PW. Her concern arises from a thorough evaluation of what had been studied so far, noticing the lack of articulation of a construct that includes the original idea of eudaimonia, including notions such as self-fulfillment, human development and the search to enhance human capabilities (Ryff & Singer, 2008) -concepts already coined by humanism-. Against this background, Ryff (1989) developed a model under the concept of psychological well-being that has facilitated more rigorous scientific elaborations . He defined BP as the development of capabilities and personal growth, where the individual shows indicators of positive functioning. Within the theoretical integration of Ryff (1989) she defined six dimensions

Table 1 presents brief definitions of each of the 6 dimensions. Individual Autonomy Self-acceptance Purpose in life Positive relationships with others Mastery of the environment Personal Growth

Dimension	Definition
1. Self-acceptance	Present and past positive evaluation
2. Autonomy	Sense of self-determination
3. Personal growth	Sense of personal growth and development
4. Purpose in life	Believing that life has meaning and purpose
5. Positive relationships with others	Develop quality relationships with others
6. Mastery of the Environment	Ability to manage effectively in the surrounding environment.

Table 1: Dimensional Definitions of the Psychological Bientar Model (Ryff & Keyes, 1995)

This six-dimensional model proposed by Ryff facilitates a comprehensive assessment of the individual from a global functioning perspective. For example, the establishment of positive relationships with others may be mediated by the individual's level of self-acceptance. In turn, the healthy state of those relationships is based on the level of autonomy that each of the individuals involved in the relationship has. On the other hand, the ability to dominate the environment often depends on the state of personal growth of the individual and this in turn with the establishment of concrete goals (purpose in life). When we talk about psychological well-being we must also consider the perspective of human development, since human development models complement the BP vision. In terms of development and its relationship with the dimensions, it has been found that as the individual grows in age, he/she presents lower levels in the dimensions of purpose in life and personal growth (Ryff & Keyes, 1995; Ryff & Singer, 1998).

In summary, the multidimensional view allows us to see interactions between the dimensions as they occur in people's daily lives. In this way, we consider how people use the resources they have in each area of development and interact with each other. In turn, the notion of development allows the individual to continue strengthening areas, without necessarily focusing on the lack or dysfunctional state. As mentioned, BP cannot be limited to a linear view, which implies a cyclical movement impacted by the stages of human development. Below we present each dimension of Psychological Well-Being.

SELF-ACCEPTANCE

The first dimension is self-acceptance or personal acceptance, and starts from the premise that the individual accepts the past as a fact, what happened, and moves to live in the here and now. It is essential to accept the emotions and sensations (emotional, cognitive and physical sphere) of the present moment, as part of the experiences. Intervention work can be directed at teaching people how to develop "comfort with their own skin"; to stop struggling to think and feel "better" and start living better with what they think and feel.

AUTONOMY

The second dimension of BP is autonomy, which corresponds to having the ability to resist social pressures, to think or act in a certain way, and to guide and evaluate behaviors based on internalized standards and values. An approach to learner autonomy can be done by evaluating personal standards, so that the person can set his or her own and not those of others. This can help regulate their behavior and improve self-determination and independence. It is expected that the person can take control of the decisions he/she makes and evaluate in which areas he/she can take control and in which areas he/she cannot.

PERSONAL GROWTH

The third dimension is personal growth. This refers to the continuous pursuit of existing capabilities, talents and opportunities for personal development and realizing one's potential. That is, optimal positive functioning also requires that the person continues to grow and achieve to the maximum of his or her capabilities. The approach to this dimension should be to seek continuous improvement and growth, and to visualize oneself as an evolving person. It is important that we facilitate the development of flexibility, so that the person can be open to new experiences and be confident in his or her potential.

PURPOSE IN LIFE

The fourth dimension refers to the individual's personal expectations, goals, intentions and sense of direction. It involves a process of development, maturation and adaptation to change. This is related to the purpose or fulfillment of some goal or achievement. In short, having a sense of life implies having a purpose and striving to achieve it. This sense of life is considered as an indicator of mental health (Oramas Viera, Santana López, & Vergara Barrenechea, 2006). Within this context, one way to develop this dimension is to carry out exercises of short and long term goals, in which a concrete plan to achieve them is incorporated.

POSITIVE RELATIONSHIPS WITH OTHERS

The fifth dimension is positive relationships with others. This refers to the ability to cultivate and maintain intimate relationships with others. People need to maintain stable social relationships and have friends they can trust, as this promotes social acceptance and commitment (Oramas Viera et al., 2006). Therefore, the ability to relate to others is a key component of well-being. The approach to

this dimension should be to promote healthy, satisfying and trusting relationships with others; to be attentive to the needs of others and to develop the capacity for empathy, affection and intimacy. This, without necessarily focusing or over-emphasizing on the number of relationships the person has. A possible exercise in this dimension would be to make an inventory of the friendships and significant relationships that the person has.

Environmental mastery Environmental mastery is the ability to choose or create favorable environments to satisfy one's wants and needs. It includes having a sense of control over the world and feeling capable of influencing the context that surrounds the person. According to Giménez-Hernández (2005), one component of BP is optimism, or having the ability to expect good things to happen. The person can be encouraged to learn to maximize the opportunities he or she faces and to create appropriate contexts that meet his or her needs and values.

CHRONIC NON-COMMUNICABLE DISEASES

According to the World Health Organization (2024), chronic noncommunicable diseases (NCDs), also known as chronic diseases, are usually of long duration and result from a combination of genetic, physiological, environmental, and behavioral factors. The main types of NCDs are cardiovascular diseases (such as heart attacks and strokes), cancer, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma), and diabetes.

NCDs disproportionately affect people in low- and middle-income countries, which account for almost three-quarters of NCD deaths worldwide (32 million)

NCDs affect people in all age groups, regions and countries. These conditions are usually associated with older age groups, but about 18 million younger people die from NCDs before the age of 70. NCDs cause more deaths in this age group than all other causes of death combined. An estimated 82% of these premature deaths occur in low- and middle--income countries. Children, adults and the elderly are vulnerable to risk factors that contribute to NCDs, whether through unhealthy diet, physical inactivity, exposure to tobacco smoke, harmful use of alcohol or air pollution.

Unhealthy eating and lack of physical activity can lead to high blood pressure, increased blood glucose or blood lipids, and obesity. These factors are called metabolic risk factors and can lead to cardiovascular disease, the type of non-communicable disease that causes the most premature deaths.

RISK FACTORS

BEHAVIORAL RISK FACTORS

Behavioral risk factors increase the risk of NCD, including the following:.

- tobacco use (including the effects of exposure to second-hand smoke);
- unhealthy diet, including excessive consumption of salt, sugar and fats;
- harmful use of alcohol; and
- insufficient physical activity.

The social, commercial and physical environments are important drivers of these behaviors.

METABOLIC RISK FACTORS

Behavioral risk factors contribute to four major metabolic changes that increase the risk of NCD:

- high blood pressure (including high blood pressure);
- overweight and obesity;
- elevated blood glucose levels (including diabetes); and

- abnormal blood fat levels (including high cholesterol).

In terms of attributable deaths, the leading metabolic risk factor worldwide is high blood pressure (considered responsible for 25% of NCD deaths globally), followed by hyperglycemia and overweight and obesity.

ENVIRONMENTAL RISK FACTORS

Several environmental risk factors contribute to NCDs. The main one is air pollution (indoor and outdoor), which causes 6.7 million deaths worldwide, of which 5.6 million are due to NCDs such as stroke, ischemic heart disease, chronic obstructive pulmonary disease and lung cancer.

Based on the above, it can be said that chronic noncommunicable diseases are those that will accompany the patient throughout his or her life and lead to degeneration or damage of the affected tissues and organs, causing a deterioration in health. The most important are arterial hypertension, diabetes, obesity and dyslipidemia.

Chronic non-communicable diseases are one of the greatest challenges facing the health system. This is due to several factors: the large number of cases affected, their growing contribution to overall mortality, their becoming 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 world's population.

Given the repercussions that chronic noncommunicable diseases have on the quality of life of the people who suffer from them, not only physically but also psychologically, this research study explores the state of psychological well-being of a group of Mexican patients with a chronic noncommunicable disease.

METHODOLOGY

TYPE OF STUDY: EXPLORATORY

Subjects: 40 patients with chronic non-communicable diseases, the age range was between 40 and 80 years. 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).

RESULTS

Ryff's Psychological Well-being Scale (Op. cit.), allowed us to evaluate the following areas: Self-acceptance, Positive relationships, Autonomy, Mastery of the environment, Personal growth and Purpose in life.

Of the population studied, 76.7% were women and 23.3% men. 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, 10% had technical studies and 6.7% had university studies. In terms of marital status, 60% were married, 16.7% were single, 10% were divorced, 6.7% lived in a common-law marriage and 6.7% were widowed.

The results related to the 6 dimensions measured by the Ryff psychological well-being scale can be seen in the following graphs:

In the dimension of self-acceptance, a high degree of self-acceptance could be detected, since 46.7% of the participants reported being in total agreement with their self-acceptance and 26.7% in agreement, which adds up to 73.4%, hence the high degree of self-acceptance detected in this category. While 10% reported neither agreeing nor disagreeing, 10% disagreed and only 6.7% reported being totally in disagreement. But these 3 categories only represent 26.7% of the answers given. Therefore, in this group of patients, the most prevalent level of acceptance was that of totally

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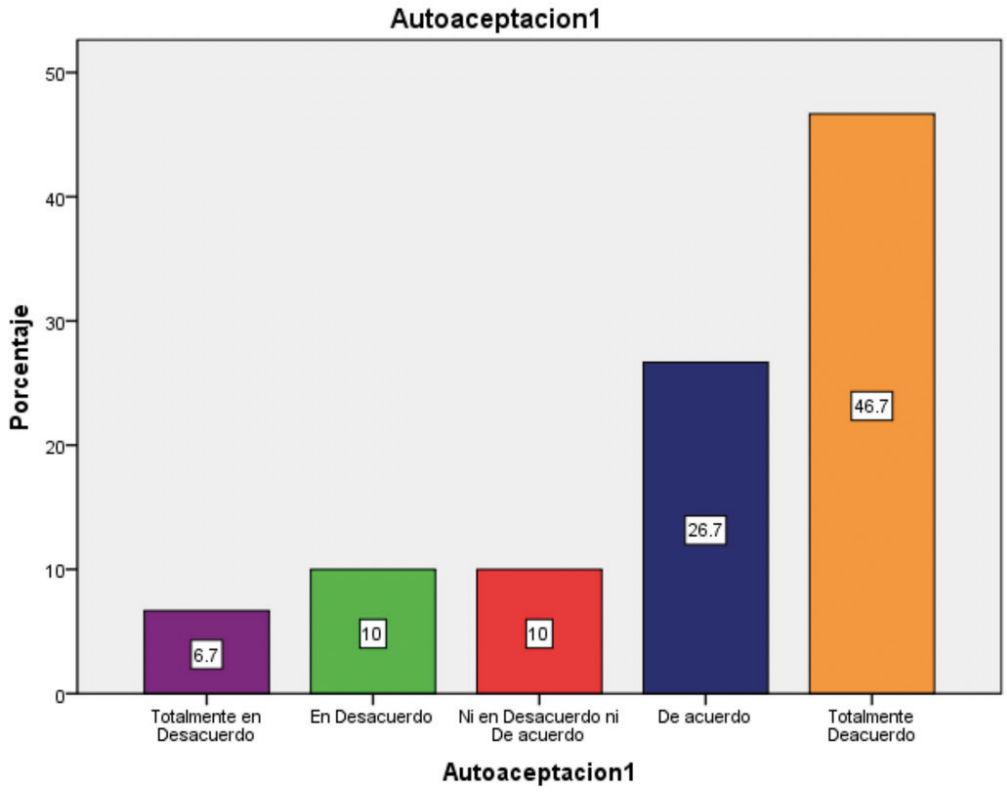
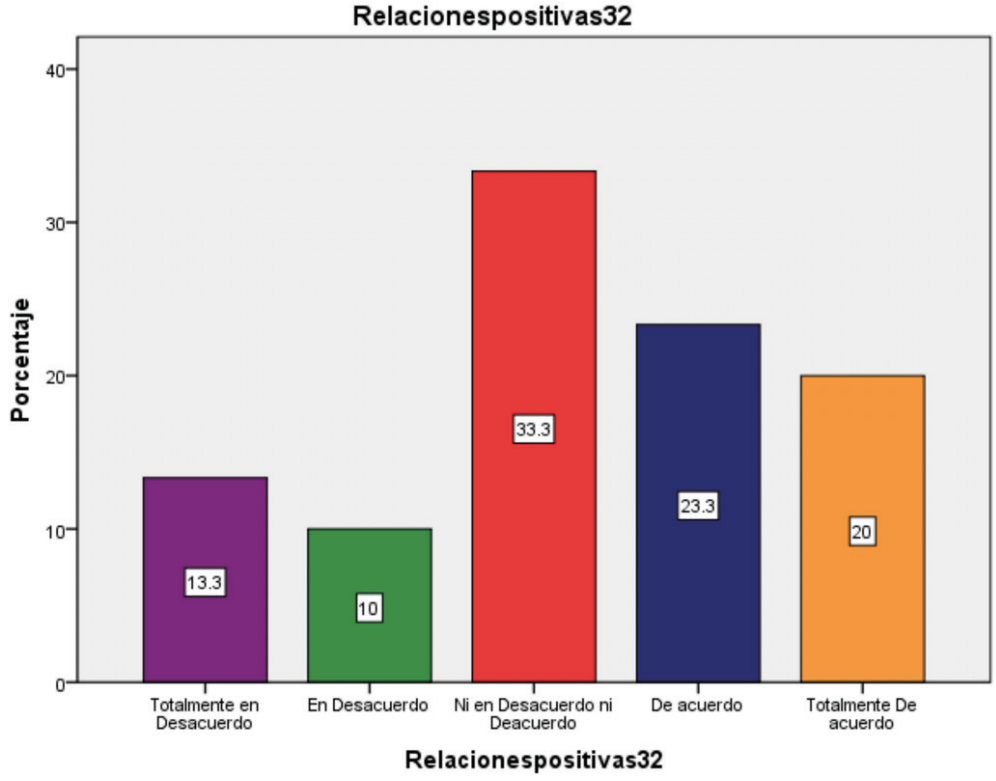


Figure 1. Self-acceptance



Graph 2. Positive Relationships

agreeing and agreeing with their self-acceptance in spite of having a chronic noncommunicable disease.

In the dimension of positive relationships, difficulties were detected in this area since 33.3% of the participants reported neither agreeing nor disagreeing with their relationships, 10% reported disagreeing and 13.3% totally disagreed, which adds up to a percentage of 56.6%, indicating that more than 50% of the participants mentioned having complications in this area. While 43.3% reported agreeing and totally agreeing in the area of their positive relationships.

In the dimension of autonomy, a high degree of autonomy was found in the participants, since 36.7% reported agreeing with their autonomy and 30% totally agreed with their autonomy, which represents a percentage of 66.7%. While 16.7% mentioned neither agreeing nor disagreeing, 10% disagreed and 6.7% totally disagreed, percentages that represent 33.4%. This allows us to establish that in this group the level of autonomy is high, even when the participants have a chronic noncommunicable disease.

In the dimension Mastery of the environment, a very high mastery of the environment was found, since 83.3% of the participants mentioned that they totally agreed and agreed with the mastery of their environment, while 6.7% reported neither disagreeing nor agreeing, 3.3% disagreed and 6.7% totally disagreed, which represents only 16.7%. Therefore, the majority of the participants showed a high level of mastery of their environment.

In the dimension of personal growth, a high degree of personal growth was found in the participants, since 40% reported being in complete agreement with their personal growth and 30% agreed with their personal growth, which adds up to a percentage of 70%. Meanwhile, 20% reported neither disagreeing nor agreeing and only 6.7% disagreed and 3.3% reported totally disagreeing. These last two categories represent 10% of what was reported by the participants, so it can be said that the majority of participants have a high degree of personal growth.

In the last dimension that refers to the purpose of life, a very high purpose of life was detected in the participants, since 40% reported to be in total agreement and 36.7% to agree, which represents 76.7% of having a purpose in life, 13.3% mentioned neither disagreeing nor agreeing, 6.These last two categories represent the responses of 10% of the participants. For these 10% of the participants, a follow-up was recommended to rule out possible depressive symptoms that could be related to the chronic noncommunicable disease they were suffering from.

From the data obtained it was possible to detect that the highest dimension was mastery of the environment with 83.3%, followed by the dimension of life purpose with 76.6%, then self-perception with 73.4%, the next was personal growth with 70%, then self-immunity with 66.7% and finally the dimension of personal relationships with 43.3%. These data indicate that while in the dimension of mastery of the environment is where the participants are better positioned. While the dimensions where more difficulties were detected were those of personal relationships with 56.6%, self-perception with 16.7%, autonomy with 16.7%, personal growth with 10%, mastery of the environment with 10% and life purpose with 10%. Therefore, it was recommended that the areas of positive relationships, self-concept and autonomy be worked on with the participants in order to strengthen these dimensions of personal development. Attention was also recommended for 10% of the participants who reported not having a life purpose, in order to rule out possible depressive symptoms.

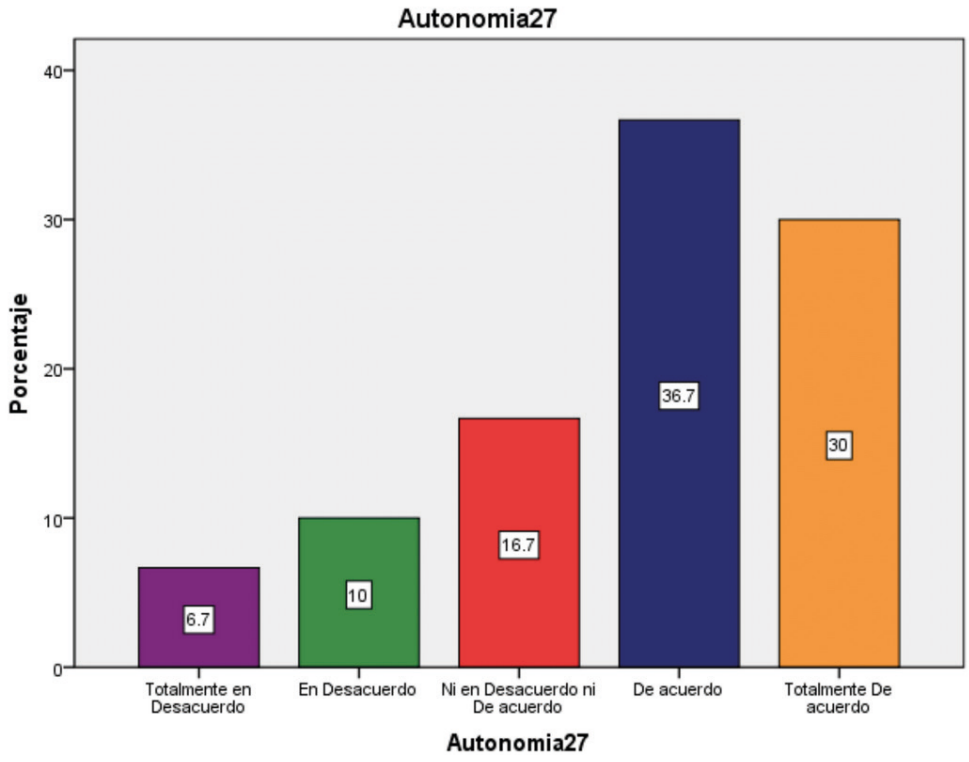


Figure 3. Autonomy

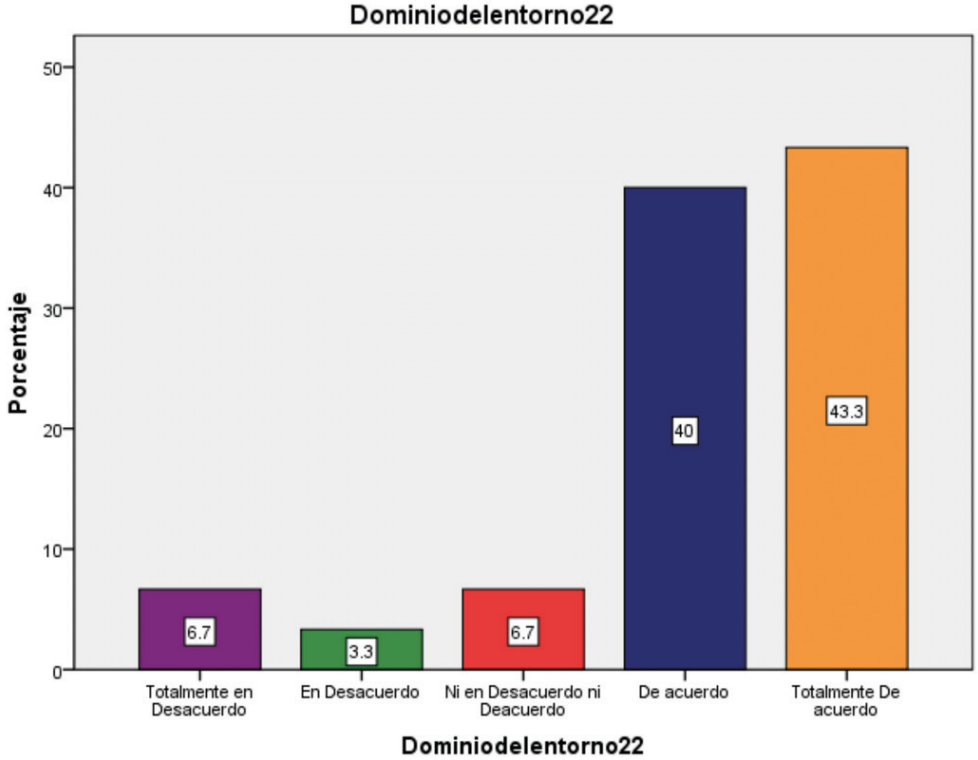


Figure 4. Mastery of the environment

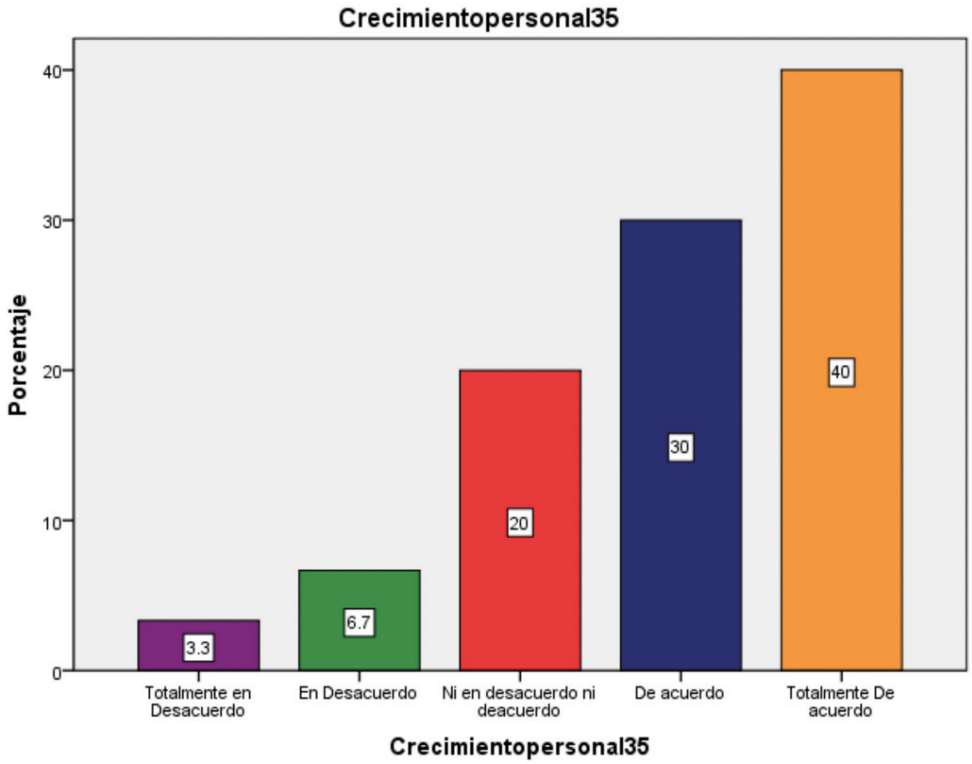


Figure 5. Personal growth

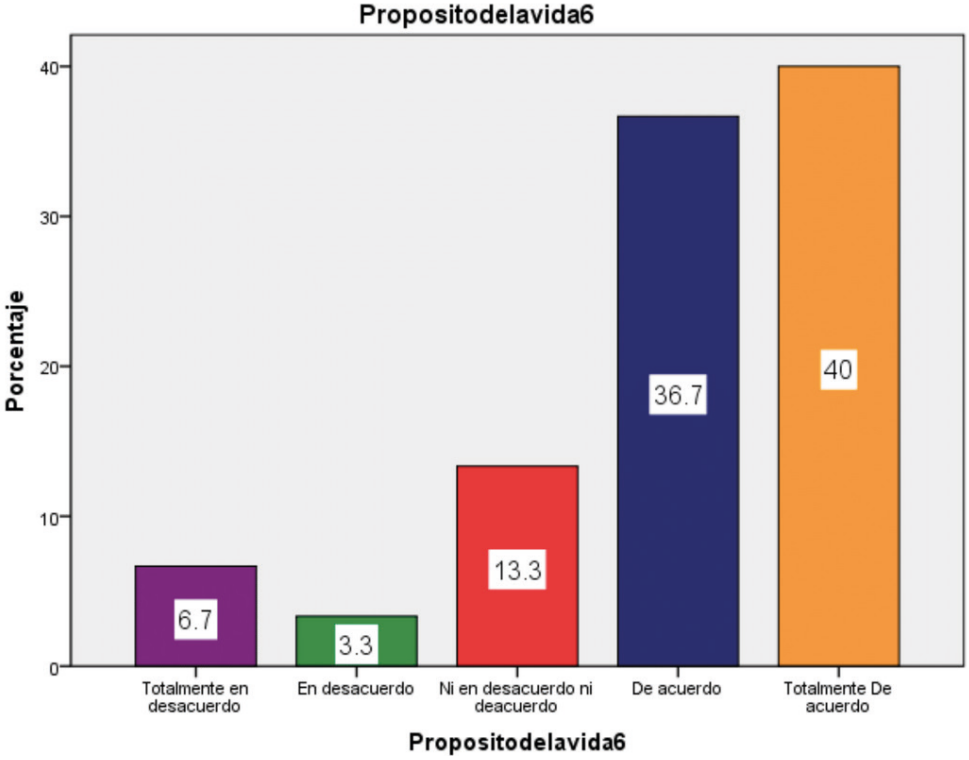


Figure 6. Purpose of

CONCLUSION

As we have pointed out, the six-dimensional model of Psychological Well-Being (PW) proposed by Ryff (1989) facilitates a comprehensive assessment of the individual from a global functioning perspective. Individuals may have more strengths in some areas than in others. The balance does not lie in the weight of each of the dimensions, but in the overall view we take of the BP. From a developmental perspective, each of these dimensions matures and evolves at a different pace, as well as taking on different meanings and importance for people, depending on the stage they are in, so it is of utmost importance that people suffering from a chronic non-communicable disease have their psychological well-being regularly assessed in order to detect whether any or some of the dimensions of psychological well-being should be strengthened, with the intention of improving the quality of life of patients with a chronic non-communicable disease.

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