

Exploring the Dynamics of Happiness Among People Living with HIV/AIDS (PLWHA): A Case Study of Residents at Kebaya Shelter House, Yogyakarta

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Abstract

Previous studies have shown that happiness is closely associated with health conditions, particularly among individuals with chronic illnesses who are vulnerable to psychological distress. HIV/AIDS is one of the chronic diseases that can affect the psychological well-being of affected individuals. However, studies examining the dynamics of happiness among people living with HIV/AIDS (PLWHA), particularly those residing in shelters, remain limited. This study aimed to understand the dynamics of happiness among PLWHA living at the Kebaya Shelter House in Yogyakarta. This study employed a qualitative approach with a case study design involving three participants and three significant others. Data were collected through in-depth interviews, observations, and documentation, referring to Seligman's PERMA model, which consists of five dimensions: positive emotion, engagement, relationships, meaning, and accomplishment. Data analysis was conducted through the stages of data reduction, data presentation, and conclusion drawing and verification. The findings showed that all participants experienced negative psychological conditions at the initial stage of diagnosis, including shock, anxiety, stress, depression, and suicidal thoughts. Through the processes of self-acceptance and adaptation to their health conditions, all participants demonstrated improvements across the five PERMA dimensions. These improvements were characterized by the emergence of positive emotions and gratitude toward life, involvement in productive daily activities, the development of more supportive social relationships, the discovery of life meaning through their experiences as PLWHA, and a sense of accomplishment through the ability to maintain treatment adherence, fulfill social roles, and adapt to life circumstances. The findings indicate that the dynamics of happiness among PLWHA represent a gradual developmental process shaped by the interaction between self-acceptance, social support, and engagement in meaningful activities, which contributes to psychological well-being across all PERMA dimensions. Future research is recommended to involve participants with more diverse characteristics and broader research contexts to enrich the understanding of happiness dynamics among PLWHA.

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1. Introduction

HIV/AIDS is a chronic disease that has a significant impact on human health and life. Human Immunodeficiency Virus (HIV) attacks the immune system, thereby reducing the body's ability to fight

infections (Kementerian Kesehatan RI, 2017). The decline in immune function caused by HIV infection increases susceptibility to opportunistic infections, which contribute substantially to morbidity and mortality among people living with HIV/AIDS (Deeks et al., 2013). HIV/AIDS progresses gradually and is categorized as a chronic disease (Graybill et al., 1998). Individuals diagnosed with HIV will carry the virus throughout their lifetime (Djoerban, 1999). Therefore, continuous antiretroviral therapy (ARV) is required to suppress viral replication, maintain immune function, and slow HIV disease progression (Cohen et al., 2011). In Indonesia, the number of people living with HIV/AIDS continues to increase annually (Kementerian Kesehatan RI, 2021). In addition to physical health problems, people living with HIV/AIDS (PLWHA) continue to experience HIV-related stigma and discrimination, which may negatively affect their psychological well-being and social functioning (Earnshaw & Chaudoir, 2009). Following HIV diagnosis, PLWHA may experience psychological challenges, including fear, anxiety, changes in self-perception, and difficulties in adapting to their new life conditions (Arriza et al., 2011). Therefore, HIV/AIDS is not only a medical issue but also an important psychosocial concern that requires further investigation.

Various studies have shown that individuals with chronic diseases are vulnerable to psychological disorders, particularly depression (Lubis, 2009). Depression is associated with feelings of unhappiness, hopelessness, and decreased motivation for living (Santrock, 2002). Among PLWHA, commonly experienced psychological conditions include sadness, stress, and anxiety (Parhani, 2016). Some PLWHA experience negative psychological reactions following HIV diagnosis, including difficulties in accepting their condition, emotional distress, and struggles with self-perception (Pemayun & Lestari, 2018). In more severe conditions, psychological distress among PLWHA may develop into depressive symptoms and suicidal thoughts, particularly when individuals face persistent stigma, social isolation, and limited psychosocial support (Sherr et al., 2011). Persistent stigma and discrimination further worsen their psychological conditions (Shaluhayah, Musthofa, & Widjanarko, 2015). Health conditions have been consistently associated with subjective well-being, as individuals experiencing chronic illnesses tend to face challenges that influence their emotional state, life satisfaction, and overall psychological well-being (Diener et al., 2018). Positive social relationships also play an important role in supporting individual psychological well-being (Fauzie, 2010). Due to HIV-related stigma and discrimination, many PLWHA tend to withdraw from their social environment and limit social interactions to avoid negative judgments and rejection (Rai et al., 2020). Therefore, emotional and social support represent important resources for PLWHA in coping with HIV-related challenges and maintaining better quality of life (Yuniar et al., 2019).

Previous research has shown that PLWHA commonly experience fear, anxiety, and psychological distress following an HIV/AIDS diagnosis. However, over time, some PLWHA are able to adapt to their health conditions through self-acceptance and social support, which contribute to improvements in their psychological well-being (Arriza et al., 2011). Psychological well-being among PLWHA is influenced by various psychosocial factors, including social support, stigma experiences, coping resources, and interpersonal relationships. Social support from family, peers, and communities plays an important role in helping PLWHA cope with HIV-related stigma, maintain treatment adherence, and improve quality of life (Handayani et al., 2019). Furthermore, resilience and social support are important psychological resources that assist PLWHA in coping with stigma, reducing psychological distress, and maintaining psychological well-being despite the challenges associated with HIV/AIDS (Yan et al., 2019). Similarly, social support and resilience have been found to contribute to better psychological adjustment among PLWHA by reducing psychological problems, including depressive symptoms, in the context of HIV-related stigma (Wardojo & Rosadi, 2023). Nevertheless, research examining the dynamics of happiness among PLWHA within a shelter-based context in Indonesia remains limited. Furthermore, the application of the PERMA model as a framework in qualitative

research to explore the dynamics of happiness among PLWHA is still rarely conducted. To date, no study has specifically examined the dynamics of happiness among residents of Kebaya Shelter House Yogyakarta using this approach.

Building on this research gap, the present study seeks to examine the dynamics of happiness among people living with HIV/AIDS (PLWHA) residing at Kebaya Shelter House in Yogyakarta. Drawing on Seligman's (2011) PERMA model, the study explores how PLWHA experience and develop the five dimensions of well-being—positive emotion, engagement, relationships, meaning, and accomplishment—within their everyday lives. By examining these dimensions in the context of a shelter-based living environment, the findings are expected to enrich the literature on psychological well-being among PLWHA within the Indonesian shelter-based context and provide a foundation for developing more comprehensive psychosocial support programs.

2. Literature Review

A. Concept of Happiness

Happiness is generally defined as a state of well-being and satisfaction that emerges when an individual's needs and expectations are fulfilled (Hurlock, 2004). Happiness is also understood as a positive psychological state characterized by high life satisfaction, high positive affect, and low negative affect (Carr, 2004). Furthermore, happiness reflects an individual's ability to perceive life experiences positively and adapt to changes in environmental conditions (Compton, 2005). From a subjective perspective, happiness represents an overall evaluation of one's life, in which individuals may perceive themselves as unhappy even when they are objectively in a comfortable condition (Sheldon & Lyubomirsky, 2007). In its development, Seligman (2011) proposed that feelings of happiness do not solely determine psychological well-being but represent a multidimensional construct explained through the PERMA model, which consists of five dimensions: positive emotion, engagement, relationships, meaning, and accomplishment.

Positive emotion refers to the experience and expression of pleasant emotional states, such as happiness, gratitude, hope, love, and life satisfaction. These emotions play an important role in enhancing individuals' overall well-being by enabling them to appreciate and enjoy their lives, broaden their perspectives and ways of thinking, and develop greater resilience in coping with various challenges and difficulties. Engagement refers to a condition in which individuals become fully involved in the activities they perform, resulting in a deep state of concentration known as flow. Individuals with high levels of engagement tend to enjoy their activities, demonstrate commitment, and gain satisfaction from their involvement. Relationships refer to an individual's ability to build and maintain positive social relationships with others. Warm, supportive relationships and a sense of belonging serve as important sources for enhancing psychological well-being and helping individuals cope with various life difficulties. Meaning refers to the belief that life has a purpose and value beyond personal interests. Individuals who possess a sense of meaning in life tend to perceive experiences, including difficult experiences, as valuable parts of their life journey, which encourages prosocial behavior, spirituality, and contributions to others. Accomplishment refers to an individual's ability to achieve goals, develop competencies, and experience success from their efforts. Accomplishment does not always involve major achievements but may also include completing daily tasks, maintaining commitments, and overcoming various life challenges. According to Seligman (2011), the five dimensions of the PERMA model complement one another in forming an individual's psychological well-being. A person is not considered to experience happiness merely because they experience positive emotions, but also because they are able to engage in meaningful activities, establish high-quality social relationships, discover life purposes, and achieve various forms of success according to their capacities and life circumstances.

B. People Living with HIV/AIDS

People living with HIV/AIDS (PLWHA) are individuals whose immune systems are weakened due to infection by the Human Immunodeficiency Virus (HIV), which attacks specific immune cells and reduces the body's ability to fight infections (Kemenkes RI, 2017). AIDS represents the advanced stage of HIV infection, characterized by severe immune system damage and the emergence of opportunistic infections. The spread of HIV/AIDS remains a major global challenge, particularly in developing countries where access to healthcare and education is limited. Antiretroviral therapy (ARV) plays a crucial role in suppressing viral replication and prolonging life expectancy, although it cannot eliminate the virus (Setiarto et al., 2021).

HIV transmission occurs primarily through sexual contact and exposure to infected bodily fluids such as blood, semen, and vaginal fluids. Non-sexual transmission may occur through contaminated needles, blood transfusions, or from mother to child during pregnancy, childbirth, or breastfeeding. These transmission pathways highlight the importance of preventive measures and awareness in reducing the spread of HIV/AIDS (Setiarto et al., 2021).

C. Kebaya Shelter House

The Kebaya Shelter House is a non-governmental organization in Yogyakarta that focuses on supporting individuals living with HIV/AIDS. The organization was established on December 18, 2006, by members of the transgender community in response to the increasing number of HIV-positive individuals among this population (Kebaya Shelter House, n.d.). Initially, the shelter provided care specifically for transgender individuals with HIV/AIDS. Still, it later expanded its services to include people from various backgrounds, such as women, children, and marginalized groups (Suara.com, 2021). The shelter aims to provide care, support, and hope for individuals affected by HIV/AIDS, helping them to maintain their quality of life and, in some cases, return to productive activities.

D. Psychological Dynamics

Happiness is fundamentally linked to individuals' psychological processes, particularly their capacity to manage life's challenges and adversities. Even in difficult or unfavorable circumstances, individuals are still able to experience happiness through the presence of positive emotions, active engagement in life, and the ability to find meaning in their experiences (Seligman, 2011). Nevertheless, persistent psychological pressure and stress can significantly diminish one's sense of happiness and may contribute to the emergence of mental health problems, including depression (Anggraeni & Wahyudi, 2019).

Individuals living with HIV/AIDS often experience psychological challenges related to HIV-related stigma, discrimination, and concerns about their future health conditions (Turan et al., 2017). Such conditions frequently trigger a range of emotional responses, including anxiety, fear, sadness, and psychological distress, particularly when individuals face HIV-related stigma and uncertainty regarding their health condition (Fauk et al., 2021). Despite these adversities, social support has been identified as a crucial factor in helping individuals cope with their condition. Many people living with HIV/AIDS seek support from peer communities, where they can share experiences, receive emotional support, and reduce feelings of isolation (Syamsir et al., 2026). Through processes such as acceptance, gratitude, and engagement in prosocial behaviors, individuals are able to reconstruct meaning in their lives and gradually regain a sense of happiness, even while living with a chronic illness (Arriza et al., 2011).

In understanding the dynamics of happiness, particularly in individuals facing high-pressure conditions such as chronic illness, it is essential to examine how individuals adapt psychologically. Each person employs different coping strategies when dealing with psychological stress, and these strategies play a significant role in the adaptation process. The ability to utilize adaptive coping

strategies can help individuals reduce emotional distress and foster more positive psychological outcomes (Noviana & Andamari, 2020). Furthermore, an individual's psychological condition is not solely determined by internal factors but is also shaped by the interaction between biological, psychological, and social dimensions. The biopsychosocial approach emphasizes that subjective experiences, including happiness, are the result of a complex interplay among these factors (Rahayu & Prasetyoaji, 2020).

Therefore, happiness among individuals, including people living with HIV/AIDS (PLWHA), can be understood as a dynamic outcome of ongoing psychological adaptation. Rather than being a fixed emotional state, happiness may change over time as individuals respond to challenges, adjust to their circumstances, and develop ways of maintaining psychological well-being. This process is shaped not only by the coping strategies individuals employ but also by broader biopsychosocial factors, including their physical health, psychological condition, social relationships, and surrounding environment. In the context of PLWHA, these interconnected factors may influence how individuals perceive and experience happiness while navigating the challenges associated with living with HIV/AIDS.

3. Method

A. Research Design

This study employed a qualitative approach to explore the dynamics of happiness among people living with HIV/AIDS (PLWHA). A qualitative approach emphasizes an in-depth understanding of a phenomenon through inductive and deductive reasoning processes, as well as the analysis of relationships among observed phenomena (Azwar, 2017). This approach is characterized as naturalistic because it is conducted within real-life contexts, allowing researchers to obtain an authentic representation of participants' lived experiences (Sugiyono, 2019). The qualitative approach was selected to generate rich, in-depth, and contextual data regarding the dynamics of happiness among PLWHA. Furthermore, this study involved continuous researcher engagement (prolonged engagement) to understand participants' psychological conditions while enhancing the credibility of the research findings (Creswell, 2017).

This study utilized a case study design because it enables an in-depth exploration of a specific social unit, thereby producing a comprehensive description of participants' lived experiences and the meanings they attribute to those experiences (Creswell, 2017). The focus of this research was the dynamics of happiness among PLWHA, which were analyzed using Seligman's (2011) PERMA model consisting of five dimensions: positive emotion, engagement, relationships, meaning, and accomplishment.

B. Study Setting and Participants

The study was conducted at Kebaya Shelter House, a non-governmental organization that provides support and assistance for people living with HIV/AIDS in Yogyakarta. This shelter was selected as the research setting because it provides psychosocial support services for approximately 120 PLWHA from various backgrounds, including transgender individuals, women, and other vulnerable groups. The supportive environment of the shelter provides an appropriate context for exploring the dynamics of happiness among PLWHA.

Participants were selected using a purposive sampling technique based on criteria aligned with the objectives of the study (Sugiyono, 2019). The inclusion criteria were: (1) individuals who had been diagnosed with HIV/AIDS; (2) aged 25–49 years; (3) had been living with HIV/AIDS for at least two years; and (4) resided at Kebaya Shelter House. This age range was selected because it represents the age group with the highest prevalence of HIV/AIDS cases in Indonesia (Kementerian Kesehatan RI, 2021). The minimum duration of two years since diagnosis was determined. After all, individuals living

with HIV/AIDS generally undergo psychological adjustment processes involving acceptance, coping, and adaptation to changes in health conditions after receiving an HIV diagnosis (Indriani & Fauziah, 2017). This study involved three primary participants and three significant others as supporting data sources to enrich and confirm the information obtained.

C. Data Collection

Data collection was conducted through semi-structured interviews, observation, and documentation studies. Semi-structured interviews were conducted using a previously prepared interview guide while still allowing participants the flexibility to describe their lived experiences in depth. All interviews were conducted in Indonesian by the researcher as the primary interviewer. Each participant was interviewed three times, with each interview session lasting approximately 60–90 minutes. Meanwhile, significant others were interviewed twice, with each session lasting approximately 45–60 minutes. All interview processes were audio-recorded after obtaining informed consent from the participants. The recorded interviews were then transcribed verbatim to ensure that all information provided by participants was documented completely and accurately. In addition to interviews, the researcher conducted observations throughout the research process to obtain information regarding participants' behaviors, social interactions, emotional expressions, and daily activities within the Kebaya Shelter House environment. Documentation studies were conducted to complement the research data through relevant documents, such as institutional profiles, activity records, and other documents related to the research context.

D. Data Analysis

Data analysis was conducted using the interactive analysis model proposed by Miles and Huberman (1994), which consists of four stages: data coding, data reduction, data display, and conclusion drawing/verification. The first stage involved the coding process of interview transcripts, observation notes, and documentation to identify meaningful units related to the five dimensions of PERMA: positive emotion, engagement, relationships, meaning, and accomplishment. Codes with similar characteristics were then grouped into categories and themes. The next stage was data reduction, which involved the process of selecting, focusing, simplifying, and organizing data relevant to the research objectives. The reduced data were then presented in the form of descriptive narratives and thematic matrices to facilitate the identification of emerging patterns, relationships, and themes. The final stage involved drawing conclusions and verification, which were conducted continuously throughout the analysis process. The conclusions obtained were consistently compared with data from interviews, observations, and documentation to ensure the consistency and credibility of the research findings before being established as the final results of the study.

E. Trustworthiness

The trustworthiness of the data in this study was maintained through several strategies to enhance the rigor of qualitative research. Credibility was strengthened through prolonged engagement during the data collection process, allowing the researcher to gain a deeper understanding of participants' experiences. Triangulation was conducted by comparing information obtained from multiple data sources, including participant interviews, significant others' interviews, observation results, and documentation studies, to enhance the accuracy of the findings (Lincoln & Guba, 1985). Member checking was conducted by confirming interview summaries and initial interpretations with participants to ensure that the findings accurately represented their intended experiences. Furthermore, the researcher maintained systematic documentation of the research process, including data collection procedures, transcription, coding, analysis, and interpretation, to ensure transparency and enable the research process to be reviewed (Creswell & Poth, 2018).

4. Result and Discussion

A. Result

This study aimed to understand the dynamics of happiness among people living with HIV/AIDS (PLWHA) residing at Kebaya Shelter House Yogyakarta. Research data were obtained through in-depth interviews, observations, and document studies. Document studies were conducted to understand the participants' life contexts and the social environment in which the adaptation process took place. The results of the document analysis indicated that Kebaya Shelter House serves as a supportive environment that assists PLWHA in facing various psychosocial challenges following an HIV/AIDS diagnosis. In addition to providing accommodation, the shelter also functions as a space for social interaction, support, and shared activities that enable residents to rebuild social relationships after experiencing stigma, rejection, or loss of support from their previous environments. Activity documentation revealed the presence of shared activities among residents, social interactions, supportive activities, and programs that contribute to psychological and spiritual strengthening. The shelter environment serves as an important context that helps participants develop a sense of acceptance, establish social connections, and engage in daily activities in a more adaptive manner.

This study involved three participants, namely SW, W, and CH. The three participants had different experiences in dealing with HIV/AIDS, including variations in health conditions, experiences of stigma, psychological responses, and adaptation processes. However, all participants demonstrated changes from initially stressful conditions toward more adaptive conditions through processes of self-acceptance, social support, and involvement in meaningful activities. Table 1 shows the various participants' conditions.

At the time of the initial HIV/AIDS diagnosis, all participants experienced significant changes in their lives. SW experienced fear regarding worsening health conditions and negative experiences when interacting with healthcare service environments. W experienced social rejection, which resulted in the loss of support from the surrounding environment and worsened emotional conditions. CH experienced difficulties accepting their condition, withdrew from social environments, and experienced feelings of guilt related to the illness. After residing at Kebaya Shelter House, all three participants demonstrated changes in the way they coped with their HIV/AIDS condition. SW began to engage in social roles through activities involving helping others. W was able to rebuild productive activities and interpersonal relationships. CH demonstrated a more gradual adaptation process through self-acceptance and the strengthening of spiritual aspects.

Table 1. Overview of Participants' Conditions

Participant	Initial Physical Condition	Initial Psychological Condition	Current Condition	Main Transformation
SW	Experienced declining health condition, low haemoglobin levels, and chronic physical symptoms	Experienced fear of death, anxiety, and sadness	Health condition became more stable and able to carry out daily activities	Development of self-acceptance and social engagement
W	Experienced declining physical condition and side effects of ARV treatment	Experienced depression, suicide attempt, and social rejection	More stable emotional condition, socially active, and returned to work	Recovery through social support and self-acceptance
CH	Experienced physical weakness and difficulties in undergoing ARV treatment	Experienced social isolation, self-blame, and negative thoughts about self	Gradually adapted to limitations in daily activities	Self-acceptance and spiritual development

Table 2. Comparison of Happiness Dimensions Across Participants

Dimension	SW	W	CH
Positive Emotion	Developed gratitude and happiness through daily activities and spiritual practices	Developed positive experiences through personal activities, social relationships, and religious activities	Demonstrated acceptance and gratitude toward life
Engagement	Engaged in social activities, community activities, and helping shelter residents	Engaged in work, creative activities, and interpersonal relationships	Engaged in simple activities according to personal abilities
Relationships	Received support from family, community, and shelter residents	Received support through friendships and social environments	Received emotional support through interactions with shelter residents
Meaning	Found life purpose through helping and supporting others	Found meaning through sharing experiences and helping others	Found meaning through self-acceptance and spirituality
Accomplishment	Developed personal abilities through productive activities and social contributions	Rebuilt personal functioning through work and daily activities	Developed adaptive abilities in response to limitations in physical conditions

Table 2 showed that all five PERMA dimensions emerged among all participants, although they were expressed through different experiences. The positive emotion dimension was reflected through changes in participants' emotional experiences. SW demonstrated experiences of happiness through daily activities such as cooking, exercising, helping others, and engaging in spiritual activities. W found positive experiences through personal activities such as writing, reading, listening to music, and religious activities. CH demonstrated gratitude and acceptance toward life despite experiencing physical limitations. The engagement dimension was reflected through participants' involvement in activities that provided meaningful experiences. SW was actively involved in social activities and helped other shelter residents. W engaged in work, creative activities, and social relationships. CH continued to make efforts to carry out simple activities according to their physical abilities. The relationships dimension emerged through experiences of acceptance and support from the social environment. SW had supportive relationships with family, community members, and shelter residents. W received support through friendships. CH gained a sense of belonging through interactions with other shelter residents. The meaning dimension emerged through participants' ability to assign meaning to their life experiences. SW found meaning through their role in helping others. W found meaning by sharing experiences related to HIV/AIDS and providing support to others. CH found meaning through self-acceptance and spiritual aspects. The accomplishment dimension was reflected through personal achievements that developed following the adaptation process. SW demonstrated accomplishment through the ability to maintain productive activities and help others. W demonstrated accomplishment through the ability to return to work and engage in personal activities. CH demonstrated accomplishment through the ability to adapt to limitations related to their health condition.

Figure 1 showed that happiness among people living with HIV/AIDS (PLWHA) is a process that develops through changes in experiences across the five PERMA dimensions, namely positive emotion, engagement, relationships, meaning, and accomplishment. This dynamic does not represent a linear change but rather illustrates the process through which individuals rebuild their lives after experiencing distress related to HIV/AIDS. In the initial stage following diagnosis, all participants experienced negative experiences associated with changes in health conditions, uncertainty about the future, stigma, and limitations in social relationships. These conditions affected their experiences of positive emotions, activity engagement, interpersonal relationships, meaning in life, and sense of personal

accomplishment. Along with the adaptation process, participants began to experience changes through social support, interactions with fellow shelter residents, acceptance of their condition, and involvement in meaningful activities. These changes subsequently shaped experiences of happiness, which were reflected across the five PERMA dimensions.

The framework above shows that the participants' happiness dynamics are formed through changes in experience across each PERMA dimension. This process begins with the experience of psychological distress following an HIV/AIDS diagnosis, then develops through an adaptation process involving social support, self-acceptance, and meaningful activities. In the subsequent stage, participants are able to reconstruct the experience of happiness through the emergence of positive emotions, supportive social relationships, activity engagement, life meaning, and personal accomplishment.

B. Discussion

This study aims to determine the dynamics of happiness in people living with HIV/AIDS (PLWHA) residing at the Kebaya Shelter House, Yogyakarta. Based on the study results involving three subjects, it was found that happiness in PLWHA is a dynamically evolving process through various psychological, social, and spiritual experiences. All three subjects demonstrated a similar pattern of change, initially experiencing negative psychological conditions upon receiving their HIV/AIDS diagnosis, and subsequently progressing toward a more adaptive state after receiving social support, achieving self-acceptance, and finding meaning in their lives. The research findings indicate that the happiness dynamics of the three subjects can be comprehensively explained through the five dimensions of happiness according to Seligman's PERMA model (2011): positive emotion, engagement, relationships, meaning, and accomplishment. These five aspects were observed to develop gradually after the subjects successfully adjusted to their HIV/AIDS condition. Happiness from this perspective reflects not merely the emergence of fleeting pleasure, but also an individual's capacity to engage in meaningful activities, build positive relationships, possess a life purpose broader than oneself, and achieve optimal self-functioning (Seligman, 2011).

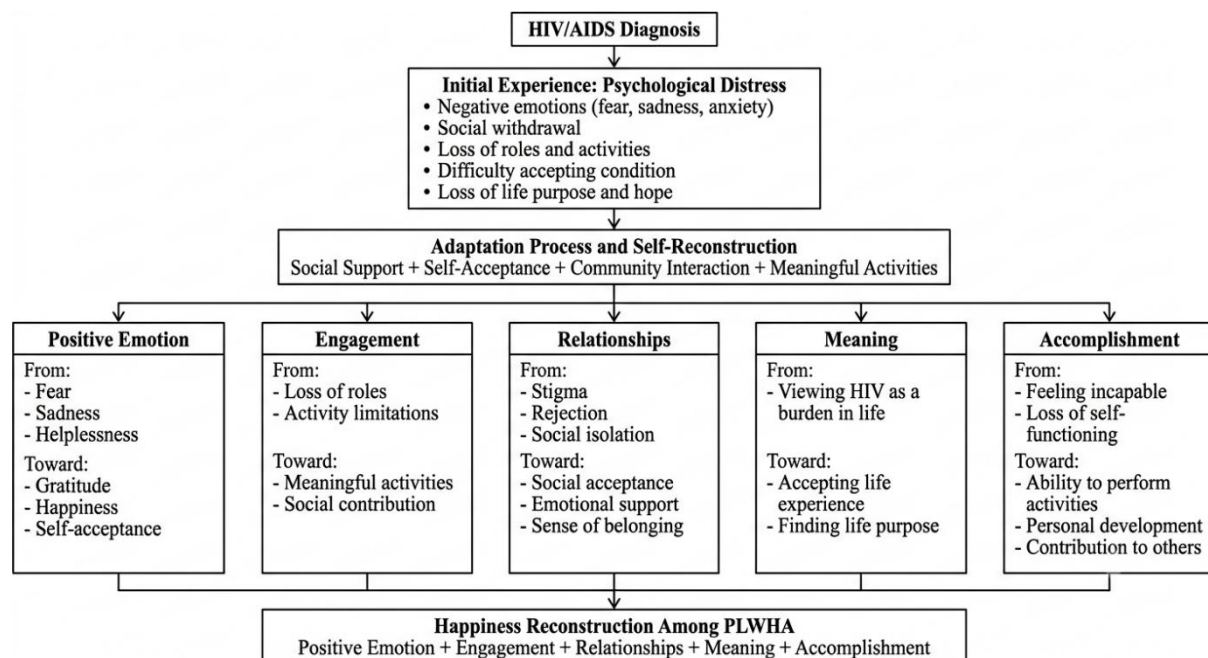


Figure 1. Dynamics of Happiness Among PLWHA Based on the PERMA Framework

At the beginning of their HIV/AIDS diagnosis, all three subjects exhibited negative psychological conditions resulting from health changes and social pressures. Subject SW experienced a severe decline in physical health after learning about her HIV status in 2006. Limited information regarding HIV treatment during that period led to a deterioration in her health, marked by prolonged diarrhea, dangerously low hemoglobin levels, and an advanced-stage HIV diagnosis. These circumstances subsequently triggered a fear of death, prolonged sadness, anxiety, and sleep disturbances. Subject SW's experience demonstrates that an initial HIV/AIDS diagnosis can be a highly stressful experience as individuals face not only biological shifts but also future uncertainty. Previous research explains that individuals who recently discover their HIV-positive status frequently experience fear, despair, anxiety, and depression because HIV/AIDS is still perceived as a life-threatening illness; however, through self-acceptance and psychological adaptation, individuals can rediscover happiness in their lives (Arriza et al., 2011). Beyond health changes, experiences of discrimination served as a key factor aggravating Subject SW's psychological state. During her hospital stay, the subject received differential treatment compared to other patients, such as receiving no direct examinations from doctors, different treatment regarding meal provisions, and having to perform elimination activities without adequate assistance. This experience highlights that HIV/AIDS stigma occurs not only within society but also within healthcare services. Stigma against PLWHA remains a major issue as HIV/AIDS is frequently associated with perceived deviant behaviors, evoking fear, disgust, and rejection toward infected individuals. This condition places PLWHA at risk of discrimination across various life domains, including healthcare, social relationships, and family acceptance. Research in Indonesia indicates that stigma and discrimination against PLWHA persist in society, manifesting as denial of shared facility usage, fear of transmission through daily contact, and differential treatment in healthcare services (Shaluhiah, Mustofa, & Widjanarko, 2015).

Negative psychological conditions stemming from stigma were also evident in Subject W. After discovering his HIV-positive status in 2017, Subject W faced rejection from his residential environment, forcing him to live in a garbage dump for several months. This experience inflicted severe psychological distress, including feelings of devastation, loss of hope, depression, and suicide attempts. This condition demonstrates that social stigma can be a traumatic experience for PLWHA, causing them to lose their sense of security and feel devoid of environmental support. Individuals living with HIV/AIDS indeed face risks of various psychological issues, such as social withdrawal, guilt, loss of hope, depressive moods, and suicidal ideation when struggling to accept changes in their identity while confronting social rejection (Parhani, 2016). In a similar vein to Subjects SW and W, Subject CH also experienced psychological distress upon HIV diagnosis. Subject CH endured self-isolation, prolonged grief, loss of appetite, self-blame, and suicidal thoughts. This situation escalated when the subject encountered barriers to accessing ARV treatment following the passing of her companion and the closure of the shelter where she previously resided. Interruption of treatment reignited her fear of death and exacerbated her psychological state. Subject CH's experience illustrates that treatment continuity is a vital factor in maintaining both the physical and psychological health of PLWHA. When treatment access is disrupted, individuals may experience anxiety related to disease progression, as PLWHA frequently interpret HIV as a life-threatening experience, triggering despair, anxiety, and psychological distress that negatively impact quality of life (Green & Setyowati, 2016).

Although all three subjects faced negative experiences at diagnosis, the findings reveal a transformation after they joined and resided at the Kebaya Shelter House. The positive relationships dimension served as a crucial foundation in this adaptation process. The Kebaya Shelter House functions not only as a residence but also as a social environment providing security, acceptance, and opportunities for PLWHA to resume their social roles. The presence of an accepting environment allowed subjects to establish interpersonal relationships, share experiences, and obtain emotional

support from peers with similar backgrounds. The need to interact with fellow HIV-positive individuals is an essential aspect of the adaptation process for PLWHA. Peer relationships enable individuals to receive emotional support, share experiences, reduce feelings of isolation, and gain motivation to lead better lives (Green & Setyowati, 2016). Social support derived from the community helped the three subjects rebuild a positive perception of their lives. Through interaction with fellow PLWHA at the Kebaya Shelter House, the subjects no longer viewed HIV/AIDS as the end of life, but began seeing themselves as individuals possessing capabilities, social roles, and life goals. These findings align with research showing that PLWHA communities play a vital role in providing psychological support by offering acceptance from a group with shared experiences. Social relationships within a community help PLWHA develop more adaptive coping strategies and mitigate the negative impact of external stigma (Paputungan, 2013). In addition to social support, positive changes in the three subjects were reflected in increased self-acceptance of their HIV/AIDS condition. The subjects gradually accepted their status, adhered to routine medical treatment, and harbored a more positive outlook on the future. This acceptance process forms the bedrock of happiness, as individuals shift their focus away from losses caused by HIV/AIDS toward opportunities to live meaningfully. Recent research on people living with HIV (PLWH) highlights that social support and psychological resilience are important factors associated with psychological well-being. Individuals who receive stronger social support tend to have better coping abilities, experience lower psychological distress, and maintain better quality of life despite HIV-related challenges (Wardojo & Rosadi, 2023).

A key aspect of happiness identified in this study is the emergence of positive emotions after the three subjects successfully adjusted to their HIV/AIDS condition. According to Seligman's perspective (2011), positive emotion encompasses not just momentary pleasure. It also includes the capacity to experience life satisfaction, appreciate personal experiences, and hold a positive outlook toward the present and future. In this study, positive emotion was manifested through shifts in how the subjects perceived HIV/AIDS, increased gratitude, heightened life satisfaction, and the ability to enjoy daily activities. For Subject SW, positive emotional growth became evident once her health stabilized and she received support from the Kebaya Shelter House. Initially, HIV/AIDS was perceived as a life-threatening illness, leading to intense fear of death, anxiety, and prolonged sadness. However, after adhering to routine ARV therapy, maintaining a proper diet, and securing social support, she began viewing HIV/AIDS more positively. She no longer regarded HIV as the end of life, but rather as a manageable condition, enabling her to engage in various activities and maintain a longer life expectancy. This shift in perspective demonstrates a self-acceptance process that is vital for the psychological well-being of PLWHA. Individuals who accept their condition tend to adapt more effectively to life changes caused by chronic illness, fostering positive feelings toward themselves and their lives. Research on PLWHA in Indonesia indicates that accepting an HIV diagnosis is associated with psychological adjustment and the process of adapting to life changes after diagnosis (Indriani & Fauziah, 2017). Psychological factors, such as self-efficacy and stigma, are associated with quality of life among PLWHA (Butarbutar & Irmawati, 2017).

The engagement and accomplishment dimensions in Subject SW were observed through active involvement in satisfying and competency-building activities, such as cooking, light exercise, listening to music, and traveling with her adopted child. These activities served not merely as pastimes, but as sources of happiness, allowing her to feel useful and achieve daily functioning. When cooking for shelter residents, for instance, she felt she retained a social role, achievements, and contributions to others despite living with HIV/AIDS. Positive psychological factors, including internal strengths and socioemotional support, have been associated with better daily functioning and adaptive outcomes among people living with HIV, highlighting the importance of maintaining meaningful engagement despite living with a chronic illness (Ham et al., 2025). Beyond personal activities, Subject SW's

meaning dimension expanded through enhanced spiritual connection. Subject SW expressed gratitude through increased religious activities, such as regular worship, attending religious studies, and praying as a form of appreciation for her continued life. Spirituality serves as a psychological anchor, helping individuals derive meaning from difficult experiences. Spirituality and religiosity often serve as coping mechanisms for individuals with chronic illnesses, aiding them in accepting unchangeable conditions and preserving hope for the future. For PLWHA, spiritual aspects help alleviate psychological distress by instilling the belief that life retains value despite severe health challenges (Du et al., 2025).

For Subject W, positive emotion developed through a transformed perception of life after receiving acceptance from the Kebaya Shelter House. Prior to living at the shelter, he experienced social rejection, homelessness, and discrimination, culminating in depression and suicide attempts. However, upon receiving community support, he began valuing his life and viewing past hardships as meaningful steps that made him stronger. This shift reflects resilience. Resilience describes an individual's capacity to bounce back from severe adversity and adaptively reconstruct psychological functioning. In individuals with chronic conditions like HIV/AIDS, resilience plays a vital role in helping them adopt positive coping strategies and sustain hope (Li et al., 2022). Subject W's engagement and accomplishment dimensions also manifested through activities offering personal fulfillment and self-development, such as reading, writing, and listening to music. Writing held profound personal value and represented an accomplishment in itself, as it was a personal dream previously halted by his HIV diagnosis and discrimination. Resuming writing signified that he was reclaiming a part of his identity previously lost to post-diagnosis trauma. An individual's ability to return to fulfilling activities reflects psychological recovery following stressful events. Creative activities act as emotional regulation tools, providing space to express experiences, understand oneself, and rebuild a positive identity (Cabrera & Donaldson, 2024). In addition to personal endeavors, Subject W's meaning dimension was evident in his deepened spiritual connection. He demonstrated gratitude to God through scripture reading, participating in religious events, and striving to improve his behavior. For Subject W, closeness to God brought inner peace and a more positive life perspective. This indicates that spiritual experience can serve as a psychological adaptation mechanism for PLWHA. When individuals find positive value in their life experiences, their medical condition is no longer viewed entirely as a threat, but rather as an experience offering learning and personal growth (Tedeschi & Calhoun, 2004). Among people living with HIV/AIDS (PLWHA), navigating the process toward self-acceptance regarding their medical status serves as a crucial foundation for rebuilding positive perceptions and psychological adaptation in their lives (Putri & Ambarini, 2021).

Compared with Subjects SW and W, who were able to engage in various activities, Subject CH demonstrated a more gradual development in positive emotion and accomplishment due to her unstable physical health. Nevertheless, Subject CH showed significant progress, marked by increased life appreciation, gratitude, and renewed hope for health. She began demonstrating functional accomplishments through health-maintaining behaviors, such as strict adherence to ARV treatment, maintaining a diet, and prioritizing rest. This indicates that positive emotion and accomplishment are not always expressed through high activity levels or grand achievements, but can also emerge through accepting one's current state and appreciating small improvements. For Subject CH, an improved appetite, physical recovery, and the ability to re-engage socially served as positive experiences reinforcing her appreciation for life. Research on the psychological well-being of PLWHA indicates that illness acceptance and social support are important factors associated with better psychological adjustment and quality of life. Individuals who are able to develop positive perceptions of their lives despite living with HIV tend to report higher levels of psychological well-being (Wardojo & Rosadi, 2023).

5. Conclusion

This study demonstrates that the dynamics of happiness among PLWHA residing at Yayasan Kebaya Yogyakarta represent a gradual developmental process shaped by self-acceptance, social support, involvement in meaningful activities, and the ability to find meaning in life. The three participants experienced psychological changes from their initial experiences after HIV/AIDS diagnosis, which were characterized by fear, psychological distress, stigma, discrimination, loss of hope, and difficulties accepting their conditions, toward a more adaptive state after receiving support from the shelter environment.

The dynamics of happiness among the three participants can be understood through the five dimensions of Seligman's PERMA model (2011), namely positive emotion, engagement, relationships, meaning, and accomplishment. The positive emotion dimension was reflected in increased gratitude, life satisfaction, self-acceptance, and the ability to enjoy daily experiences. The engagement dimension was demonstrated through participants' involvement in social activities, community interactions, work, and personal activities that provided a sense of value and competence. The relationships dimension emerged through supportive social relationships with family, communities, and fellow shelter residents, which helped participants cope with stigma and reduce feelings of isolation. The meaning dimension was reflected in participants' ability to interpret their experiences as PLWHA through contributions to others, sharing experiences, and strengthening spiritual aspects. Meanwhile, the accomplishment dimension was demonstrated through participants' ability to maintain treatment adherence, regain social and personal functioning, develop personal abilities, and adapt to health-related limitations.

The findings also indicate that the environment of Yayasan Kebaya Yogyakarta plays an important role in participants' psychological adaptation processes. An accepting environment provided opportunities for participants to establish social relationships, receive emotional support, share experiences, and rebuild a sense of personal value in their lives. Therefore, happiness among PLWHA in this study is not solely related to physical health conditions but is also influenced by individuals' ability to develop positive relationships, engage in meaningful activities, and establish life goals after experiencing difficult life events.

Nevertheless, this study has limitations as it involved only three participants from a single shelter, namely Yayasan Kebaya Yogyakarta. Although the number of participants is consistent with the characteristics of a case study design that emphasizes in-depth exploration of individual experiences, the findings cannot be generalized to all PLWHA. Furthermore, individual characteristics, life experiences, social environmental conditions, and available support systems within the research setting may differ from those in other PLWHA communities.

Regarding transferability, the findings of this study are not intended for broad generalization. Still, they may provide an in-depth understanding of the dynamics of happiness among PLWHA within supportive environments with similar characteristics. The application of these findings to other contexts should consider the similarities in participant characteristics, social environmental conditions, available support systems, and the forms of assistance provided.

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