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Psychological Well-Being, Psychological-Distance, and Social-Distance Among University Students during The Covid-19 Pandemic

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A b s t r a c t

This study aimed to describe students' psychological well-being and its correlation with psychological distance and social distancing during the COVID-19 pandemic. A total of 305 students participated in this quantitative study. Their average age was 19.41 years and 80% were female. Data was collected using online questionnaires concerning psychological well-being, psychological distance, and social distancing. SPSS ver. 25 was used for data analysis. Results demonstrated that psychological well-being of participants was generally low. The dimensions of autonomy and self-acceptance were at moderate levels, and the other dimensions were low. Psychological well-being was not correlated with psychological distance nor with social distancing. These empirical findings could be used for providing counselling or other forms of psychological intervention.

Keywords: Psychological well-being; Psychological distance; Social distancing; University students; COVID-19 pandemic

Introduction

Coronavirus Disease 2019 (COVID-19) was first reported in Wuhan, China in December 2019. In March 2020, the World Health Organization (WHO) declared it as a pandemic that infected humans. The easy transmission of the virus through human interactions made COVID-19 become threat to public health (Xu et al., 2020) and it caused psychological changes in individuals (Qiu et al., 2020). Since the medicine for COVID-19 was not yet developed at the beginning of the pandemic, the way to reduce death rate and the spread of the disease were focused mainly on prevention (O'Connell et al., 2021). Governments of several countries made restrictions (Del et al., 2021; Fernandez-Abascal & Martín-Díaz, 2021), for examples by implementing health protocols recommended by WHO that were focused on behavior and known as social distancing, such as wearing masks, keeping distance from other people, avoiding crowds, etc. (Centers for Disease Control and Prevention, 2020). The Indonesian government issued policies by limiting people's mobility and activities (Media Detik News, July 2021). These policies had impacts on the health,

economic, and educational aspects (Kompas, 24 December 2020).

Regarding COVID-19, several studies were carried out and are still urgently required, especially those related to mental health (Chen et al., 2020; Duan & Zhu, 2020; Xu et al., 2020), psychological conditions (Liu et al., 2019; Pfefferbaum & North, 2020), and socio-psychological assistance (Chen et al., 2020; Duan & Zhu, 2020). The negative effects of pandemics are one of the things that are mostly studied, because it is necessary for development intervention. Previous studies showed that, in general, pandemic conditions caused depression and anxiety (Bults et al., 2011; Wong et al., 2007). A study in China (Qiu et al., 2020) reported that 35% of the participants experienced stress.

Cao et al. (2020) suggested that mental health conditions of students were affected by the continuing spread of the virus and the implementation of policies dealing with that spread, particularly in the context of learning activities at schools and universities. In general, students were vulnerable to mental problems, before and during the COVID-19 pandemic (Clay & Parker, 2020; Shigemura et al., 2020; Shigemura & Kurosawa, 2020; Luo, Zhong, & Chiu, 2021; Kecojevic et al., 2020; Silva et al., 2021). Even psychology students who studied human mental process could experience mental problems. The annual survey of Healthy Minds Study (HMS) reported that psychology students experienced higher levels of anxiety, depression, and suicidal thoughts than students from other majors (Lipson et al., 2016, Laher et al., 2021).

According to WHO (2019), a good mental health is related to a person's mental and psychological well-being. Well-being is a complex multidimensional construct that consists of two dimensions, namely hedonic and eudaemonic well-being (Ryan & Deci, 2001). Hedonic well-being is known as subjective well-being (Kahneman et al., 1999, Di Fabio & Palazzeschi, 2015), whereas eudaemonic well-being is known as psychological well-being (Ryan & Deci, 2001; Waterman et al. , 2010, Di Fabio & Palazzeschi, 2015). Psychological well-being is a construct in theories of psychology that involves human positive functions and optimal development (Ryff, 1989). Depression, anxiety, and stress are considered as significant indicators of psychological well-being (Teh et al., 2015).

The definition of psychological well-being includes: (1) a result of evaluation and assessment of a person's ability to live their daily life as well as to optimize their potentials in various aspects of life, especially when faced with various challenges and changes in life (Ryff, 1995), (2) an evaluation of individual's various life events that produce negative and positive feelings and thoughts (Ryff, 1989), (3) a concept underlying quality of life. It could be a criterion for evaluating perceived achievement and perceived self-quality in various aspects of daily life (Ryff, 1989; Lawten, 1991), and (4) an effort for self development and for fulfilling self potential, that is related to goals of life and sense of life, coping challenges and doing something to overcome, and achieving meaningful goals (López et al., 2020). Psychological well-being has six dimensions (Ryff, 2014), namely autonomy, environmental mastery, personal growth, positive relationship with others, purpose of life, self-acceptance. The dimension of autonomy involves an individual's evaluation of their way of life, i.e. whether it is in accordance with their personal beliefs. The dimension of environmental mastery focuses on knowing how well an individual could manage various situations in their lives. The dimension of personal growth explains how the individual uses their own potentials. The dimension of positive relationship with others describes how deep the individual connection with significant others. The dimension of purpose of life explains how an individual feels that his/her life has meaning, purpose, and direction. The dimension of self-acceptance focuses on individual's knowledge about him/herself and their acceptance of it, including the awareness about their limitations.

Studies related to psychological well-being especially among students during the COVID-19 pandemic are limited. The information related to psychological well-being of students during the COVID-19 pandemic is required in order to give intervention to students who are in need.

Psychological distance is a subjective experience about distance, meaning how close or far the individual is from others, namely people, events, time periods, possibilities (hypotheticality) (Liberman & Trope, 2014). Related to the condition of COVID-19 pandemic, the psychological distance is perceived closer to COVID-19 by the individual, when an individual perceives that the possibility of being induced by COVID-19 is greater. Psychological distance gives influences on individual subjective perception and their responses to the risks (Chandran & Menon, 2004; Jones, Hine, & Marks, 2017; Lermer, Streicher, Sachs, Raue, & Frey, 2016). This subjective psychological distance affects individual reactions (Kim, 2019). Studies demonstrate that individuals who perceive that they have small distance (close) to death report low life satisfaction (Gerstorf, et al., 2008). In this light, when an individual feels close psychologically to virus,the individual could perceive that he/she has a relatively bad psychological condition, which in the current study is psychological well-being. On the contrary, when an individual feels far psychologically from virus, he/she could perceive that he/she has a relatively good psychological condition, which in the current study is psychological well-being.

Social distancing in the current study is related to the COVID-19 pandemic. As described in the previous paragraph, social distancing in the COVID-19 pandemic is a way to reduce death rate and the spread of the disease. It was a policy when the medicine at the beginning of the pandemic was not yet developed, and the only possible way to reduce death rate and the spread of the disease was focused mainly on prevention (O'Connell et al., 2021). Social distancing in COVID-19 pandemic was assessed by several indicators, such as wearing masks, keeping distance from other people, avoiding crowds, etc. (Centers for Disease Control and Prevention, 2020). The current study aimed to describe the psychological well-being of students during the COVID-19 pandemic. It also examined its correlation with psychological distance and social distancing.

Research Method

Research Design & Participants

The current study used a quantitative approach, namely descriptive and correlation studies. It described the psychological well-being of students, and its correlation with psychological distance and social distancing during the COVID-19 pandemic. A total of 305 students from a state university in Bandung were involved in this study. They were from the class of 2018, 2019, and 2020, and were obtained through convenient sampling based on their willingness to participate. Data collection was conducted online using the Google Form platform. The link to the questionnaire was distributed to participants via LINE social media. Data collection was carried out on March 26, 2021 - April 12, 2021 and May 17, 2021 – May 28, 2021. This data collection was carried out when the COVID-19 vaccination was provided by the Indonesian government. During data collection, vaccinations were provided to health workers (such as doctors and nurses), and were only available for the general public citizen aged 60 years and over. Students had not yet received vaccinations. The research data were analyzed using IBM Statistical Package for the Social Science (SPSS) version 25.

Measurement

Data collection was carried out using online self report questionnaires. Participants reported their condition on the items of the questionnaires. All questionnaires were adapted into Indonesian following the procedures issued by Bartram & Hambleton (2016). Psychological well-being in the current study was obtained using the Indonesian version (Alifah, 2019) of Ryff's Scale of Psychological Well-Being (Ryff, 1989; van Dierendonck, 2004). This questionnaire consisted of 42 items with the dimensions of self-acceptance, positive relations with others, autonomy, environmental mastery, purpose of life, and personal growth. This instrument had good reliability with a Cronbach Alpha coefficient of 0.898 (Alifah, 2019). The Cronbach Alpha coefficient of the questionnaire in the current study was 0.579, which means that the questionnaire is reliable (Helmstadter, 1964 in Friedenberg, 1995). Further analysis showed that each dimension was reliable. The category was determined by processing data using quartiles, resulting in high category (score at the top 25% quartile); low category (score at the bottom 25% quartile); and moderate category (scores that were between these two limits). Psychological distance in the current study was measured using a questionnaire developed by Zheng et al. (2020), based on the concept of psychological distance (Liberman & Trope, 2014), and was adapted into Indonesian by the authors. This instrument has two items, with a scale range of 1-9. For each question, participants were invited to report their perceived psychological distance on a scale ranging from 1 (very close) to 9 (very far). The reliability of this instrument is good with a Cronbach Alpha coefficient of 0.9 (Zheng, 2020). The Cronbach's Alpha coefficient in the current study was 0.7.

Social Distancing in the current study was assessed using a questionnaire related to the COVID-19 pandemic constructed by O'Connell et al. (2020), based on their adaptation to the questionnaire from Anet et al., (2020). The authors added several items regarding the conditions in Indonesia during data collection. In total, there were 12 questions, with the first two items were: (1) Frequency of leaving the residence during the last one week (7 days). Response using a drop-down list consisting of ratings from 0–19 and 'More than 20 times'; (2) The average distance that participants kept between themselves and other people in general while in public places during the past week (7 days). Responses using short entries in centimeters. The other items captured demographic data of the participants, including age, gender, class in college, religion, marital status, ethnic group, monthly allowance (represented economic status) (amount in Rupiah), description of place of residence (parents' house, relatives, boarding house, others), the COVID -19 category zone in the residential

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area (red, orange, yellow, green), and government policies of social distancing implemented in the residential area.

Results and Discussion

Demographic Data

Table 1 presents demographic data of participants in the current study. The mean age of the participants (305 students) was 19.41 years (SD = 0.98), and 80% of them were female students. A total of 34.1% of the participants were students from class of 2019, and they were in the third year. A total of 81% of them were Moslem (their religion was Islam) and 99% of the participants were single. A total of 96.1% of them were living with their parents, with monthly allowance between IDR 500,000 to IDR 1,000,000. Concerning government policies of social distancing, 39.7% of the participants lived in the yellow zone area, and 44.6% of them lived in the area implementing the PSBB/ Pembatasan Sosial Berskala Besar (Large-Scale Social Restrictions) policy:

Table 1
Participants Demographic Data

Demographic Aspect	Key Results
Age	Mean = 19.41 years; SD = 0.98
Gender	80% female, 20% male
Year of study in university	34.1% in the third year, class of 2019
Religion	81% Islam
Marital status	99% single
Ethnic group	38% Sundanese
Economic Status (monthly allowance)	37.7% had IDR 500,000 – IDR 1,000,000
Place of residence	96.1% live with parents
Category zone in the residential area	39.7% yellow zone area
Government policies in the residential area	44.6% implemented the PSBB/ *Pembatasan Sosial Berskala Besar* (Large-Scale Social Restrictions) policy.

Psychological well-being

Results in Tabel 2 showed that, in general, participants' psychological well-being (65.2%) was in the low category (M = 159.49; SD = 11.49) (Ryff, 1995). The majority of participants had moderate autonomy (68.9%) and self-acceptance (60.7%). The majority of participants also had low environmental mastery (64.9%), personal growth (813.%), positive relations with others (60%), and purpose of life (90.5%).

Table 2
Mean, Standard of Deviation and Psychological Well-Being

Dimension	Mean	Standard of Deviation	Category of PWB
Total score of PWB	159,49	11,49	Low
Autonomy	27,29	2,98	Moderate
Environmental mastery	25,54	3,70	Low
Personal growth	27,10	2,94	Low
Positive Relation with Others	27,73	3,43	Low
Purpose of Life	24,79	2,95	Low
Self-acceptance	27,04	3,02	Moderate

Notes : PWB = psychological well-being

Dimensions with the highest scores were autonomy (M = 27.29; SD = 2.98) and self acceptance (M = 27.04; SD = 3.02) which were in the moderate category. These findings showed that participants were capable to live according to their personal beliefs regardless of the situation they experienced during the COVID-19 pandemic (autonomy). Participants were able to accept themselves, including their strengths and weaknesses (self acceptance). On the other four dimensions, namely environmental mastery, personal growth, positive relations with others, purpose of life, participants were in the low category. These results indicated that during the COVID-19 pandemic, participants

felt that they were not good at managing their situation and the environment around them (environmental mastery), felt hampered in developing their potential (personal growth), felt less able to make a close, trusted, and meaningful relation with other people, including showed concern for the well-being of others, and showed feelings of empathy, affection, and familiarity with other people (positive relations with others), and felt that life lacks of meaning, purpose, and direction (purpose of life).

Related to demographic data, further analysis showed that female participants (M=158.23) scored significantly higher than male participants (M=132.10) in the dimension of the purpose of life. Considering that the current study did not have the same proportions between male and female participants, these results should be interpreted with caution. In other dimensions of psychological well-being, there was no significant difference between male and female scores.

Significant differences were also found in the data of religion and economic status (monthly allowance). Regarding participants' religion, there was a difference in total score of psychological well-being between Hindus (M=206.25) and Catholics (M=95.33). According to Newman et al. (2018), it is important to consider specific beliefs related to religious practices in order to have a better understanding of how religion could relate to psychological well-being. It was because belief in certain religions could moderate the relationship between well-being and religiosity. However, number of the Hindu participants in the current study was only two participants. It could also affect these findings.

Concerning participants' monthly allowances, there was a significant difference in total score of psychological well-being between participants with monthly allowances lower than Rp. 500,000 and participants with monthly allowances higher than Rp. 1,000,000. In this case, participants with high monthly allowances had low psychological well-being. These findings were not in line with the findings of Dolan et al. (2008) and Ryff & Singer (1998), who revealed that high income and high social-economic status were generally correlated with high psychological well-being and low behavior disorder. Further studies were recommended to examine these findings.

Psychological Distancing

Results concerning psychological distancing demonstrated that psychological distance perceived by participants between themselves and COVID-19 (M = 5.12; SD = 1.90; classified as moderate), was closer than the psychological distance perceived by participants between themselves and people infected with COVID-19 (M = 5.56; SD = 2.259; classified as moderate to far). Referring to Zheng et al. (2020), these findings showed that participants perceived that COVID-19 gave more threat and resulted in feelings of anxiety or worry for them, while participants did not perceive people infected with COVID-19 as a threat which, in turn, did not result in feelings of anxiety or worry for participants. There was no correlation between psychological distance items and the total score of psychological well-being, nor between psychological distance items and scores of psychological well-being dimensions.

Results of Social Distancing Variables

Social distancing results showed that, in general, participants had higher feelings of anxiety or worry about COVID-19 (classified as moderate towards high) compared to their feelings of anxiety or worry about COVID-19 vaccination (classified as low towards moderate). If high feelings of anxiety or worry about COVID-19 in the current study were correlated with the psychological distance perceived by participants from COVID-19 (classified as moderate), the findings in the current study were in line with Zheng et al. (2020). Zheng et al. (2020) suggested that the closer psychological distance was perceived by participants, the higher the possibilities of feeling anxiety or worry about COVID-19 participants had. This condition would then worsen their mental health condition.

Social distancing data also demonstrated that, in general, participants followed health protocol properly. Participants showed relatively low frequency of leaving the residence (home) during the last one week (once 26.2%; and twice 25.2%), and they used personal protective equipment when they were in a crowd (M = 4.9; SD = 0.53) such as wearing a mask (99.7%), washing hands (92.8%), or using a hand sanitizer (90.5%). Participants were trying to keep their distance from other people (M = 116.32 cm; SD = 56.54 cm). The majority of participants reported not having comorbidities (63.6%; did not know = 28.9%), but they lived with someone close to them who had comorbidities (37%). Participants (60.3%) perceived that their financial condition during the COVID-19 pandemic was not intervened.

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Correlation test

The Correlation test showed that there was no significant correlation between the total score of psychological well-being and social distancing items. Significant negative correlations were found between the dimensions of self-acceptance and feelings of anxiety or worry about the COVID-19 vaccination. These findings demonstrated that the higher the participants' self-acceptance was, the lower their feelings of anxiety or worry about the COVID-19 vaccination were.

The current study described psychological well-being during the COVID-19 pandemic. Results indicated that the psychological well-being of the participants was generally low. It showed that the participants' evaluation of their ability to live their daily lives and to optimize their abilities during the COVID-19 pandemic were low. These findings were in line with the findings of Vindegaard & Benros (2020) and Teresa et al. (2021) who revealed that for the general population, psychological well-being during the COVID-19 crisis in 2020 was lower, with higher scores on anxiety and depression, compared to psychological well-being before COVID-19.

In general, participants followed health protocol properly. They perceived that the distance between them and COVID-19 was closer than the distance between them and people infected with COVID-19. It revealed that a feeling of anxiety or worry about COVID-19 was greater than the feeling of anxiety or worry about people infected with COVID-19, who could actually transmit directly the disease caused by COVID-19. Regarding COVID-19 vaccination, participants generally did not have feelings of anxiety. It was found further that the more participants accepted themselves (self acceptance dimension), the lower the anxiety they experienced about COVID -19 vaccination.

In general, participants' low psychological well-being in the current study was not correlated with their perceived distance (psychological distance) between themselves and COVID-19, and their social distancing activities. Further studies are recommended to explain this participant's psychological well-being phenomenon. The current study also recommended further study to examine about the amount of pocket money, explaining the fact that the higher the pocket money was, the lower participants' psychological well-being was. Results of the current study could be used to give students counseling or other psychological interventions, considering that they have higher scores on the dimensions of autonomy and self acceptance.

The current study has several limitations. Generalization of results should be carried out with caution, considering participants come from only one university in Bandung and were selected by convenience sampling. Participants' gender and religion data are not proportional, hence it should be in consideration when the results would be applied to other populations. Data collection for the current study was carried out when students did not receive COVID-19 vaccination. Results might be different if data collection was carried out under current conditions when the majority of people (including students) had received COVID -19 vaccination.

It is recommended for further studies to involve a larger number of participants that come from several universities. A more proportional composition of gender and religion should be considered in order to provide more optimal findings. It is necessary to study the relationship between psychological well-being and other psychological phenomena such as depression and suicidal thoughts, as suggested by Lipson et al. (2016).

Conclusions

Results showed that the psychological well-being of participants during the COVID-19 pandemic was generally low, as well as in the dimensions of environmental mastery, personal growth, positive relations with others, and purpose of life. The moderate autonomy and self-acceptance bring hope that these low psychological well-being conditions could be improved through certain counseling or psychological interventions. The psychological well-being condition of the participants was not correlated with the psychological distance they perceived and was not correlated with their social distancing activities.

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