

THE INTERPLAY OF ILLNESS PERCEPTION AND EXISTENTIAL CRISIS: UNRAVELING THEIR IMPACT ON QUALITY OF LIFE AMONG TYPE II DIABETES MELLIMS

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Abstract

This study is aimed to explore the effect of illness perception, existential crisis on quality of life of type II diabetic patient. It was hypothesized that illness perception and existential crisis effect the quality of life of type II diabetic. Both on men and women this hypothesis applied to check this hypothesis that it is true or not. Patient with age 20 to 60 participate in this study. Another reason to include young patient is because of pandemic. Because during this time period it is difficult to collect data so we enlarge our age range. Furthermore, it was hypothesized that illness perception and existential crisis can cause bad quality of life of patient. Correlational research design was used to examine the proposed hypothesis. The study comprised of (N = 100) patients with end-stage diabetic disease between the ages of 20 to 60 years. Illness perception scale, Existential anxiety questionnaire and Quality of life scale were used to measure. Findings of Pearson product moment correlation showed that there was a significant positive relation. Regression analysis revealed also a positive relation. Result show that the hypothesis of this study is true.

Chapter I

INTRODUCTION

The aim of this study is determine the effects of existential crisis, illness perception on the quality of life of type 2 diabetic patient because diabetes is still un-curable disease. Diabetes is chronic metabolic disease with symptoms of high blood glucose (Muhil et al., 2014). There is no proper treatment to cure type 2 diabetes completely yet. People with this disease use medication dosage, especially insulin throughout in their life which is very painful for them. A thought that I have a disease which never cure and It will run through out in life. This thought disturbs the psychological

health of person and psychological disturbance affects the quality of life of person who is suffering from this disease. When people think about impossibilities they surely become victim of psychological issues. They started to forget the meaning of their life and in the case of diabetes people who are suffering from this disease.

Hopelessness, lack of interest in life and fear of losing health and pain of suffering from the disease make them mentally weak and because of these causes people started to suffer from existential crises and their illness perception

became weak and dull about their lives and it cause very harmful effect on mental of health and cause anxieties, stress, depression and other psychological issues. Diabetes is consider one of the most common non-communicable diseases globally. Global deaths due to diabetes increases day by day globally. Diabetes consider is one of the top 10 causes of death globally. These kind of facts about diabetes are the cause of fear and this fear cause existential crises and changes illness perception. People are started to think about their life that after this disease what happened in next in their life. Fear exist in every age if they have this disease or any kind major disease .Like if we talk about kids who are fighting with this disease and this reality effect their parents too that their kid suffering from a critical and painful disease that have cark of never end or cure completely and their children are in danger from their birth and on other hand if we lighten up the part of young one's life they are at the age of growing ,they have lots of dreams ,plans for their future and victimize by diabetes make them hopeless filled their hearts with fear that now they are not healthy, fit and the thought of losing and hopelessness arise in their mind like people of 18 to 25 have different kind of plans and aim for their future like study .a good job and a successful marriage but after having this disease people started to losing their hope and aims because they didn't see their future bright and settled and they also have fear that if they got married than this disease also run in their family and so many other kind of destructive thoughts and these thoughts are major cause of psychological issues like anxieties , stress and depression and many other psychological disorders and every person do not have ability to cope up with these problems and because of these problems people face and failure because they have doubt on their own abilities they only to started relay on this disease and its effects .People of above 25 are mostly married and they have fear for their family that they have this major disease and if they will die who look after their families , they started to think about their family future this tension cause existential crises because they forget they forgot their own meaning of life and started to think about their families all just the negative

impact are left and everything seems purpose less . People at the age of above 40 or in the range of 40 to 60 have another criteria of illness perception and their psychological crises are totally different because range of age matter a lot with time our body system started to became weaker and the ability to cope up do not work like as it work when we are young. When we are young we can easily cope up with physical and person in survival and we are very flexible in young age we easily change our schemas, perceptions by trials, learning, forcefully but at old age our perceptions, habits became permanent and the fear of death is on peak actually mostly this is the only fear the most of the old people have and with this fear if know that you have diabetes that never cure ,it has no treatment and it will run till death, this horrible thought destroy illness perception and cause existential crises. People forgetting their meaning of life, they already suffering from old age , th eir energies , powers , enthusiasm for life started to low and finished and with the old age diabetes is difficult to handle, because forbearance of diabetes is very strict and difficult to follow in old age because this is not an age of flexibility for example if a person like to eat sweets or have craving for sweet or for that vegetables or that things which are prohibited in diabetes make person life miserable that person started to think that now what's the meaning of life because it is painful to think that in the last stage of life I didn't do what I really want and that thought is the cause of existential crises and existential crisis can affect anyone at any age .

Existential crises are those crises that refer to feeling of disturbance about meaning, purpose, freedom and ideology of life. The life look purposeless and person feel confusion and high anxiety when person trying to resolve any issue of his life or do not find the answer to any question that is running in person's mind he did not able to decide that what he should do at that time when person trying to resolve anything and sometime people started to forget their own identity and did not think about future clearly. No aims, no direction and no purpose of anything in the life. Existential crises concept is derived from Erikson (1970), who referred to it as identity crises. An

existential crises differentiates from other crises in that an existential crisis includes the inner conflicts and anxieties that accompany human responsibility, independence, freedom, issues of purpose and commitment (Gility & James, 1993). According to Yalom (1980), existential therapy highlights these existential realities: death, meaninglessness, freedom (responsibility) and isolation, which causes psychological problems have no ultimate answer. Existential crisis is defined as a moment at which an individual questions the very foundations of life: whether his life has any meaning, purpose or value (James, 2007).

Mental health affects so many aspects of daily life because our thinking pattern helps us to think and feel and tell us how to handle stress, relate to other perspective, gives our own perspective and make choices and make habits. That's why having a mental health problem could make problem because restriction of diabetes are very tough and difficult to manage the routine specially for teenager and older ones so it is harder to stick your diabetes plan mostly and this difficulty cause stress anxiety and specially cause existential anxiety. Mind and body are connected with each other that's why they effects each other if the mental health is not good it definitely effects the body like people suffer from tiredness, temperature, fits and so many other things. Similarly, if body have some kind of issues like surgery or something else it disturb or mental health like frustration, anxiety, depression or fear to loose life etc. Thoughts, feelings, beliefs and attitude can affect how healthy your body is. So, if the person became patient of existential anxiety with diabetes it can make his life worse because in diabetes mental health also became worse. But fortunately if one get better, the other get better, too.

Diabetic patient have more anxiety problems. To prove this statement a research conduct in 2019 and publish in Health Research Journal. Farzaneh Amiri Seifaddini Kouhbanani & Susan Saber take population of study included of all asthmatic and diabetic patients referred to specialist physicians Tehran city in 2016, among them 40 patients were selected from both groups by available sampling method. The instrument used were Good and

Good's behavioral Anxiety Inventory (1974) and Styger, Frazier, Oishi, and Clare's (2006) Meaningful Life Questionnaire. Data analyzed via multivariate analysis of variance. So the conclusion was there was clear difference between two groups of patient about to variety variable. Patient with diabetes had a higher score in these three variables as lack of meaning of life, lack of interest in work and untidiness.

Diabetic patients experience different levels of anxiety and the meaning of life than asthmatic. Because they may have different morality rates, diabetic patients are more likely to suffer higher levels of livelihood and meaning in their lives (Farzaneh Amiri Seifaddini Kouhbanani & Susan Saber, 2016).

Diabetic patient became the victim of existential crisis when they started to lost their meaning of life they did not pay attention on their daily routine their whole attention is on their disease that what happen now or in future in our life what are the effects of it on our own lives and on their families and the most important fearful thought about diabetes that this can lead till death because it has no proper treatment or any satisfactory treatment it will run throughout in life. This thought can make the mental health worse cause anxiety, anxiety of death, existential anxiety, fear, depression etc. As study shows that diabetes is no 1 cause of kidney failure, adult blindness and lower-limb amputations. In last 20 twenty years, the number of adults diagnosed with diabetes has more than doubled. Diabetes is a chronic disease that affects that how your body turns food into energy. Food you eat is broken down into sugar (it is also called glucose) and it released into your bloodstream. When your blood sugar goes up, it signals your pancreas to release insulin because insulin act like a key to let the blood sugar into your body's cells for use as energy, So if the person have diabetes your body either doesn't make enough insulin and when there is not enough insulin than too much blood sugar stays in your bloodstream, it cause serious health problem like loss if vision, kidney failure and heart disease and also psychological issues because person's internal functioning is totally disturb and this disturbance cause psychological issues and people only think

about their disease and its effects because there is not cure yet for diabetes, but losing weight, taking medicines, eating healthy food, avoid sweet and being active can really help to maintain it but following all these rules or tips people should have strong mind and positive perception about their problem of diabetes. The most fearful factor about diabetes is that it live with you and it has not treatment to cure it completely yet, So this fact lead anxiety, stress and make your perception worse about your illness and this worse illness perception is the major cause of existential crisis and it effects the quality of life.

Research has consistently uncovered a strong connection between diabetes and anxiety. Some people with diabetes, those concerns become more intense and result in anxiety (Julie Ryan Evans, 2018). Negative emotions can lead to deep despair, causing them to question their place in life and this is known as existential crises and existential crises can affect anyone at any age, but many experience a crisis in face of difficult situations, perhaps the struggle to succeed. Challenges and stresses may not provoke existential crisis. This type of crisis is likely to follow deep despair or a significant event, such as major trauma or a major loss (Valencia Higuera, 2018).

The purpose of this study is about to know the effects of existential crises and illness perception on the quality of life of diabetic patient. And to study all the factors properly about these variables. So it is important that all the variable covered and studied deeply like existential crises illness perception also has a great effect on the quality of life of diabetic patient. Illness perception focuses on how an individual experience and mentally frames living with a disease (Weinman and Petrie, 1997). This may include both negative and positive illness beliefs that can influence the ability to cope with the disease and perceive it as manageable or threatening (Bonsaken et al., 2015). Because the illness perception plays an important role to cope up with disease if the perception is positive patient can easily cope up with his disease and it help him to survive, But if the perception of the patient is negative than it create difficulty in his survival because it cause

hopelessness in the patient and hopelessness cause negativity and effect the will power of a person and person feel more down, helpless and this kind of thinking make the person more ill and if this situation last long than it can cause death.

Result showed that illness perception and diabetes knowledge significantly predict overall diabetes self-care practices. Analysis of domain specific self-care practices showed that patient's diet was significantly predicted by illness perception and diabetes knowledge. Exercise was significantly predicted by only illness perception while blood sugar testing and diabetes foot-care were significantly predicted by diabetes knowledge (Nuworza Kugbey et al., 2007).

The role of illness perception in achieving diabetes outcomes over the last decade there has been an increased focus on improving diabetes management, there has also been an increased emphasis on paying providers for optimal diabetes control (Guillermo Pons, 2011). So as researches shows that illness perception has a great link with patient's quality of life. Illness perception affects patient's behavior, compliance, self-management and consequences of the disease because illness perception gives you a way that how cans you survive with this disease.

Illness perception is the organized cognitive representation or beliefs that patients have about their illness. These perceptions have been found to be important determinants of behavior and have been associated with the number of important outcomes such as treatment adherence and functional recovery. There is consistent pattern to the way patient structure their perception of illness. Illness perception generally contain an identity components, which include the name of illness and the range of symptoms that the patient believes are associated with the condition. They also contain beliefs about the cause of the illness and how long it will last. Illness perception component include beliefs about the personal consequences of the condition for the patient and their family, as well as the extent to which the illness is amenable to personal control or to control by treatment (Keith et al., 2007).

Diabetes is a chronic disease. The diagnosis of any chronic illness confronts individuals with a

collection of task necessary for both physical and psychological adjustment. Adjustment may involve acceptance of a certain amount of loss of function. It may also require the acquisition of new skills and changes to daily routine in order for the patient to manage the symptoms of the illness or cope with the demand of treatment. As such, chronic illness places a considerable burden on the individual and can have a significant impact on their quality of life. From earlier research it is influential in determining outcomes adjustment in a number of medical conditions (Keith et al., 2007).

Patient with diabetes perceive significant differences in the quality of life effects of complications and treatments related to their condition. On average, patient related life with complication, especially end stage complications, as significantly lower than that of life with treatments. However, we also found that patients perceived comprehensive diabetes care has having significant negative effects were equivalent to life with several intermediate complication. The quality of life burden appeared to arise from the prospect of multiple daily insulin injections rather than the prospect of multiple oral agents (Elbert S. Huang et al., 2007)

The quality of life for the type of 2 diabetes patient is affected by numerous factors including sex, occupation, duration of the disease and the presence of complications such as neuropathy and neuropathy (Abedini, Bijari & Abbasi, 2020). Quality of life (QOL) is an important goal of treatment in chronic illness. Quality of life raises with the illness perception if the perception is positive the quality of life will be good and if the perception is negative than definitely it effects badly the quality of life.

Quality of life defines as individual's perceptions of their position in life in the context of the culture and value system in which they live, and in relation to their goals, expectations, standards and concern. Quality of life embodies overall well-being and happiness. Quality of life is like a spiritual beliefs and a sense of belonging.

Quality of life is an important health outcomes in its own right, representing the ultimate goal of health intervention .Quality of life is measured as

physical and social functioning, and perceived physical and mental well-being. People with diabetes have a worse quality of life than people with no chronic illness, but a better other serious chronic disease. Duration and type of diabetes are not consistently associated with quality of life. Intensive treatment does not impair quality of life, having better glycemic control is associated with better quality of life. Complication of diabetes are the most important disease- specific determinant of quality of life (Rubin & Peyrot, 1999). Patient with type 2 diabetes have a substantially decreased quality of life in association with symptomatic complications (Wexler, Grant, & Meigs, 2016).

Diabetic's Quality Of Life becomes worse when complications start to develop or comorbidities coexist. Dominant amongst complications, in health related quality of life lowering, but no relate to risk factors(genetic, the weight of birth, or others) is coronary arterial disease followed by renal failure, blindness, and the combination of micro and macro- vascular complications and in some studies by sexual dysfunction (Trikkalinou, Papazafiropoulou, & Melidonis, 2017).

Quality of life is a multifaceted, dynamic concept and particular care is needed to define and asses this psychological outcome. Quality of life is how good and bad a person feels their life to be. This view emphasizes the most essential feature of measuring Quality Of Life, which is capture the individual's subjective evaluation of their QoL and not what other imagine it to be (Singh & Bardley, 2006). Diabetes 2 is a lifelong disease that keep your body from using insulin the way it should. People with type 2 diabetes are said to have insulin resistance. People who are middle-aged or older likely are most likely to get this kind of diabetes. It is used to be called adult-onset diabetes and mostly it disturbed the quality of life and if the illness perception of a person is negative than his life would be worse and at this age it became difficult to change the perceptions and if person do not change his perception than he must became a victim of existential crises and his quality of life surely effect badly.

With existential crises, there is usually a turning point and moment of awareness that's often linked with worrying about death. This turning

point causes people to think about and question the meaning in their lives. They look at what they are doing and why they are doing it. People may have found profound feelings of dissatisfaction about where they are in life. Diabetes 2 is long life disease and that's why it may cause feeling of worrying, worrying about life and worrying about death. So, according to researches type 2 diabetes patients became victim of existential crises and it effects their quality of life and illness perception also plays an important role on bad and good quality of life. It is important to understand the relationship of these variables with each other and how they linked.

1.1 Illness Perceptions

Illness perception focuses on how an individual experiences and mentally frame living with a disease (Weinman & Petrie, 1997). Perception of illness is a patient's cognitive appraisal and personal understanding of a medical condition and its potential consequences (Broadbent et al., 2015). In illness perception, the integration of both abstract and concrete health information influences the patient's cognitive representations and emotional responses and facilitates the assignment of meaning to the disease and illness experiences (Dempster et al., 2015). They may include both positive and negative illness beliefs that can influence the ability to cope with the disease and to perceive it as manageable or threatening (Bonsaken et al., 2015). Individuals will assess the effects on the illness and themselves over time, which can lead to changes in their cognitive representations and emotional responses in a type of feedback loop (Broadbent et al., 2015). Illness perception is often associated with anxiety and depression in patients with chronic conditions (Costa et al., 2016). Negative illness perception in general has been associated with higher anxiety (Cherrington et al., 2004). Illness perception is a subjective view that focuses on one's experience and condition due to an illness, and it offers insight into how health behaviors of chronic patients can be sustained. It is influenced by cognitive and emotional aspects, such as the expected timeline of the illness, life consequences due to illness, how the illness is

controlled or treated, the identity and cause of the illness, emotions, fear or anxiety related to the illness (Kim, Eunhye Kim, & Ryu, 2019).

The work on illness perceptions is based on a self-regulation theory developed by Howard Leventhal. The theory proposes that individuals form common-sense beliefs concerning their illness in order to understand and cope with health threats (Leventhal et al., 1997; Leventhal, Nerenz, & Steele, 1984). Illness perception can be applied to the mental health area by considering how patient have view about his health both physically and mentally. Another important dimension of illness perception is the identity component that is made up of the symptoms the patient believes are the part of condition as well as the label illness (Petrie, Broadbent & Kydd, 2009). Illness perception refers to an individual's cognitive and emotional representations of illness. It is influenced by perception of illness identity (i.e., the extent to which the illness defines personal identity), cause of illness, duration of illness, consequences of illness, curability of illness, and emotional representations (Cao et al., 2020). Illness perception components include beliefs about the personal consequences of the condition for the patient and their family, as well as extend to which the illness is amenable to personal control or to control treatment. There are two important aspects to note: firstly, patient's beliefs about their condition are often at variance from those who are treating them. Secondly, patient's perceptions vary widely. Even patients with the same medical condition or injury can hold very disparate views of their illness (Petrie, Jago, & Devicich, 2007).

As the negative illness perception and existential crises decreased the quality of life increased. Positive illness perception make the person stronger and work as a vital key to cure the disease and it helps a person in survival because it gives strength to fight with disease. If the illness perception is negative than the chances of survival became low and patient victimize by psychological issues like stress, depression, anxiety, existential crises etc. So illness perception have a great role in patient's good and bad survival.

1.2 Existential Crisis

An existential crisis refers to feelings of unease about meaning, choice, and freedom in life. Life looks totally pointless, that our existence has no meaning because there are limits and boundaries on it, and that we all must die someday. During existential crises, a person may experience a variety of symptoms, including anxiety, depression, feeling overwhelmed, loneliness, obsessive worry, lack of motivation and isolation from friends and loved ones. Existential crises often occur after major life events, such as death of a loved one, career or job change, marriage or divorce, having a child, diagnosis of a serious or life-threatening illness and entering a significant age category, such as 40, 50 or 65 (Cunic, 2020).

The idea of existential crises has been studied by psychologists and psychiatrists such as Kazimierz Dąbrowski and Irvin D. Yalom for decades, starting as early as 1929. Existential crises are confusing and high anxiety times when a person is trying to resolve and find the answer to the question "who am I?" This existential crisis concept derived from Erickson (1997), who refers to it as an identity crisis (Mary Andrews, 2016).

Existential crisis may be associated with a number of mental health conditions. For this reason, it is sometimes best to involve a doctor—especially if an existential crisis has the potential to lead to despair or suicidal ideation. An existential crisis may occur when a person frequently wonders whether or not life has any inherent meaning or purpose. A person may also question their own existence within a world that might seem meaningless. The term "existential crises" has its roots in existentialism, which is a school of philosophy. Existentialism focuses heavily on the meaning and purpose of existence, both from an overall and individual perspective. The core idea behind existentialism is that the world is inherently meaningless, and that is down to the individual to create their own sense of meaning and purpose (Johnson, 2019). It was Jean-Paul Sartre who introduced the concept of "existentialism" in 1940. Existential crisis is the realization that each of us will one day die. It is understanding that life is not endless and that our days on this planet are numbered. From the beginning of time, people

have asked themselves the existential question, "If I am doomed to die, what is the point of my life?" It is a terrifying question and different people have attempted to answer it in different ways.

Existential crisis is characterized by the following specific existential feelings: guilty, fear and anxiety. Guilt can take away the meaning of life, but at the same time, it can be an opportunity to grow and become a better person (Frank, 2010). It occurs when people deny their potential opportunities, become unable to understand the needs of people beside them, forget their dependence on the natural world (May, 1958). The study has shown that during the existential crisis, where a person is confronted with wrong choices of the past and the inability to change them, they go through an existential anxiety and existential guilt (Lucas, 2005). While improving, a person is faced with ontological anxiety and guilt associated with issues of higher existence (May, 1958). They experience three types of ontological anxiety: the understanding of human life transience, the perception of life senselessness, and the discovery of life value (Tillich, 1952).

Studies also confirm that the existential crises caused by the sense of deficiency and meaninglessness is associated with neuroticism (Steger et al., 2006), anxiety (Mascaro & Rosen, 2005) and fear of death (Tomer, 2012; as cited in Steger, 2012). There is a relation between "me" and the others (the world, a person). According to the term of psycho-synthesis, existential crisis arises from imbalance between personal and transpersonal (spiritual) areas (Assagioli, 1973; as cited in Firman and Gila, 1997). The realization of one's end is characteristic to an existential crisis. The main feature of the existential crisis is a strong awareness of one's limitation: "I always knew that I will die one day but now, because of my disease, I experienced what it is like to face death. And that makes a great difference" (Yang et al., 2010, p. 65). The meaning of life, which prospect of death, helps understand one's development and survive the crisis (Witkowski, 1980). Subjective perception of the end revealed the meaning of life that was affected by life events; significant unexpected loss, body limitations (Fonseca, 2011). It also proven that the realization

of death does not necessarily cause an existential crisis (Young et al., 2010). Therefore, life limitations, experienced in an existential crisis, strengthen our eternal values- it helps a person to maintain their life limits (Brandstadter et al., 2010). Study confirms that individuals with severe disease go through an existential crisis during which they experience a fresh look at life (Yang et al., 2010).

Existential crisis is characterized by decision-making (Frankl, 2008). It all depend on whether a person is aware of his options. Freely choosing, a person decides on the possibility in a way of “that will be condemned, and that will be implemented” (Frankl, 2008, p. 113). Optimistic mindset and hope help to get rid out from existential crises.

1.2 Quality Of Life

Quality of life (QOL) is defined by the World Health Organization as individual’s perception of their position in life in the context of the culture and value systems in which they live, and relation to their goals, expectation, standards and concerns (2020). Quality of life (QOL) is the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events (Britannica, 2016). Standard indicators of the quality of the include wealth, employment, the environment, physical and mental health, education, recreation and leisure time, social belonging, religious beliefs, safety, security and freedom (Mthichael et al., 2009). Academic interest in quality of life grew after World War II, when there was increasing awareness and recognition of social inequalities. This provided the impetus for social indicators research on subjective well-being and quality of life. The patient’s view of his or her own health had long played some role in medical consultation; however. In term of the health care literature, researchers did not begin collecting and reporting such data systematically until the 1960 (Jenkinson).

Quality of life is a highly subjective measure of happiness that is important component of many financial decisions. Factors that play a role in the quality of life vary according to personal preferences, but they often include financial

security, job satisfaction, family life, health, and safety (Kagan, 2020). Quality of life is a non-financial component associated with job and life satisfaction. When used in a work-related way, qualify of life often refers to the time and ability to do thing you enjoy (Kagan, 2020).

Quality of life closely linked with diabetes as this disease effects a person’s life quality. Impact of illness is evident in various aspects of Quality of life. Type-II Diabetes has effect on psychological functioning and quality of life of patients. Malfunctioning and poor quality of life is associated with further complications and co morbidities (Majeed et al., 2019). Quality of life can be defined in many ways, making its measurement and incorporation into scientific study difficult (Fallowfield, 2009).

Quality of life is a broad multidimensional concept that usually includes subjective evaluations of both positive and negative aspects of life, the term quality of life has meaning for nearly everyone and every academic discipline, individuals and groups can define it differently. Although health is one of the important domains of overall quality of life, there are other domain as well_ instance, jobs, housing, schools, the neighborhood. Aspects of culture, values, and spirituality are also key domains of overall quality of life that add to the complexity of its measurement.

Chapter II Literature Review

The aim of this research is to study the relationship between illness perception, existential crisis and its effects on quality of life of type 2 diabetic patient. That what kind of illness perception and existential crisis occur in patient’s life and how it damage the quality of life and which factors participated to raise worse illness perception and cause existential crisis in patient because person already suffering from the long term medical condition and if the illness perception is not positive the survival became difficult. If the person forgets about his existence, about the meaning, purpose of his life and feel hopeless how can he survive in his life and how can he cope with his disease.

Factors that are involve in negative perception and behind the existential crisis are finance, environment and nature of a person. There may be more factors behind this but these are some main factors because these factors are directly linked with patient and these factors have great effect on the quality of life. As we know every disease has some kind of treatment, diabetes has no proper treatment to cure it completely yet but there is medication of it to at least manage it and medicines are mostly very expensive and if the person is not financially good than he suffer from stress, depression and a fear that how he manage his finance with this disease and other needs of life and type 2 diabetes mostly occurs in middle aged and older people (age 45 or older) but it can also develop at any age even in childhood, But if the age of patient is 40, 45 Or older than 45 than probably he has a family. So, if the patient is not financially stable than his family life, economical life and his own life will disturbed and it cause stress, anxiety, depression and existential crisis.

Environment plays an important role in positive and negative illness perception. As, we discuss that positive illness perception helps in good survival and negative illness perception make patient life worse and the survival became difficult. We perceive things from environment and environment made up with people that are exist around us, So if they give positive energy to patient that you can survive and it's just an event your whole life is still worthy and purposeful, you must live your life as you live before this event. Counseling is very important for patient to tell about his growth, possibilities about life and survival.

Nature of patient is very important and have great effect on illness perception because if person have strong will power he will survive and a positive mindset help him to survive but otherwise patient will became victim of existential crisis and these crisis effect the quality of life of patient. Previous researches mostly explained existential crisis effects on cancer patient, asthma patient but they do not describe and explain the existential crisis effects on type 2 diabetic patient and previous researches do not focus on these three variables together. There are many researches on these

topics but separately. There is no single research on these three variables together. Researches shows that existential crisis occur in cancer patient or also in asthma patient but in diabetes these crisis also occur and we can't neglect and these existential crisis cause due to illness perception than it effect on the quality of life of patient.

There is literature on these variable but separately. But this study will examine all the factors which relates to illness perception, existential crisis and their effects on the quality of life of type 2 diabetic patients.

2.1 International Literature

Butenaite Joana, Jolnata Saondaite and Antanas Mockus conduct theoretical analysis on component of existential crisis at Mykolas Romeris University in 2016. Research psychologist have long been exploring people facing various crisis and impact of those crisis on their lives. An existential crisis differentiates from other crisis in that an existential crisis includes the inner conflicts and anxieties that accompany human responsibility, independence, freedom, issues of purpose and commitment (Gillil & James, 1993). One can notice in scientific literature, the concept of existential crisis is not united and has different meanings. Some authors argue that existential crisis is realized as a "limit situation" where very own survival is in danger (Turner, 1969; as cited in Yang et al., 2010). Facing such a limited situation can cause a crisis that will eventually become existential (Yang et al., 2010). This confirm the approach, expressed by Hesletand Frey (1975), an existential crisis means the personal existence of a continuous confrontation with own human limitations a person cannot fully control, and thus experiences existential anxiety (Brown, 1980).

Other approach includes personal fulfilment and development. Existential crisis rises from the imbalance between personal and spiritual area (Assagioli, 1973; as cited in Firman & Gila, 1997). The aim of their study was to analysis the experience of existential crisis through special experiences that are related to finality and infinity was chosen in the article. The main purpose of their research was to analyze the components of existential crisis. On the basis of theoretical and

empirical analysis of the sources on existential crisis, the aspects of an existential crisis were divided into basic components: emotional, cognitive and behavioral.

Emotional pain: Emotional pain is one of the emotional aspects of an existential crisis. Frankle (2010) mentions that one of the fundamentals aspects of existence, which can take away the meaning of life, is pain. Various studies have confirmed that while experiencing an existential crisis, a person faced meaningful endings and realization of emotional pain of their own transience experiences (Flaherty, 2012; Yang et al., 2010; Zhang et al., 2010).

Despair and helplessness: the study has been shown that despair and helplessness are common amongst patients that endures an existential crisis in disease (Yang et al., 2010). Other authors have based that the meaningless that characterizes the existential crisis is associated with hopelessness (Alandete, Pere, & Delgado, 2009). Such a condition may arise in an existential crisis when a person becomes frustrated with his meaningful life and disregards any responsibility for their life (Thompson, 2013). It can be assumed that the feelings of helplessness and despair can be a warning of an upcoming existential crisis.

Guilty, fear and anxiety: Existential crisis characterized by the feeling of guilty, fear and anxiety. Guilty can take away the meaning of life, but at the same time, it can be an opportunity to grow and become a better person (Frankl, 2010). The study has shown that during the existential crisis, where a person is confronted with wrong choices of the past and the inability to change them, they go through an existential anxiety and existential guilt (Lucas, 2005). **Loneliness:** loneliness is emotional aspects of existential crisis. Studies have revealed that people going through an existential crisis and illness feel lonely (Molzahn et al., 2008; Yang et al., 2010).

Cognitive component are loss of meaning and purpose: loss of meaning and purpose in cognitive component developed the psychotherapy course named Logo-therapy which is based on the discovery of the meaning of life. Study shown that meaning of life is associated with a change of mind (Flaherty, 2012). Loss of personal values,

realization of own end and decision making are part of cognitive components. Behavioral Components are restricted actions, loss of relationships, health problem, anti-social behavior and addictions.

Existential crisis can be defined as a confrontation and experienced relationship of the existential realities, therefore, a crisis becomes existential crises. The feelings that are inherent for the condition are: emotional pain, disturbed sense of integrity, hopelessness, helplessness, anxiety, guilt, fear and loneliness. Existential crisis is characterized not only by negative consequences but also by the positive aspects- the discovery of new meaning and personal values (Joana, Mockus, & Sondaite, 2016).

In (2013) International quarterly of community health education examine that diabetes is steadily increasing threat in Sub-Saharan Africa. Factors behind it is obesity, physical inactivity and inadequate access to healthcare are believed to contribute to increasing burden of diabetes. Intervention that optimize diabetes self-management are critically important since obtaining diabetes medication and for self-management positive illness perception is very important (Belue et al., 2013).

Further we review about illness perception and type 2 diabetes a research examine that illness perception and diabetes knowledge significantly predicted overall diabetes self-care practices. Analysis of domain specific self-care practices showed that patient's diet was significantly predicted by illness perception and diabetes knowledge. Exercise was significantly predicted by only illness perception while blood sugar testing and diabetes foot-care were significantly predicted by diabetes knowledge.

Research showed that cognitive and emotional representation of diabetes and diabetes knowledge are key determinants of patient's diabetes self-care practices. It is therefore important that appropriate psychosocial interventions are developed to help patient's adherence to recommended self-care practices (Kugbey, Asante, & Adulai, 2017).

In 2007 research on illness perceptions has confirmed that patient's beliefs are associated with

important outcomes in broadening range of illnesses and risk factor testing. New interventions based on this model have the potential to improve patient outcomes but have yet to be widely developed and applied. They investigate the development in assessment include the publishing of a new brief scale to assess illness perception and examination of the relationship between patient drawings of their illness and outcomes. Recent studies primary care highlights the importance of patient's beliefs and emotional responses to their illness as being important in influencing their satisfaction with the consultation. Studies showed that illness perception associated with a number of outcomes in chronic illness including self-management behaviors and quality of life (Petrie et al., 2007).

In another study psychologist examined illness perception and coping activities as they relate to illness management and relationship resilience. Findings suggest that couples experience both negative and positive perception of their illnesses, indicating a balance between the reality of their illness challenges and an optimistic outlook of the future. Coping activities included a variety of task and were performed by individuals and couple efforts. Findings highlight the complexity of individual and shared couple illness perception and couple efforts in managing multiple chronic illnesses (Crane et al., 2010).

In another research psychologist investigate the clinical characteristics associated with illness perception in psoriasis. This study aims to investigate association between illness perception, clinical characteristics, patient knowledge, quality of life and subjective health in persons with psoriasis. The study was based on cross-sectional data from patient awaiting climate therapy in Gran Canaria. Disease severity was measured using the Psoriasis Area and severity index. Several statistically significant associations between clinical characteristics, knowledge and various illness perception dimensions were found. Illness perception was also significantly related to disease-specific quality of life and subjective health. These findings contradict previous findings, which suggested that objective disease factors are not

relevant to illness perception in psoriasis (Wahl et al., 2014).

In (2016) researcher examine the relation of type 2 diabetes and quality of life. In this research review last five years 15500 articles and review have been written addressing diabetes and coronary arterial disease, 16100 addressing diabetes and renal function, 28900 addressing and retinopathy, 16800 addressing diabetic foot ulcers and other 26300 addressing diabetic neuropathy. Moreover 17200 articles are dealing with diabetic sexual dysfunction, 24500 with the correlation of diabetes and depression 17500 about diabetes and dementia, only 1 about diabetes and family functioning and 1950000 about diabetes and quality of life, indicating the worldwide interest. Diabetic's Quality of life becomes worse when complications start to develop or comorbidities coexist. Dominant amongst complications, in health related quality of life (HRQoL) lowering, but not related to risk factors (genetic, the weight of birth, or others) is coronary arterial disease followed by renal failure, blindness, and the combination of micro- and macro-vascular complications and in some studies by sexual dysfunction. Moreover many are the comorbidities which deteriorate further the effect of diabetes in a patient life. Among them obesity, hypertension, dyslipidemia, depression, arthritis are the most common. Diabetes continues to be major contemporary epidemic. In addressing the challenges of confronting the epidemic a primary therapeutic goal is quality of life. Diabetes affect major components of quality of life although differences in term of ethnicity, environment, gender socioeconomic status, culture, profession dietary and lifestyle habit to exist (Trikkalinou, Papazafropoulou & Melidonis, 2017).

Another research conduct and give review about type 2 diabetes and quality of life. According to them patient are effected by and cope with this complex disease in different ways, depending upon its severity and complications. Influences on well-being therefore also vary from none to major deterioration. Deteriorations in cognitive function have also been documented, although diverging evidence exists. Systematic focused studies examining how patients and significant others

perceive the impact of the disease in retrospect are still awaited. There is still need for more research on type II diabetes; broad perspective longitudinal follow-up studies monitoring natural disease progression, as well as examining the predictive significance quality of life, would be welcome (Hornquist et al., 1995).

Psychologist examine in research that issue in quality of life have often been considered for patients with insulin-dependent diabetes. Daily blood glucose monitoring and need for self-injections pose an obvious threat to the attainment of quality of life, as concern about long term complications. In contrast, non-insulin-dependent diabetes (NIDDM, type II diabetes) may be considered less severe, and has attracted less research interest. In fact, type II patients may also be aware of their heightened vulnerability to physical complications, as well being affected by the need for heightened vigilance and attention to diet and exercise regimens. Issue associated with the theory and development of quality of life (QoL) measures are discussed largely in relation to type I diabetes and cancer (C-Eiser et al., 1995).

Liyue Jinget et al., (2018) examine the related factors quality of life (QoL) OF TYPE 2 diabetes by using proper statistical method. Eighteen studies were included into their systematic review and meta-analysis, totaling 57,109 type 2 diabetes patients. Do more physical exercises (The pooled ORs ranged from 0.635 to 0.825 for different scales, less than 1.00), glucose check more frequently [pooled OR (95%CI): 0.175 (0.041, 0.756)] were associated with a better QOL. Presence of complications (The pooled ORs ranged from 1.462 to 3.038 for different scales, more than 1.00), presence of hypertension [pooled OR (95%CI): 1.389 (1.173, 1644)], longer duration of diabetes [pooled OR (95%CI): 1.865 (1.088, 3.197)], diet with more red meat [pooled OR (95%CI): 2.085 (1.063, 4.089)] and depression (The pooled ORs ranged from 3.003 to 11.473 for different scales, higher than 1.00) were associated with a worse QOL. The results of this study show that physical exercise, glucose check frequently, complications, hypertension, duration of diabetes, diet with more red meat, and

depression were associated with the QOL of type 2 diabetes patients.

Egypt Public health association in (2021) examines the case control study of pattern and determinant of quality of life of patient with diabetes in developing country. Three hundred and thirty subjects were studied, with mean ages of males and females of 55.2 ± 4.8 and 51.8 ± 6.3 years, respectively. The mean total QoL score was 75.77 ± 11.2 , with no significant difference between males and females. Among male and female cases, the mean score of the physical health domain was significantly lower for cases compared with controls ($p = 0.05$). Male cases compared with controls had higher scores for the environment domain ($p < 0.05$). Older age and higher systemic blood pressure were associated with lower QoL scores for both sexes ($p < 0.05$). Unmarried status, obesity, and poor glycemic control ($HbA1c > 7\%$) were associated with lower QoL scores ($p < 0.05$). Fasting blood sugar (FBS) level and lipid profile were not significantly correlated with QoL score in both sexes ($p > 0.05$).

Diabetes contributes to low quality of life among males and females, with significant differences in the affected domains. Diabetes care providers should identify affected domains during clinic consultation, in order to improve provision of more effective (Enanet et al., 2021).

They synthesized quantitative studies on T2DM management, published between 2006 and 2016 in Nigerian public hospitals. Searches of PsycINFO, EMBASE, and Google Scholar databases were undertaken, alongside the African Journals Online (AJOL) and the Cochrane Library resources. The websites of the World Health Organisation African Region (WHO, AFR) and International Diabetes Federation African Region (IDF, AFR) were also searched. The Critical Appraisal Skills Programme (CASP) and Preferred Reporting Items for Systematic Review and Meta-analysis (PRISMA) checklists were used for quality appraisal and report.

This review revealed factors such as non-adherence/non-compliance (20 studies), self-care related (9 studies), psychological-related (6 studies), social-related (6 studies), cost-related (6 studies) and drug-related (3 studies). Impacts of

these factors on patient health outcome were elevated glycaemic levels, poor self-management skills, early development of DM complications, and loss of trust in clinical management as well as high mortality rate. The outcome of this review offers practical recommendations for policy review and suggestions for potential change implementation to improve T2DM patient management in the context of clinical practice.

2.2 Indigenous Literature

Wahyu et al., (2017) examine illness perception, stress, religiosity, depression, social support, and self-management of diabetes in Indonesia. This is an integration of three studies on type 2 diabetes. In this study, diabetes was seen in relation to illness perception, stress, depression, social support, and self-management. The studies conducted using quantitative approach, employing 68 participants, aged between 40–75 years old. Interviewer-administered questionnaires were used for the data collection. Sobel test was employed to examine the mediation states of the variables in the three quantitative studies, and regression analysis was then executed for hypotheses testing. Results show that self-acceptance were significantly related to depression. In Indonesia, type 2 diabetes mellitus is found more frequently than type 1. The prevalence rate of type 2 diabetes mellitus ranges between 14% - 16%. The prevalence rate of diabetes mellitus increases each year. Recent results of epidemiological studies in Indonesia showed similar trend in different cities and regions. Jakarta (the capital city of Indonesia) proved that there was an increased diabetes prevalence from 1.7% in 1982 to 5.7% in 1993, and turn out to be 14.7% in 2001. Increased prevalence of diabetes mellitus also occurred in Makasar, which increased from 1.5% in 1981, to 2.9% in 1998, and to 12.5% in 2005. In 2005, West Sumatra reported that they have a diabetes mellitus prevalence of 5.1%, Pekajangan (Central Java) had 9.2% while Bali had a diabetes prevalence between 3.9% - 7.2% in 2004. According to Rudjianto (2009), Indonesia's pre-diabetes prevalence rate is approximately 21.6%. It was estimated that 50% of individuals who are in position of pre-diabetes will develop

diabetes. Moreover, the highest number of pre-diabetic individuals were found in the age group of 12-17, with a percentage of around 27% (Rudjianto, 2009).

The increasing tendency of diabetes mellitus, globally, is caused by several factors, which consist of genetic factors, obesity due to lifestyle changes, overeating, lack of exercise, demographics, as well as a reduction in number of infectious disease and malnutrition (Suyono as cited in Soegondo, 2009). Diabetes is capable of striking people of all ages, regardless of whether they reside in rural or urban areas. Health Research Association (Risksedas) Ministry of Health of Indonesia, in 2007, showed that diabetes was the 2nd leading cause of death of those aged 45-54 in urban areas, causing 14.7% of deaths. Meanwhile, in rural areas, diabetes ranks in 6th (5.8%) in terms of leading cause of death. People with type 2 diabetes generally experience an increase in blood sugar; this increase will trigger a rise in the cortisol, epinephrine, and norepinephrine hormones, leading to depression. A complication that may occur to diabetics, aside from the disease itself which is degenerative and incurable, is that many of the patients experience anxiety disorders. In a study involving 1456 subjects with diabetes, both type 1 and type 2, from different regions in Ireland, the prevalence rate of those who experience anxiety was 32.0%, and the rate of those who were depressed was 22.4% (Collins et al., 2008). Studies conducted in Turkey, from 161 subjects with diabetes type 1 and type 2, found that 79% of the subjects experienced anxiety (Tuncay, Musabak, Gok, & Kutlu, 2008). In addition to social support, an important factor for people with diabetes is self-acceptance.

Illness perception is an individuals' response toward an illness (Leventhal et al. as cited in Keogh et al., 2007) that is formed through the individual's organized perception and conception of their illness base on their experience and environment (Croyle & Barger as cited in Taylor, 2006). Illness perception is based on Leventhal Self-Regulation Model theory which measures five separate components. These components are identity, cause of illness, duration, consequence, and self-control (Ogden, 2000), specifically:

A. Identity is the name and symptoms of the disease that relates to the name that was given.

B. The cause of illness is the attribution process that is characterized by the beliefs of why the disease emerged.

C. The duration is the belief of how long the disease may last.

D. Consequence reflects the individuals' hope related to the effect of the illness towards psychological and physical functions.

E. Self-control is the belief of how far the disease or symptoms may be controlled and changed by the medicine and health workers.

Illness perception is activated by the long term memory, and the representation is formed based on the comparison between the current incident and the individuals' former belief. Illness perception was employed in many studies to predict the health status of several chronic diseases such as in asthma (Horne & Weinman, 2002), diabetes (Bean et al., 2007; Lawson et al., 2007), hypertension (Hekler et al., 2008), kidney failure (Timmers et al., 2008), and osteoarthritis (Kaptein et al., 2010). Study on illness perception of people with diabetes showed consistent positive results on adherence (Mann et al., 2009), and coping strategies (Bean et al., 2008; Lawso et al., 2007; Sloan et al., 2009).

In this research the study aimed at understanding diabetes from the perspective of people with diabetes in the Indonesian cultural context. This study showed that participants tried to understand diabetes based on their personal experiences. They also saw the disease in a broader context of cultural identity and changes in their cultural environment. In coping with the disease, three strategies were identified: seeing it as beyond their control, normalising their condition, and resignation to God. People who used the first and second methods of coping tended to have a more negative response to diabetes treatment. People with strong religious beliefs coped more positively with diabetes.

People with diabetes conceptualised the disease into their own narratives. These lay concepts influenced their strategies of coping and their behaviors in managing the disease. Understanding people's lay perceptions and experiences are

important to develop personalised strategies of diabetes management that may influence people's responses to their disease and treatment. Indonesia is the fourth most populous country and has the sixth-largest number of people with diabetes in the world (>10 million people with diabetes) (International Diabetes Federation, 2017). The increase in the number of people with diabetes in Indonesia is a result of increasing modifiable risk factors including hypertension, abdominal obesity, obesity, pre-diabetes, and smoking (Hussain, Mamun, Reid, & Huxley, 2016; Ng et al., 2006; Roemling & Qaim, 2012; Usfar, Lebenthal, Atmarita, Soekirman, & Hadi, 2010). Diabetes affects Asian people at a lower degree of obesity, and at a younger age than in other parts of the world (Yoon et al., 2006).

The vast majority of people with diabetes in Indonesia have type 2 diabetes with the average age of diagnosis at 49.7 ± 6.8 years old (Soewondo et al., 2010). Therefore, we focused on type 2 diabetes, and hereafter the term diabetes in this article refers to type 2 diabetes. Type 2 diabetes is characterised by slow onset of symptoms. Most people in Indonesia consider themselves healthy if they can perform their everyday activities without disruption. Thus, people generally seek help when symptoms hinder these (Fles et al., 2017; Pitaloka & Hsieh, 2015; Pujilestari, Ng, Hakimi, & Eriksson, 2014). Therefore, many people do not realise they have diabetes until they get complications. This has led to a high prevalence of undiagnosed diabetes in Indonesia (Pramono et al., 2010).

Moreover, most people with diabetes in Indonesia have poor glycaemic control. Consequently, complications are prevalent (Pemayun & Naibaho, 2017, Yusuf et al., 2016), and costs for managing the disease increased (Andayani, Ibrahim, & Asdie, 2010). This heavy financial burden affects not only individuals, but also the country, particularly in the newly implemented Universal Health Coverage programme (Agustina et al., 2019). The Indonesian Universal Health Coverage programme, known as the National Social Health Insurance Scheme (*Jaminan Kesehatan Nasional, JKN*) was introduced in

January 2014. The insurance scheme covers most health interventions, including for diabetes, for people registered under the scheme (Agustina et al., 2019).

Health care in Indonesia, including for diabetes, is delivered by a mixed system in which government financed and privately financed health centres coexist. The government-health centres consist of community health centres (*Puskemas*) in sub-district level and state hospitals at district and province level (Indonesia Ministry of Health, 2016). Diabetes speciality clinics are commonly located in hospitals, as they have more sophisticated laboratory facilities, specialist doctors, and a more extensive range of medications. The government has also introduced some programmes specific to non-communicable diseases including diabetes: integrated health post for managing non-communicable diseases (*Posbindu PTM*), and programme for managing chronic diseases (*Prolanis*). The *Posbindu PTM* programme focus mainly on early detection of risk factors and improving general health, while the *Prolanis* programme focuses on improving outcomes for people with diabetes and hypertension.

Although efforts have been made to early detect and improve outcomes of people with diabetes, an effective diabetes treatment requires people with diabetes to make a variety of behavioural changes including dietary adjustment, exercise, and medication. Thus, they themselves are the key component in diabetes management. Studies conducted in the high-income countries have demonstrated that people's perceptions about diabetes influenced their self-management behaviours and outcomes (Alzubaidi, Mc Narmara, Kilmartin, Kilmartin, & Marriott, 2015; Broadbent, Donkin, & Stroh, 2011). For example, Alzubaidi et al. (2015) found that people with diabetes with Arabic cultural backgrounds living in Australia had less accurate illness and treatment beliefs about diabetes compared to Caucasian participants, and this was significantly correlated with poorer adherence to treatment. Therefore, understanding the perceptions and experiences of people with diabetes is important before establishing interventions. Studies involving

people with diabetes with various cultural backgrounds have also shown that socio-cultural characteristics influenced their views about diabetes (Amarasekara, Fongkaew, Turale, Wimalasekara, & Chanprasit, 2014; Mendenhall et al., 2016; Suparee, McGee, Khan, & Pinyopasakul, 2015). For example, some people with diabetes in Sri Lanka and Thailand viewed that their diabetes was due to bad *karma* (bad deeds) (Amarasekara et al., 2014; Suparee et al., 2015), and some people with diabetes in India viewed that having diabetes was their fate (Mendenhall et al., 2016). This underlines the need to recognise people's perceptions about diabetes in different cultural contexts.

In another research psychologists (William et al., 2021) evaluate the differential effect of 2, group-based exercise modalities on quality of life (QoL) in indigenous Polynesian peoples with type 2 diabetes (T2DM) and visceral obesity. With the exception of Mental Health and MCS, all scores were lower at baseline than general population norms. Significant improvements were documented in several QoL scores in each group post intervention. No group \times time interactions were noted. Pooled analyses of the total cohort indicated significantly improved Physical Functioning, Role-Physical, Bodily Pain, General Health, Vitality, Role-Emotional, PCS and MCS. Adaptation ranged from 5%–22%, and demonstrated a moderate-to-large effect (Cohen's $d = 0.64$ – 1.29). All measures of QoL increased to near equivalent, or greater than general norms.

In another research psychologist (PYLee et al., 2012) examine that Diabetes is a chronic disease that affects a patient's quality of life. This cross-sectional study aimed to determine the socio-demographic and disease profile factors associated with poor quality of life among patients with diabetes. The study was conducted at a primary health care clinic in Kuching between August to November 2010. Short Form - 36 (SF - 36) questionnaire was used to assess the quality of life of diabetic patients aged ≥ 18 . A total of 142 respondents participated in the survey. After adjusting for age, those with no education scored lower at vitality ($p=0.043$) and emotional health

($p=0.033$) compared with those who have tertiary education. Those working in the private sector scored better for physical functioning ($p=0.042$) compared with pensioners and the unemployed. Patients with uncontrolled diabetes scored lower in the role-emotional domain ($p=0.003$). Participants who were on <3 ($p=0.014$) and ≥ 3 ($p=0.024$) oral medications had better score for role-physical than those on insulin. Those on insulin had worse score for bodily pain than those on oral medication only (vs <3 oral drugs, $p=0.026$; vs ≥ 3 oral drugs, $p=0.001$). Various socio-demographic factors, uncontrolled diabetes and insulin usage were found to have negative impact on a diabetic patient's quality of life. Programmers addressing the physical and emotional needs of diabetic patients at the primary health care setting are essential to help improve their quality of life. Globally, the number of people with diabetes has increased sharply and are projected to increase by over 80% in upper-middle income countries. In Malaysia, the prevalence of diabetes is also on the upward trend. Chronic diseases like diabetes may affect a person's quality of life in many ways. Although better glycaemic control is associated with higher quality of life, complexity of regimens aimed at achieving the glycaemic control may have an adverse impact on patients' quality of life. The negative impact of insulin injections on patients' quality of life are often overlooked. Newer mode of insulin delivery, such as non-invasive insulin inhalers, could address this shortcoming and help improve quality of life. Reduced compliance to diet and medications and increased risk of diabetes-related complications are also associated with depression among diabetic patients, which may affect their quality of life. Thus, a diabetic patient's quality of life should be a primary consideration when prescribing a treatment regimen.

Studies have documented poor quality of life among diabetic patients who have suffered from this condition for a long time and is associated with old age gender (especially women), diabetic complications concomitant diseases and disease severity.

Understanding the factors that contribute to poor quality of life among people with diabetes may

help physicians in improving care. Studies on diabetes in Malaysia mainly focus on relationship between diabetes management, depression and quality of life. There are few studies that look at the relationship between the socio-demographic characteristics and disease profile of diabetic patients and quality of life, particularly in a primary health care clinic. Furthermore, in a multi-cultural society such as Malaysia people have unique health beliefs and practices which may influence their quality of life. Thus, this study aimed to determine the socio-demographic and disease profile factors associated with poor quality of life among diabetes patients in a primary health care clinic.

The result shows that Lower education level, unemployment, uncontrolled diabetes and insulin treatment were found to have a negative impact on the quality of life among diabetic patients. Programmes addressing the physical and emotional needs of patients are essential to improve their quality of life. Health education should also cater to those who have low education level. A more holistic healthcare system that looks into the psychological aspect of the patients should be considered. In another research Christina Maria B. Dela Cruz in 2013 explore the existential concerns of individuals living with chronic mental illness, it is important to first understand the philosophical tradition of existentialism and its approach to conceptualizing human experience. This section of the literature review examines the work of five existential writers who played a fundamental role in shaping the later works of existential psychotherapists. The works reviewed include key philosophical texts and literature that helped to define existentialism. These include Søren Kierkegaard's *The Sickness Unto Death*, Fyodor Dostoevsky's *Notes from Underground* and *The Double*, Leo Tolstoy's *The Death of Ivan Ilych*, Jean-Paul Sartre's *Nausea* and *Existentialism is a Humanism*, and Albert Camus's *The Stranger* and *The Myth of Sisyphus*. The existential concept of abandonment refers to the sense that the individual is left without any prescribed guidelines to help her make choices when navigating her freedom, requiring the individual to be ever aware and intentional when

using her freedom to make choices (Sartre, 1946/2007a). With the absence of any higher authority to dictate her decisions, the individual is held ultimately responsible for fashioning her world and her reality through the choices she makes. Although this sense of abandonment may leave her feeling anxious, this anxiety serves to motivate her to become aware of her freedom and responsibility to make choices, as well as the consequences of her decisions. The individual may choose to avoid making choices in the face of this anxiety; her choosing to abstain from making choices is, as well, a choice in and of itself, which still entails the responsibility for the consequences resulting from that choice to not choose (Dela Cruz, 2013).

2.3 Relationship between the Variables

There is a connection between variables. Many international and Indigenous researches proved that quality of life of a person is directly affected by his illness perception or if the person has existential crisis it also affect his quality of life. There are many factors which are involved in making of person's illness perception like environment, his own nature, family's behavior, responses which he get from his Doctor or from his family have a great influenced on his illness perception. Study shows that positive and negative illness perception directly affect person's quality of life and in the case of diabetic patient positive illness perception give them hope and courage to fight with this long lasting disease and negative perception cause hopelessness, irritation, frustration, low mood and affect immune system of patient. Existential crisis and illness perception also has a great relation with each other because negative illness perception can cause existential crisis.

2.4 Summary

Researches had lots of work on illness perception, existential crisis and quality of life but in different areas. Mostly researchers research on existential crisis in cancer patient and its effect on quality of life. Illness perception relation only with quality of life but not any single research discuss or explore these three variables together (Illness perception,

Existential crisis and quality of life) specially on diabetic patient mostly international researches cover illness perception with other chronic diseases and quality of life was mostly discussed or explore in cancer patient, asthma, lung cancer, depression, OCD, Heart disease etc. Existential crisis mostly discuss with stress full and hard life also with diabetic or with chronic disease and illness perception was discussed probably in every medical and psychological area. But In many international researches illness perception and quality of life discussed and explored differently.

2.5 Rationale

An existential crises refers to feelings of confusion about life. The feeling of pointlessness, meaningless make the person hopeless and destroy its personality, power of taking decision in his daily routine matter. He became hopeless for his present and future. Existential crisis is a complex problem. Existential crises are confusing and high anxiety times when a person is trying to resolve and find the answer to this question who am i? These existential crises concept derived from Erikson (1970), who refers to it as an identity crises (Mary Andrews, 2016).

Illness perception focuses on how an individual experiences and mentally frames living with a in disease (Weinman and Petrie, 1977). Perception of illness is a patient's cognitive appraisal and personal understanding of medical condition and its potential consequences (Broadbent et al., 2015). This may include both positive and negative illness beliefs that can influence the ability to cope with the disease and to perceive it as manageable or threatening (Bonsaken et al., 2015)

My purpose to select this topic to know the effect of existential crises and illness perception on life diabetes patient because diabetes is a life time disease that runs in a person till his death, because there is no proper treatment ,medicines to cure this disease completely . There is a vaccines for overcome this disease or balance it but there is still no proper treatment of it .This thought that I have this kind of disease that never cure completely and also can transfer genetically and never ends it lasts

till end of life can cause existential crises effects on the person. He may lost the meaning of his life because these kind of thoughts old person can feel that I am old and also because of this disease I did not enjoy my time period and In this age I have to bear the pain of insulin, pain of treatment if a young person has this disease and he is not married feel disturb and meaningless that what is his future now what is my goals now what can I do? If a person age of 20 or 22 has this disease who is studying can lose his meaning of life because of this disease. So, I want find out all these questions to research on all ages of person to determine their feelings, thoughts and their perception of illness

2.6 Objectives of studies;

- . To investigate the effect of illness perception and existential crisis on quality of life type II diabetic patient.
- . To investigate relation between in these three variable for example is there a negative relation or positive relation between them.
- . To investigate these variables both in young and old generation.

2.7 Hypothesis of the study;

Following hypothesis will be studied in present research.

1. Their will likely to be a positive relationship between Illness perception, Existential crisis with quality of life that effect type II diabetic patient.
2. Is these illness perception and existential crisis effect differently quality of life of young and old type II diabetic patient.

Chapter III

Method

3.1 Research Design

The connection cross sectional exploration configuration was utilized to research the connection between Illness perception, Existential crisis and Quality of life. Test, N=100, young male (n=25) and young female (n=25) and aged male (n=25) and aged female (n=25) from government hospital. Non-likelihood and convenient sample can be enlisted in research. The sample was contained 100 members. Just age of 20 to 40 and 41 to 60 diabetic patients were filled the survey questionnaire.

3.2 Sampling Technique

Convenient sampling technique was used. This technique relies on data collection from members of the population who were readily available to participate in study.

3.3 Sample

To determine the sample size for present research, power analysis was undertaken through G* Power 3.0 (Faul, Erdfelder, Lang, & Buchner, 2007). . To increase the generalizability of the research a convenient sample of 100 was included in study. Type II diabetic patient with the age range of 20 to 40 and 40 to 60 years (M = 41.9500, SD =11.8954) were selected as a sample for present research.

Table 3.1

Sample Characteristic Table

Variables	M(SD)	F (%)
Age	41.95(11.89)	
Monthly income	42590(12273.05)	
Gender		
Male		50 (50)
Female		50 (50)
Marital Status		
Married		75 (75)
Single		19 (19)
Widow		2 (2)
Widower		4 (4)

Education	
Illiterate	17 (17)
Matric	22 (22)
Intermediate	20 (20)
Bachelor	29 (29)
Master	12 (12)

3.4 Inclusion Criteria

Only type II diabetic patient allow to participate in the study.

3.5 Exclusion Criteria

Patients under age of 20 patient of type II diabetic patient were excluded.

Patient with any other disease like patient of asthma, blood pressure, cancer or typhoid etc were all excluded.

3.6 Demographic Information Sheet

Segment data was gathered utilizing the segment Performa including member's Name, Age, Gender, Education, Designation, Monthly income, Marital status, and no of siblings. A demographic Performa was used, which mainly focused on the societal factor that will influence the relationship. We assessed gender as categorical variable with categories of men = 1 and women = 2, age as a continuous variable, no of siblings and monthly income are also continuous variable. Education is categorical like illiterate =1, matric=2, intermediate=3, bachelors= 4 and master= 5. Another categorical variable is marital status, values assign to this variable are married=1, single=2, widow= 3, widower=4. Last categorical variable is designation, values assign to this variable is retired=1, house wife=2, student=3, office worker=4 and worker=5. There are total three continuous and four categorical variable in this study.

3.7 Operational Definitions.

Operational definitions are followings.

3.7.1 Illness Perception

Illness perception is a patient's cognitive appraisal and personal understanding of a medical condition and its potential consequences (Broadbent et al., 2015). Illness perception focuses

on how individual experiences and mentally frames living with a disease (Weinman and Petrie, 1997).

3.7.2 Existential Crisis

Most people experience anxiety, depression, and stress at some point in their lives. But foe other, negative emotions can lead to deep despair, causing them to question their place in life. This is known as an existential crisis (Higuera, 2018).

3.7.3 Quality of life

The World Health Organization (WHO) defines QOL as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.

3.8 Assessment convention (scales)

Three scales and Demographic data survey will be utilized for evaluation.

These actions are incorporates, following underneath.

1. Illness Perception Scale created by Weinman (1991) and (Broadbent et al., 2015).
2. Existential Anxiety Scale created by Carl F. Weems.
3. Quality of life scale created by WHO (World Health Organization)

3.4.1 Illness Perception Questionnaire;

Firstly (Wienman et al., 2015) developed illness perception questionnaire and this scale revised three times to brief this scale. This scale contains five items which is also called likert scale. Strongly disagree, disagree, neutral, agree and strongly agree. Strongly disagree=1, disagree= 2, neutral=3, agree=4, and strongly agree=5. This scale has total 38 items.

3.4.2 Existential crisis Questionnaire (EAQ)

This questionnaire is designed to assess the critical domains of existential anxiety. This scale based on YES / NO responses. Yes=1 and No=2. This scale has total 13 items. There are only two responses that indicate person's answer. Existential Anxiety Scale created by Carl F. Weems.

3.4.3 Quality of life Scale

WHO (World Health Organization) created Quality of life scale. The World Health Organization (WHO) defines QOL as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. This scale contain twenty-six items. Each item have five (5) responses. Very poor=1, poor=2, neither poor nor good=3, good=4 and v good =5.

3.9 Procedure

Before collecting data, approval for thesis was seek form the board of studies (BOS). After getting approval from the concerned authorities, permission was sought for the use of Illness Perception scale (IP), Existential anxiety questionnaire (EAQ) and Quality of life scale (QoL) from respective authors. After getting permission, piloting was conducted. The data was decided to collected from government hospitals but due this pandemic data collected online. For data collection, a letter of approval from the department of Psychology, Lahore leads University was signed and then the data was collected online due pandemic. Researcher met the participants and let them know the purpose of the study. Researcher approached the participants through google/yahoo mail, Facebook and WhatsApp and let them know the purpose of the study them then informed consent was attached and requested to fill it before filling the items of questionnaires.

Participant's inclusion criteria and exclusion criteria were mentioned and request 3.7 3.10

Ethical Consideration

In order to conduct research, following ethical considerations were considered.

- Permission was granted by the authors of the tools to fill if they qualify to fill this survey otherwise leave it.
- The competent authorities approved the data collection using the letter of approval provided by department of Psychology, Lahore Leads university.
- The relevant authorities have authorized the collection of on the sample.
- The participants have been assured that the information acquired from them will be kept confidential and will not be used for any other purpose except for this research.
- Consent was obtained from participants and they were allowed to resign and finish at any point during study
- Results were reported accurately

Chapter IV

Results

The present study aims to examine the effect of illness perception, existential crisis on quality of life of type II diabetic patient.

The data was analyzed in three steps. At first step, descriptive analyses were made. At second step, reliability analysis was conducted. Chronbach's Alpha was computed for scales. At the third step, Pearson product moment correlation analysis was conducted to find out the correlation Coefficients among demographic variables and major study variables. Then moderation Analysis was used to analyze the prediction.

Reliability analysis for all the scales was conducted to check the internal consistency of the current sample. After that descriptive analyses for all the scales of study variables were conducted.

Table 4.1 shows the analyses that carried out for each assessment measure.

Descriptive Statistics and Reliabilities of Illness perception, Existential crisis and Quality of life (N=100).

Variables	k	M	SD	α	Skewnes	Kurtosis
Illness Perception	38	120.910	2.60572	1.685	.415	1.381
Existential Anxiety	13	20.390	2.0295	1.69	6.621	57.385
Quality of Life.	26	69.740	6.96255	.805	.642	1.100

Note. M=Mean; SD=Standard Deviation; k= no. of items; α ; chronbach's alpha reliability.

In the present study, Chronbach's alpha value was above benchmark for all scale of study variables that were found significant enough to carry out further analyses in accordance with current research hypotheses.

A Pearson Product Moment Correlation analysis was conducted to find out the correlation Coefficients among major study variables. The table 4.2(a) shows the correlation analysis that

carried out for the assessment of effect of illness perception and existential crisis on type II diabetic patient.

Table 4.2

Pearson product moment correlation indicates effect of illness perception, existential crisis on quality of life of type II diabetic patient (N=100).

Table 4.2

Pearson Product Moment Correlation of Illness Perceptions, Existential Anxiety with Quality of Life (N =100)

Variables	1	2	3
1. IP	-	-	-
2. EAQ	.07*	-	-
3. QoL	.76***	.14**	-

Note; IP= Illness perception; EAQ= Existential anxiety questionnaire; QoL= Quality of life .

*p< .05; **.p< .01; ***.p< .001;

The results of Pearson product moment correlation revealed that illness perception and existential crisis with quality of life of type II diabetic patient. The result of Pearson correlation table is significant and positive.

Table 4.3

Linear Regression Table

Variable	B	β	SE
Constant	190.833**		21.229
Illness perception	2.050**	.767	.170
Existential crisis	.625**	.182	.318.
R2	.780		

According to table the result of this table is significant. The relation of variable is positive.

Table 4.4

Independent Sample T-Test for comparison of gender (male & female) on illness perception, existential crisis and quality of life (N=100)

(N=100)

Variable	Women		Men		t (98)	p	95% CI		Cohen's d
	(n=50)	SD	(n=50)	SD			LL	UL	
Illness perception	120.6	2.78	121.18	2.413	1.037	.303	.4940	1.573	96.074
Existential crisis	20.5	2.69	20.20	.989	.936	.353	1.191	4312	61.971
Quality of life	68.0	6.43	71.40	7.13	2.443	.016	.6231	6.016	96.996

4.5 Summary of Findings

- The results of Pearson product moment correlation showed that illness perception, existential crisis were significantly and positive correlated with quality of life
- The results of regression analyses showed that illness perception, existential effect quality of life of type II diabetic patient.
- Independent sample *t*-test showed that there were significant gender in illness perception, existential crisis and in quality of life.

Chapter V

Discussion

The contemporary research was conducted to examine the relationship between illness perception and Existential Crisis effects quality of life of type II diabetic patients. and also to determine that illness perception and existential crisis have significant impact on quality of life of type II Diabetic Patients. Moreover, the current research was aimed to find out the quality of life of diabetic patients and addressing their illness perception and existential crisis which have significant consequences in formation of their thought patterns and to lead life.

The reliability analysis was run to find out whether the scales have good reliability to further use in the study. So, reliability of Existential crisis scale was .69, falling in a range to be used for analysis. On the other hand illness perception Scale showed the reliability of 1.68 which was a good reliability. Similarly the reliability of quality of life was .80 which was also a good criteria to meet. So, all scales used in the study were meeting good criteria of reliability

Firstly, it was hypothesized that their will likely to be a positive relationship between Illness

perception, Existential crisis and quality of life that effect type II diabetic patient. The findings of current study yield that illness perception had significant positive relationship with quality of life and similarly existential crisis have also significant positive relationships with quality of life. After being a diabetic patient your entire quality of life and ways are overcome by diabetes and was in relevance with previous literature as it is thought that diabetes will affect your quality of life in two ways. First, indirectly through the thought pattern that are basics of one's perception of illness for example, through the influence of diabetes on patient's physiological responses towards different events of life either whatever they nature have. Second, Existential Crisis have an important effect on people's evaluations about their own meaning of life through which their quality of life becomes complicated. On this basis, various studies have shown that there are significant relationship between these factors the illness perception and existential crisis of diabetic patients.

Secondly, it was hypothesized that Is these illness perception and existential crisis effect differently quality of life of young and old type II diabetic patient, this hypothesis was completely supported by the current study results that Because of diabetic patients have face similar issues related to health and also medication is 95% approximately same, on the other hand same precautions have to adopt to all diabetic patients for better quality of life therefore there is significant positive relationship among factors of illness perception and existential crisis towards quality of life of diabetic patients. Results of the study reported that individuals with diabetic issues had higher levels of horrified perception related to illness due to regular medications and have dread full crisis about their

existence. That has broader impact on their quality of life.

5.1 Conclusion

The aim of the study was to find out the effects of illness perception, existential crisis on the quality of life of type II diabetic patient and how its effects the patient. This applied on young and old aged group students and results showed that there was a significant relationship between illness perception, existential crisis and quality of life. Results also demonstrate that illness perception and existential were positive predictors of quality of life of among type II diabetic patient. Further, significant gender differences have been found for illness perception, existential crisis and quality of life.

5.2 Implications

- Regardless of the interesting and important content of this study and its implications in research and social welfare, this study is subject to some limitations.
- This study was motivated by the need of illness perception, existential crisis effects on quality of life of type II diabetic patient. The purpose of the study was to investigate the effects of illness perception, existential crisis on type II patient's quality of life and to investigate the relationship of these variables.
- The findings of the current study also have practical implications such as illness perception of patient and its effects ,effects of existential crisis and how it low or high quality of life od diabetic patient. To know about all these factors First one should understand the reasons behind these issues. . So, this study will help the upcoming researchers in finding these reasons that why it's negatively effect and what causes these things. Last but not the least, this study would also suggest direction to clinical psychologists and help doctors in medical area that diabetic can also suffer from psychological issues and to think about the possible ways to deal with these things.

5.3 Limitations

Regardless of the interesting and important content of this study and its implications for

research and social welfare, this study is subject to some limitations.

- Firstly, this study was survey based and was of co-relational nature and do not give the complete picture of the scenario being studied. The results of this study rely on co-relational survey base data; as such this makes it difficult to now the causation that is what was the cause and what the effect in a study was and limit the assessment of bidirectional relationship.
- Secondly, in spite, of controlling for confounding and extraneous variables statistically and through demographics, confounding or extraneous variables could not completely be controlled in such nature of study.
- Thirdly, limitation of this study is sampling strategy which was a non-probability sampling technique which has decreased the opportunity of equal selection of sample that might limit the generalizability of our results. The sample size was also somewhat small and only focused on specific population that is type II diabetic patient because of pandemic we had to collect data from both sources online and survey, and we enlarge our age limit because it is difficult to collect data in this pandemic so its generalizability is limited.
- It was representative data of the Pakistan.

5.4 Suggestions

Some useful suggestions to make the study more better are as followed:

- The data had mono-method and operation baseness to overcome that multi method approach and integrated approach should be used that is multiple measures should be used to assess a single variable and qualitative and quantitative approach should be used simultaneously.
- Alternative sampling and data collection strategies might be needed to avoid sampling bias which affects the results of the study and random multi-stage sampling is suggested to use in further study to avoid sampling bias.
- So, for future research sample size should be large enough to be generalized. Different age groups should also be studied. The study only focused on students from Lahore other students from different cities should also be selected.

- More work is needed to assess the effect of illness perception, existential crisis on the quality of life of type II diabetic patient and it help explore findings was found for addressing the issue clearly.
- Demographics included in this study and others should be considered for further investigation as a contributing factor of the arising the problems. That how these variables effect the patient quality of life.

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