https://research.adra.ac.id /index.php/ijen/
P - ISSN: 2988-1579
E - ISSN: 2988-0092

Navigating Academic Life with Chronic Illness in Non-Metropolitan Regions: An Interpretive Phenomenological Analysis of Stigma, Self-Efficacy, and Resilience in Kepahiang and Rejang Lebong

Yusron Masduki[1], **Mohd Erfino Johari**[2]
[1]Universitas Ahmad Dahlan Yogyakarta, Indonesia
[2]Universiti Poly-Tech Malaysia, Malaysia

ABSTRACT

Background: High school and university students living with chronic illness in non-metropolitan regions face barriers to academic participation, yet the psychosocial dimensions of their experiences remain insufficiently understood.

Purpose: This study explored how students in secondary and higher education in Kepahiang and Rejang Lebong Regencies, Indonesia, experienced internalized stigma, reconstructed academic self-efficacy, and sustained academic engagement.

Method: This study used Interpretative Phenomenological Analysis (IPA) with six purposively selected participants aged 17-22 years: two high school students and four university students living with chronic physical conditions. Each participant completed two semistructured, in-depth interviews during a six-month period. Analysis followed six iterative stages: repeated reading, initial noting, development of emergent themes, identification of connections among themes within each case, independent analysis of each subsequent case, and examination of convergences and divergences across cases. Trustworthiness was supported through member checking and peer audit.

Results: Three interconnected themes were identified. First, participants described a cultural stigma matrix in which cultural fatalism and paternalistic attitudes in educational settings contributed to internalized stigma and academic withdrawal. Second, they reconstructed academic self-efficacy through existential reframing and digital compensatory coping, conceptualized as Digital Micro-Emancipation, which helped them manage physical limitations and sustain learning participation. Third, academic engagement acquired existential meaning as an affirmation of personal dignity, supported by peer micro-solidarity and accounts of post-traumatic growth.

Conclusion: These findings informed the Regional Non-Metropolitan Resilience Model, an interpretative framework linking stigma, meaning-making, digital coping, and peer support in students' educational experiences. The study highlights the need for coordinated psychosocial support services and flexible digital learning arrangements across secondary and higher education institutions in non-metropolitan regions.

KEYWORDS

Academic Self-Efficacy, Chronic Illness, Digital Micro-Emancipation, Interpretative Phenomenological Analysis, Internalized Stigma, Non-Metropolitan Education

Citation: Masduki, Y., & Johari, E. M. (2026). Navigating Academic Life with Chronic Illness in Non-Metropolitan Regions: An Interpretive Phenomenological Analysis of Stigma, Self-Efficacy, and Resilience in Kepahiang and Rejang Lebong. *International Journal of Educational Narrative*, *4*(5), 2077–2093. https://doi.org/10.70177/ijen.v4i5.4402

Correspondence:

Yusron Masduki,
yusron.masduki@pai.uad.ac.id

Received: August 21, 2026

Accepted: October 24, 2026

Published: October 31, 2026

INTRODUCTION

Inclusive higher education is a fundamental pillar in realizing social justice and ensuring human rights to the sustainable development of intellectual potential (Vimi Neeroo et al., 2024) (Organization, 2021). In the global order, universities are required to transform their academic ecosystem to be able to accommodate the diversity of physical, sensory, and health conditions of students (Moriña, 2017) (Lindsay et al., 2018a). This international commitment to inclusivity emphasizes that educational success is not only measured by gross participation rates, but also by the extent to which the educational environment is able to provide equal support for each individual to develop optimally (Sassu, 2018) .

However, in the context of developing regions at the regional level such as Kepahiang Regency and Rejang Lebong Regency, the idealistic implementation of inclusive education still faces complex systemic challenges (Goodley et al., 2021). Students and students living with chronic illnesses and physical limitations in these two regions must navigate the dynamics of academic life under the shadow of regional infrastructure limitations (Langørgen et al., 2018). Inadequate physical accessibility, lack of integrated disability service centers, and limited public transportation facilities to educational institutions are double burdens that must be borne by these learners independently (Clouder et al., 2020a).

The challenges for learners in Kepahiang and Rejang Lebong are further aggravated by the dominance of the local social stigma that is still thick against chronic disease conditions and disabilities (Nieminen, 2024). In a culture of non-metropolitan society that has not been fully exposed to a comprehensive understanding of disability rights, restrictive health conditions are often perceived as fatal disabilities or fate that hinders academic achievement (Ecclestone, 2017). Paternalistic views or even implicit isolation from the surrounding environment create psychosocial pressures that have the potential to lower their self-esteem and trigger doubts about their own intellectual capacity (Tedeschi & Calhoun, 2004).

The reality on the ground suggests that this continuous exposure to social stigma is gradually internalized into the psychological structure of the individual (*internalized stigma*) (Augustine, 2025). When a learner absorbs negative views of the environment into his or her personal beliefs, the damaging impact it has not only targeted mental health, but also directly erodes the level of academic attachment (*Academic Engagement*) they (Lindsay et al., 2018b). Many of them experience withdrawal from campus activities, decreased participation in class discussions, and social isolation which leads to a high dropout rate or significantly delayed completion of study periods (Dryden, 2019).

The fundamental criticism of the handling of this problem lies in the pattern of response of educational institutions in areas that tend to be reactive, superficial, and fragmented (Gallardo López & Cotán Fernández, 2025). So far, institutional leaders and policymakers in Kepahiang Regency and Rejang Lebong Regency often limit the fulfillment of the rights of chronically ill learners only to the level of formal administrative dispensation or attendance tolerance (Langørgen et al., 2020). There is a structured disregard for the deep psychosocial dimension, where institutions rarely provide a planned psychological intervention mechanism to recover from stigmatic trauma or rebuild the mental health of these students and students (Clouder et al., 2020b).

A medical model-based reactive approach (*Medical Model*) which has been applied by educational institutions has proven to fail to uphold the position of learners with chronic conditions (Goodley et al., 2021). This model erroneously places the location of the "problem" entirely on the body or physique of the sick individual, rather than evaluating the failure of the environment to provide a welcoming and supportive learning space (Ecclestone, 2017). As a result, instead of

empowering, existing education policies perpetuate hidden marginalization (*Hidden marginalization*) by allowing learners to struggle alone without the support of an adequate psychosocial support system (Moriña, 2017).

As a theoretical solution to the impasse of the medical paradigm, the positive psychology approach and resilience framework present a transformative perspective in understanding the sustainability of the study of learners with chronic conditions (Seligman, 2019). This framework emphasizes that humans have an extraordinary adaptive capacity to rise in the midst of suffering (*Post-traumatic growth*), where the adaptation process is strongly influenced by the construction of self-efficacy (*self-efficacy*) and the process of meaning of life (*Meaning-Making*) (Tedeschi & Calhoun, 2004). In this perspective, academic resilience is no longer seen as innately static, but rather a dynamic process that can be grown through identity reconstruction and strategic management *Coping* The Right (Augustine, 2025).

In the context of educational psychology, academic self-efficacy serves as a major psychological bulwark of defense that mediates the negative impact of internalized stigma toward positive learning attachment (Sassu, 2018). When a chronically ill learner has a strong belief in his or her ability to master the subject matter and complete academic assignments despite physical limitations, these beliefs are able to neutralize the poison of self-doubt due to environmental stigma (Dryden, 2005). Strong self-efficacy encourages the birth of resilience, which is psychological resilience that enables individuals to re-establish their academic goals and see physical limitations as not the end of their intellectual career path (Moriña, 2017).

Although the study of resilience and inclusive education has made rapid progress in the global literature map, a critical evaluation of existing publications shows a significant theoretical and methodological gap (*Gap Analysis*) (Clouder et al., 2020b).

Most of the previous research includes quantitative investigations of the psychosocial and academic experiences of students living with chronic illness. For example, (Shrout & Weigel, 2022) used a two-wave survey design to examine associations between stigma-related experiences and academic outcomes among college students with concealable chronic health conditions. Their findings provide valuable evidence of relationships among stigma, perceived campus fit, and academic difficulties. Such evidence can be complemented by detailed accounts of how individual students interpret stigmatizing encounters and negotiate their educational participation. Qualitative studies have already contributed to this understanding: (Hamilton et al., 2023) explored experiences of misunderstanding, inequality, and support in UK universities, while (Doris & Morrissey, 2025) examined the demands of managing chronic illness alongside university education in Ireland. Building on these contributions, the present study uses Interpretative Phenomenological Analysis to explore how high school and university students with chronic physical illnesses in Kepahiang and Rejang Lebong make sense of internalized stigma, reconstruct academic self-efficacy, and sustain academic engagement within their particular non-metropolitan sociocultural contexts.

Contextually, this gap in literature is even sharper when looking at the focus of previous research sites, which are mostly centered in developed countries (*Western, Educated, Industrialized, Rich, and Democratic/WEIRD*) or in metropolitan cities with complete facilities (Tedeschi & Calhoun, 2004).

The gap addressed in this study was identified through a focused narrative literature search using combinations of the terms “chronic illness,” “higher education,” “rural,” “stigma,” and “academic resilience.” The identified studies were compared in terms of their participant groups, geographical settings, and substantive focus. Recent international research has documented important psychosocial dimensions of studying with chronic illness. (Hamilton et al., 2023),

examining students in UK universities, identified misconceptions about chronic illness, experiences of inequality, and inconsistent staff support. (Shrout & Weigel, 2022) found that stigma, alienation, and a perceived lack of campus fit were associated with adverse academic experiences among college students with concealable chronic health conditions. More recently, (Doris & Morrissey, 2025) documented the physical and emotional demands of managing chronic illness alongside university education in Ireland, highlighting the need for flexible institutional accommodations and appropriate support.

A complementary strand of research has examined academic resilience in rural educational settings. (Chen et al., 2024), for example, investigated relationships among teacher–student relationships, mental health symptoms, academic resilience, and academic grades among Chinese rural high school students; however, chronic illness was not the defining focus of their investigation. Taken together, these studies provide relevant evidence on illness-related educational barriers and rural academic resilience, while leaving a context-specific interpretative question unresolved: how high school and university students living with chronic physical illnesses in non-metropolitan Indonesian settings make sense of stigma, reconstruct academic self-efficacy, and sustain academic engagement. The present study addresses this intersection in Kepahiang and Rejang Lebong Regencies, examining how participants understand local sociocultural expectations, interpersonal support, and institutional conditions in relation to their educational experiences.

The absence of a deep empirical understanding of how these internal psychological processes take place in non-metropolitan areas triggers the birth of a knowledge gap (*Knowledge Gap*) that are detrimental to (Langørgen et al., 2020). Scientists and policymakers have not yet had a complete picture of how the interaction between local stigma, self-efficacy, and resilience is real-life (*lived experiences*) by individuals who experienced it directly in Kepahiang and Rejang Lebong (Goodley et al., 2021). Without sharp phenomenological data, any formulation of inclusive education policies in the regions will continue to risk mistargeting and failing to touch the basic psychosocial needs of learners (Ball & Tuckwiller, 2025).

On the basis of this theoretical, methodological, and contextual urgency, this research was carried out with the aim of in-depth analysis and dissecting the subjective experiences of students and students living with chronic diseases in Kepahiang Regency and Rejang Lebong Regency in navigating internalized stigma, building self-efficacy, and maintaining their academic attachment (Madaus et al., 2020). This study specifically seeks to uncover the cognitive and emotional mechanisms used by learners in this area in transforming physical barriers and stigmatic suffering into resilience incentives that enable them to survive in higher education (Whitaker, 2024).

To achieve the required clarity and depth of analysis, this study applies an approach *Interpretative Phenomenological Analysis*. The science method was chosen because of its idiographic focus on the deep meaning of individual life experiences, thus enabling researchers to explore in detail how learners in Kepahiang and Rejang Lebong give meaning to their illnesses, respond to their social environmental treatments, and re-knit their academic expectations in the midst of all limitations (Veitch, 2024).

The theoretical contribution of this study focuses on academic resilience within inclusive education. Drawing on positive psychology and multisystem perspectives on resilience (Seligman, 2019) (Masten et al., 2021), the study offers a context-specific interpretation of how high school and university students with chronic physical illnesses sustain academic engagement in non-metropolitan settings. Its contribution lies in connecting three processes identified in participants' accounts: existential reframing of illness-related experiences, digital compensatory coping, and peer micro-solidarity. These connections illustrate how personal meaning-making and accessible social

and learning resources interact in participants' efforts to maintain academic self-efficacy and educational participation. Within this account, Digital Micro-Emancipation describes how digital learning practices provide opportunities to negotiate physical limitations and stigmatizing encounters. The proposed Regional Non-Metropolitan Resilience Model organizes these processes into an interpretative framework that contextualizes resilience within the sociocultural and educational conditions of Kepahiang and Rejang Lebong.

Practically, the findings can inform education policymakers, school leaders, university administrators, and local governments in developing support for students with chronic illnesses across secondary and higher education. Relevant priorities include accessible psychosocial support, inclusion services responsive to students' emotional and educational needs, flexible learning arrangements, and peer-support networks. Initiatives developed with students and local communities may help institutions address illness-related stigma in culturally appropriate ways. These implications emphasize institutional responsibility for reducing barriers while recognizing students' existing coping strategies and support relationships.

RESEARCH METHODOLOGY

This research uses a qualitative approach with a design *Interpretative Phenomenological Analysis* (IPA) to analyze in depth how students and students living with chronic illness in non-metropolitan areas navigate internalized stigma, build academic self-efficacy, and foster resilience (Campbell et al., 2020). IPA was chosen because of its idiographic commitment and focus *Double-hermeneutic*, which allows for an in-depth exploration of the psychological meanings that participants attach to their life experiences in the midst of regional socio-geographical limitations (Larkin et al., 2019).

The research was carried out in two adjacent non-metropolitan administrative areas in Bengkulu Province, Indonesia, namely Kepahiang Regency and Rejang Lebong Regency. These two locations were deliberately chosen to represent the educational context of developing regions characterized by limited disability support facilities, centralized health care centers, and typical local socio-cultural norms regarding chronic disease conditions.

Participants were selected using the *purposive sampling* adjusted to the homogeneity criteria of small samples in the IPA methodology (Campbell et al., 2020). Inclusion criteria include: (a) high school students or active students enrolled in educational institutions in Kepahiang or Rejang Lebong, (b) medically diagnosed with chronic physical illnesses that require long-term care (such as autoimmune disease, chronic kidney failure, type 1 diabetes, or cardiological disorders), and (c) actively participating in academic activities for at least six months post-diagnosis.

Participants were selected through purposive sampling, with experiential homogeneity defined in relation to the phenomenon under investigation: sustaining participation in formal education while managing a medically diagnosed chronic physical illness in the non-metropolitan educational contexts of Kepahiang and Rejang Lebong. Eligible participants were enrolled in secondary or higher education, required long-term management of their condition, and had continued participating in academic activities for at least six months after diagnosis. Thus, the unit of experiential homogeneity was the shared situation of negotiating ongoing illness management alongside educational demands within the same regional context.

The sample nevertheless included variation in educational level, age, and diagnosis: two high school students and four university students aged 17–22 years, representing six chronic conditions. This variation was retained because the research question concerned the meaning of studying while living with chronic illness across these educational settings, rather than the experience of a

particular diagnosis or treatment. The shared experiential focus provided the rationale for including these participants, while differences in illness trajectories, treatment demands, and educational environments remained important contextual features. The findings are therefore interpreted as situated accounts of a shared educational challenge, with attention to individual differences, rather than as evidence that the participants' conditions or educational experiences were interchangeable. This bounded experiential commonality, alongside the remaining heterogeneity, should be considered when assessing the scope and transferability of the findings.

A total of six participants (4 females, 2 males; ages 17–22) were recruited through a network of local inclusive students and referrals from the local health community, where this number met the sufficiency of the sample for in-depth idiographic analysis (Pietkiewicz & Smith, 2014). To protect the confidentiality of participants, pseudonyms (*Pseudonym*) is used and the entire identity of the institution is disguised in accordance with the ethical principles of research of vulnerable populations (Arifin, 2018). Ethical agreement (*Ethical clearance*) has been obtained from the research ethics committee, and a written consent sheet (*informed consent*) obtained from all participants (as well as legal guardians for minor participants) before data collection began (Guillemin & Gillam, 2004).

Table 1. Series of research was carried out for six full months

Name Disguise	Age	Gender	Education Level	Diagnosis of Chronic Diseases	Duration of Illness
Participant A	19	Women	Students	Systemic Lupus Erythematosus (SLE)	3 years
Participant B	21	Male	Students	Chronic Kidney Failure (Stage 3)	2 years
Participant C	18	Women	High School Students	Type 1 Diabetes Mellitus	4 years
Participant D	20	Women	Students	Rheumatoid Arthritis	3 years
Participant E	22	Male	Students	Congenital Heart Disease	Lifetime
Participant F	17	Women	High School Students	Thalassemia Major	5 years

This series of research was carried out for six full months, starting from October 2025 to March 2026. Primary data was collected through face-to-face semistructured in-depth interviews (DeJonckheere & Vaughn, 2019) (Creswell & Miller, 2000).

Each participant completed two separate interview sessions lasting 60–90 minutes each. The two-session format allowed participants to develop their accounts across separate encounters and provided opportunities for clarification and elaboration, while distributing the interview demands with attention to participants' physical comfort (Seidman, 2013). The first session focused on establishing rapport, exploring illness histories, and understanding everyday academic routines. The second session explored experiences of social stigma, internal cognitive negotiation, sources of academic self-efficacy, and academic coping strategies, including further discussion of issues raised during the first session.

Interviews were conducted in quiet locations selected by participants to support comfort and confidentiality (Bazeley, 2021). Audio recordings were made with participants' explicit permission. Reflective field notes were prepared shortly after each session to document non-verbal expressions, changes in tone, emotional responses, and contextual features relevant to interpreting the interview accounts (Phillippi & Lauderdale, 2018).

Data adequacy was considered in relation to the study's focused research question and idiographic purpose. The relevant criteria were the richness of concrete descriptions, the availability of contextual detail, and participants' elaboration of the meanings attached to their experiences. Particular attention was given to whether each case contained sufficient material to connect academic encounters with participants' feelings, interpretations, and responses. Adequacy also concerned whether the accounts supported detailed within-case interpretation and meaningful examination of similarities and differences across cases. Completing two interviews was therefore not treated as sufficient evidence of saturation.

Audio recordings were transcribed verbatim, and transcripts were checked against the recordings. Analysis followed six iterative IPA stages, maintaining attention to each individual account before developing interpretations across participants (Pietkiewicz & Smith, 2014).

1. Familiarization involved repeated reading of each participant's transcripts alongside the recordings and field notes, attending to the sequence, context, and emotional significance of the experiences described.
2. Initial noting involved descriptive comments on events and concerns, linguistic observations concerning expressions and emphasis, and tentative conceptual comments about the meanings conveyed. Participants' explicit statements were distinguished from the researcher's interpretations.
3. Emergent themes were developed by condensing the exploratory notes into concise statements capturing psychologically meaningful aspects of the participant's experience. Each theme remained linked to supporting transcript passages.
4. Connections among emergent themes were examined within each case. Related themes were organized into superordinate themes, while tensions, exceptions, and experiences that did not fit the emerging structure were retained for consideration.
5. The process was repeated for each subsequent participant, setting aside earlier thematic structures as far as possible so that each account could be examined on its own terms.
6. Cross-case analysis compared the resulting case-level themes, considering convergence and divergence alongside differences in educational level, illness demands, and available support. Shared themes were retained only where supported by the relevant accounts.

Interpretative credibility depended on maintaining traceable links between quotations, exploratory notes, and thematic claims. Interpretations were reconsidered against the surrounding transcript rather than supported by isolated extracts alone. Member checking and peer audit provided opportunities to identify misunderstandings and challenge the evidential basis of interpretations. These procedures supported critical scrutiny without assuming that interpretation could be entirely free of researcher subjectivity.

Yardley's four principles provided a framework for evaluating the study's quality. Sensitivity to context involved interpreting accounts in relation to participants' educational settings, illness-management demands, interpersonal relationships, and descriptions of local sociocultural expectations. Field notes supported contextual interpretation, while differences among participants were retained rather than subsumed under a single regional narrative.

Commitment and rigour concerned sustained engagement with each account, clarification through the second interview, checking transcripts against recordings, and completing detailed within-case analysis before cross-case comparison. The six-month research period provided the temporal context for this work; duration alone was not regarded as evidence of analytical rigour.

Transparency and coherence concerned the traceability of analytical decisions and consistency between the research question, IPA approach, evidence, and conclusions. The audit trail

linked transcript passages with initial notes, emergent themes, and superordinate themes, documenting reasons for retaining, revising, or rejecting interpretations. Reflexive consideration of assumptions and peer scrutiny supported this process.

Impact and importance were considered through the relevance of the findings to inclusive education across secondary and higher education. Recommendations concerning psychosocial support, flexible learning, and peer support were connected to the experiences reported by participants. Their practical value was presented as a potential contribution requiring further evaluation, rather than as evidence that the proposed interventions had already proved effective.

RESULT AND DISCUSSION

Navigating Internalized Stigma and Regional Socio-Cultural Environmental Pressures

Field findings revealed that students and students with chronic diseases in Kepahiang Regency and Rejang Lebong Regency experienced double pressure stemming from local social stigma and limited regional infrastructure. The stigma faced does not always manifest in open rejection, but rather in the form of implicit microaggressions and fatalistic religious or cultural narratives. The views of local communities that often associate chronic illness with "bad luck" or "lack of spiritual obedience" are gradually absorbed into the cognitive structure of the participants, triggering an *internalized stigma* process.

This internalization has a direct impact on academic withdrawal and the presence of a deep sense of guilt because they feel like a burden on their families and institutions. This is clearly revealed in the narrative of Participant A who has *Systemic Lupus Erythematosus*:

"On campus, when my face swells or I am not strong enough to stand for a long time during practicum, there are whispers that say that I am being used or family karma. For a long time, I believed that my presence in the class was only a nuisance for my group mates. I often miss school not because of the relapse, but because I feel ashamed and don't deserve to be there." (Participant A, Student, 19 years old).

This condition is aggravated by the dynamics of the school environment or non-metropolitan campuses that do not yet have mature inclusive regulations. Participant B, who underwent routine hemodialysis due to Chronic Kidney Failure, highlighted how negative perceptions of teachers diminished his academic capacity:

"The lecturer once told me subtly to just stop studying, he said 'instead of forcing myself later, it will get worse, it's better at home.' That sentence killed my spirit. I feel like all my efforts to study are in vain just because of my physical condition." (Participant B, Student, 21 years old).

These findings complement (Moriña, 2017) discussion of inclusive higher education, which emphasizes institutional policies, strategies, and practices that support students' participation and success. The present study adds a context-specific account of how illness-related stigma and paternalistic responses were experienced by participants alongside physical and institutional barriers in Kepahiang and Rejang Lebong. A broader comparison can be made with (Lindsay et al., 2018b), whose review of disability-inclusive employment identified benefits including enhanced self-confidence, expanded social networks, and a sense of community. Although their review concerns employment rather than education, it provides a related perspective on the social dimensions of participation. The distinctive contribution of the present findings concerns how participants interpreted stigmatizing encounters within their particular educational and sociocultural environments. In the context of developing areas such as Kepahiang and Rejang Lebong, the largest fortress is actually located in *Cultural stigma matrix* i.e. the intersection between local cultural fatalism and academic patronage (Clouder et al., 2020b).

This process of internalizing stigma confirms *Modified Labeling Theory*, where expectations of social rejection trigger withdrawal behavior (*withdrawal*) which actually worsens academic alienation (Veitch, 2024).

These findings show that in non-metropolitan areas, internalized stigma works through *identity threat mechanisms* that are amplified by the limitations of educational institutions' choices, so that participants feel that they have no alternative space to escape the negative labels of their local environment.

The above findings confirm that in non-metropolitan areas such as Kepahiang and Rejang Lebong, disability and chronic diseases are no longer understood simply as physiological crises, but rather as constructed socio-cultural phenomena. The intersection between cultural fatalism and academic patronage creates a stigmatic ecosystem that systematically shifts physical barriers into *identity threats*. This process forces participants to engage in *academic withdrawal* as a self-defense mechanism, which ultimately perpetuates their academic marginalization. Therefore, inclusive education interventions in developing regions should not stop only at the provision of passive physical facilities, but should target the deconstruction of cultural stigma and the establishment of a structured psychosocial support system.

Reconstructing Academic Self-Efficacy through Local Wisdom-Based Coping Strategies and Digital Compensation

Despite being faced with severe stigma, the participants did not passively accept the marginalization. The findings show a unique process of *self-efficacy* reconstruction, in which participants utilize a combination of local resilience values (such as the transformative *principle of acceptance/sincerity*) and the adaptation of digital technologies to maintain their academic performance.

Academic self-efficacy does not grow from external recognition, but rather from successfully navigating daily health crises. Participant C, a high school student with Type 1 Diabetes, described how self-control over her body transformed her perception of ability in school:

"When I can manage my own insulin dose on the sidelines of school breaks without my friends knowing, I feel victorious. I said to myself: if I can control this deadly disease every day, there's no reason I can't complete this math task." (Participant C, High School Student, 18 years old).

In addition, physical limitations triggered the birth of *digital compensatory coping*. In the midst of a lack of disability-friendly campus facilities in the region, participants used digital spaces (such as online study groups, open repositories, and supporting AI) to catch up without having to expose their physical vulnerabilities in offline classrooms. Participant D recounted this strategy:

"My joints often lock and it hurts a lot to sit in class for hours. So I created my own learning system: I asked for permission to record lecture audio, then at home I converted it into text using a digital application while lying down. My exam results are often higher than my friends who are fully present." (Participant D, Student, 20 Years).

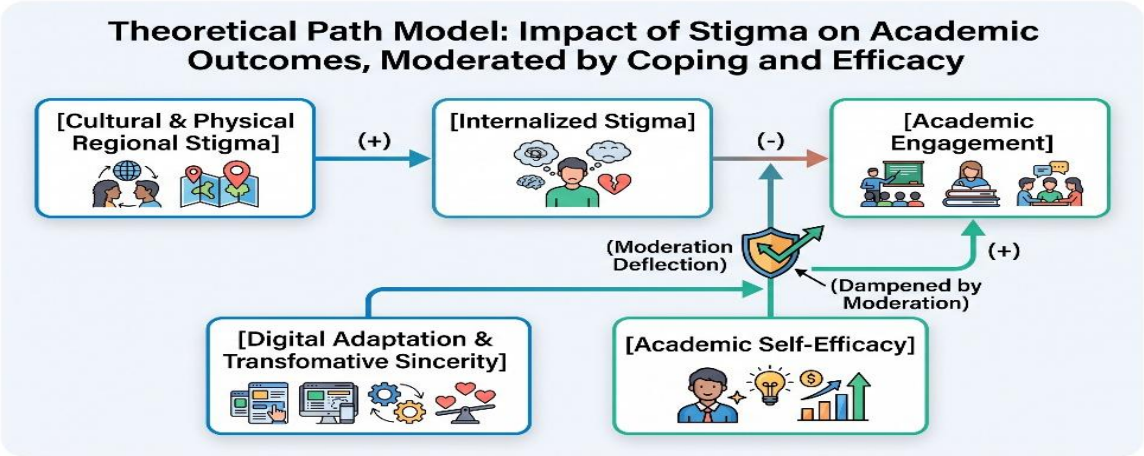


Figure 1. Regional Non-Metropolitan Resilience Framework

These findings provide a theoretical correction to the *Social Cognitive Theory* from (Bandura, 2014), which generally emphasizes *Mastery Experiences* and *Social persuasion* as the main source of self-efficacy. In the context of participants in Kepahiang and Rejang Lebong, external social support is often absent or stigmatizing. Therefore, self-efficacy is born from *somatic and emotional states* interpreted in reverse (*Reframing*): physical pain is considered evidence of resilience (*Endurance*), not a sign of weakness (Tedeschi & Calhoun, 2004).

Digital Micro-Emancipation is proposed here as a context-specific interpretative concept describing small, everyday expansions of educational agency and recognition made possible through digitally mediated practices. Its empirical grounding lies particularly in the accounts of Participants D and F. Participant D described recording lectures and converting the recordings into text to continue studying while managing joint pain. Her statement, "So I created my own learning system," connects the practical use of technology with a sense of control over how learning was organized. Participant F described a private WhatsApp group through which peers exchanged learning materials and encouragement during treatment or illness recurrence. Her statement, "There we were not pitied, we were treated as fighters," adds a relational dimension involving recognition and belonging.

The conceptual interpretation connects these accounts through three elements: illness-related restrictions on educational participation, digitally mediated responses to those restrictions, and participants' expressions of regained control or valued membership. Participant D's account primarily supports learning autonomy, whereas Participant F's account supports reciprocal participation and recognition. These differences are retained within the proposed concept rather than interpreted as identical experiences.

Three provisional qualitative characteristics therefore define Digital Micro-Emancipation: greater control over the timing, format, or location of learning; opportunities to sustain educational participation through accessible digital practices; and an expressed sense of capability, dignity, or belonging associated with those practices. These are interpretative characteristics rather than validated measurement indicators. Technology use alone is insufficient to establish the concept: its relevance depends on the meaning participants attach to the opportunities it creates.

The term overlaps with digital coping, assistive technology, digital resilience, and self-regulated learning, but directs analytical attention specifically to modest changes in agency and recognition under illness-related constraints. "Micro" refers to the everyday and situated scale of these changes; "emancipation" denotes participants' perceived room to act and participate. It does not imply that technology removes structural exclusion or eliminates stigma. This emphasis on

agency and recognition resonates with (Nieminen, 2024) discussion of inclusion in assessment. Nevertheless, Digital Micro-Emancipation remains a provisional conceptual contribution requiring further examination across cases and contexts.

Table 2. Findings confirm that physical limitations and lack of social support

Related concept	Main analytical focus	Distinctive focus of Digital Micro-Emancipation
Digital coping	Used descriptively here to mean digitally mediated strategies for managing practical or emotional demands.	Examines whether coping practices are experienced as expanding educational agency or recognition. Coping does not automatically entail emancipation.
Assistive technology	Products, systems, and services supporting functioning, independence, and participation.	
Examines the experiential meaning of using these resources. An assistive tool may enable the process, but the tool itself does not demonstrate emancipation.		
Digital resilience	Educational definitions commonly address adaptation to digital risks, disruptions, or technological challenges, although definitions vary.	

These findings confirm that physical limitations and lack of social support in non-metropolitan areas do not automatically trigger *passive compliance*, but rather trigger adaptive psychological agency through the phenomenon of *Digital Micro-Emancipation*. The combination of local values (*sincerely transformative*) and the use of digital technology shifts the content of somatic and emotional states from just markers of physical vulnerability to the main source of the formation of academic self-efficacy (*reframing*). This digital compensation strategy ultimately functions as a psychological *shield* that breaks the chain of negative impacts of internalized stigma on learning attachments. The implication is that the development of an inclusive education ecosystem in developing regions must be oriented towards providing flexible digital accessibility, in order to facilitate learning autonomy and strengthen participants' cognitive agency independently.

Knitting Idiographic Resilience and Post-Traumatic Growth in Sustainability Studies

The culmination of the participant's psychological process, where academic *engagement* is no longer understood simply as an effort to pursue grades or degrees, but as an *existential coping mechanism* and a means of proving one's dignity.

The resilience that is formed is idiographic and develops through the stages of suffering, acceptance, and the achievement of new *meaning-making*. Higher education serves as an arena for

participants to reconstruct their identities from mere "chronic patients" to "intellectual agents." Participant E articulates this existential transformation in depth:

"My heart may not be medically perfect, but my brain is fully functional. College is no longer about finding a job later, but about proving that my life has meaning. Every thesis sheet I wrote was proof that I had not given up on this disease." (Participant E, Student, 22 years old)

This rhythm of resilience is maintained through the formation of small-scale solidarity networks (*micro-support systems*) among fellow chronically ill learners in the region, which function to reconstruct their collective narratives. Participant F affirmed:

"We created a small secret group through WhatsApp. If someone is having a blood transfusion or has a recurrence, we send each other lecture notes and reinforce each other. There we were not pitied, we were treated as fighters." (Participant F, High School Student, 17 years old)

The findings in this sub-chapter expand the conceptualization *Post-Traumatic Growth* (PTG) (Tedeschi & Calhoun, 2004) into the realm of inclusive education psychology. The resilience shown by the learners in Kepahiang and Rejang Lebong proves that *Academic Engagement* in vulnerable groups articulated through *existential determination*—where education is used as an instrument of stigmatic trauma recovery (Masten et al., 2021) (Seligman, 2019).

The Regional Non-Metropolitan Resilience Framework is proposed as an interpretative synthesis of patterns represented in participants' accounts. It connects experiences of illness-related constraints and stigmatizing responses with participants' descriptions of reframing, digital coping, and peer micro-solidarity. Participants A and B illustrate threats to academic participation and perceived academic worth; Participants C and E illustrate different ways of reinterpreting illness and educational capability; Participant D illustrates digitally supported learning autonomy; and Participant F illustrates reciprocal support and recognition. The framework preserves these distinct experiential pathways rather than assuming that every participant encountered the same barriers or followed an identical process. Its relationships represent connections interpreted from the accounts, rather than statistically tested effects, a fixed developmental sequence, or evidence that participants had overcome structural exclusion.

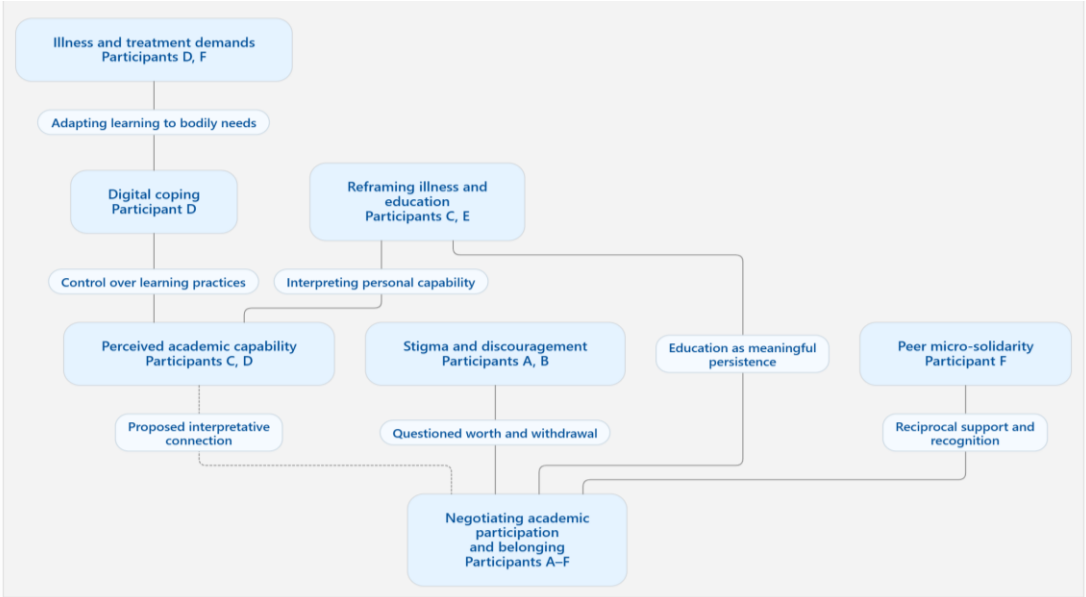


Figure 2. Kepahiang and Rejang Lebong: secondary and higher education

Regional Non-Metropolitan Resilience Framework. Participant identifiers indicate the reported accounts supporting each component. Solid connections summarize relationships illustrated within the accounts; the dotted connection represents a proposed interpretative

relationship across accounts. Connections do not indicate causal direction, statistical effects, or a uniform sequence of adaptation. Academic participation includes experiences of withdrawal, negotiation, and continued engagement.

The implications of these findings demand fundamental changes to inclusive education policies in Kepahiang and Rejang Lebong Regencies. Educational institutions should no longer focus only on passive physical accommodation, but must establish *Psychosocial Support Units* that can mitigate internalized stigma and facilitate a flexible technology-based learning ecosystem for chronically ill learners (Langørgen et al., 2020).

The narratives in this study suggest that academic engagement could hold meanings beyond obtaining qualifications or improving employment prospects. In Participant E's account, continued university study was experienced as an affirmation of personal meaning and determination in living with chronic illness. Such meaning-making may resonate with aspects of post-traumatic growth (PTG), although the account alone does not establish that PTG occurred. This interpretation remains situated within the experiences described and is not generalized to chronically ill students across non-metropolitan settings. Through the articulation *of the Regional Non-Metropolitan Resilience Model*, this study succeeded in deconstructing the passive conventional inclusion paradigm by showing how the reconstruction of identity from "chronic patients" to "intellectual agents" occurs through a combination of *existential reframing*, *digital coping*, and *peer-micro-solidarity*). The implication explicitly demands a paradigm shift in education policy in Kepahiang and Rejang Lebong Regencies: institutions must shift from merely providing formal physical facilities to institutionalizing *Psychosocial Support Units* and flexible digital learning ecosystems, in order to take care of the existential agency and academic dignity of chronically ill learners.

CONCLUSION

The conclusion is intended to help the reader understand why your research should matter to them after they have finished reading the paper. A conclusion is not merely a summary of the main topics covered or a re-statement of your research problem, but a synthesis of key points. It is important that the conclusion does not leave the questions unanswered.

This study dissects phenomenologically the psychosocial dynamics of learners with chronic diseases in the non-metropolitan areas of Kepahiang Regency and Rejang Lebong Regency. The findings reveal that the main obstacles faced by learners are not simply centered on physical limitations or regional facilities, but on an *internalized* cultural stigma matrix *that* triggers academic withdrawal. Nevertheless, learners do not passively succumb to this marginalization; They actively reconstruct academic self-efficacy through a synthesis between *existential reframing* (transformative acceptance) and *digital compensatory coping*. Higher education is ultimately lived not only as a means of formal qualifications, but as an arena for the restoration of dignity and *existential coping mechanisms* that give rise to post-traumatic *growth* and solid academic resilience in the midst of socio-geographical limitations.

Theoretically, this study offers a context-specific contribution to inclusive education through the proposed Regional Non-Metropolitan Resilience Framework. The framework connects participants' accounts of existential reframing, digital coping, and peer micro-solidarity to interpret how they negotiated academic capability, belonging, and continued educational participation while living with chronic illness. Its contribution lies in articulating these experiential connections within the sociocultural and educational contexts of Kepahiang and Rejang Lebong. These connections provide an interpretative basis for further investigation of academic resilience and institutional support across secondary and higher education. The framework remains provisional, with its

relevance to other settings requiring further examination. Practically and policyly, these findings demand a fundamental reorientation of the inclusive education ecosystem in Kepahiang Regency and Rejang Lebong Regency. Local governments and managers of educational institutions are recommended to immediately transform the inclusion policy from a mere reactive administrative dispensation to the establishment *of integrated Psychosocial Support Units*. In addition, institutions need to design flexible hybrid learning curricula and systems to facilitate learners' medical needs without sacrificing their academic attachments.

This study has methodological limitations stemming from the qualitative design of *Interpretative Phenomenological Analysis*, where a small sample (N = 6) and specifically focused on two districts in Bengkulu Province limits the statistical generalization of these findings to other geocultural contexts. In addition, this study has not mapped *longitudinally* how this resilience dynamic develops as learners transition to the post-graduation workforce. Future researchers are advised to extend geographical reach to non-metropolitan areas on other islands to test for variations in local cultural stigma, as well as to apply *longitudinal qualitative design* or *mixed-methods approaches* to quantitatively measure the effectiveness of psychosocial interventions and inclusive technologies in the long term.

DECLARATION OF AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

During the preparation of this work the author(s) used Grammarly in order to check grammar, spelling, and punctuation, and improve the clarity of the language. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication.

AUTHORS' CONTRIBUTION

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.
Author 2: Conceptualization; Data curation; In-vestigation.

DECLARATION OF COMPETING INTEREST

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

REFERENCES

Agustina, R. D. (2025). *Stigma of Psychosis in Indonesia: Exploration of Perceptions and Subjective Experiences*. McGill University (Canada). https://search.proquest.com/openview/10f51a08040fffb683c65066a8d7f24c/1?pq-origsite=gscholar&cbl=18750&diss=y

Arifin, S. R. M. (2018). Ethical considerations in qualitative study. *International Journal of Care Scholars*, *1*(2), 30–33.

Ball, K. B., & Tuckwiller, E. D. (2025). Sick of subpar support: An exploratory study of chronically ill college student experiences. *Journal of Diversity in Higher Education*, *18*(S1), S283.

Bandura, A. (2014). Social-cognitive theory. *An Introduction to Theories of Personality*, 341–360.

Bazeley, P. (2021). *Qualitative data analysis: Practical strategies*. SAGE publications Ltd. https://sk.sagepub.com/book/mono/qualitative-data-analysis-practical-strategies-2e/toc

Campbell, S., Greenwood, M., Prior, S., Shearer, T., Walkem, K., Young, S., Bywaters, D., & Walker, K. (2020). Purposive sampling: Complex or simple? Research case examples. *Journal of Research in Nursing*, *25*(8), 652–661. https://doi.org/10.1177/1744987120927206

Chen, X., Bailey, R. P., Yin, X., & Samsudin, N. (2024). The relationship between teacher–student relationships and academic grades among Chinese rural high school students: The moderating role of mental health symptoms and the conditional moderating effect of academic resilience. *Frontiers in Psychology*, *15*, 1416783.

Clouder, L., Karakus, M., Cinotti, A., Ferreyra, M. V., Fierros, G. A., & Rojo, P. (2020a). Neurodiversity in higher education: A narrative synthesis. *Higher Education*, *80*(4), 757–778. https://doi.org/10.1007/s10734-020-00513-6

Clouder, L., Karakus, M., Cinotti, A., Ferreyra, M. V., Fierros, G. A., & Rojo, P. (2020b). Neurodiversity in higher education: A narrative synthesis. *Higher Education*, *80*(4), 757–778. https://doi.org/10.1007/s10734-020-00513-6

Creswell, J. W., & Miller, D. L. (2000). Determining Validity in Qualitative Inquiry. *Theory Into Practice*, *39*(3), 124–130. https://doi.org/10.1207/s15430421tip3903_2

DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: A balance of relationship and rigour. *Family Medicine and Community Health*, *7*(2). https://doi.org/10.1136/fmch-2018-000057

Doris, O., & Morrissey, E. C. (2025). Experiences of students with chronic illness in university education in Ireland. *Chronic Illness*, *21*(2), 277–290. https://doi.org/10.1177/17423953241282246

Dryden, W. (2005). Rational Emotive Behavior Therapy. In A. Freeman, S. H. Felgoise, C. M. Nezu, A. M. Nezu, & M. A. Reinecke (Eds.), *Encyclopedia of Cognitive Behavior Therapy* (pp. 321–324). Springer-Verlag. https://doi.org/10.1007/0-306-48581-8_90

Dryden, W. (2019). Rational Emotive Behavior Therapy: Assessment, Conceptualisation and Intervention. In M. E. Bernard & W. Dryden (Eds.), *Advances in REBT* (pp. 165–210). Springer International Publishing. https://doi.org/10.1007/978-3-319-93118-0_8

Ecclestone, K. (2017). Behaviour change policy agendas for 'vulnerable' subjectivities: The dangers of therapeutic governance and its new entrepreneurs. *Journal of Education Policy*, *32*(1), 48–62. https://doi.org/10.1080/02680939.2016.1219768

Gallardo López, J. A., & Cotán Fernández, A. (2025). *Design and validation of a questionnaire on inclusive practices with technological resources at university*. https://rodin.uca.es/handle/10498/38282

Goodley, D., Lawthom, R., Liddiard, K., & Runswick-Cole, K. (2021). Key Concerns for Critical Disability Studies. *International Journal of Disability and Social Justice*, *1*(1). https://doi.org/10.13169/intljofdissocjus.1.1.0027

Guillemin, M., & Gillam, L. (2004). Ethics, Reflexivity, and "Ethically Important Moments" in Research. *Qualitative Inquiry*, *10*(2), 261–280. https://doi.org/10.1177/1077800403262360

Hamilton, P. R., Hulme, J. A., & Harrison, E. D. (2023). Experiences of higher education for students with chronic illnesses. *Disability & Society*, *38*(1), 21–46. https://doi.org/10.1080/09687599.2021.1907549

Langørgen, E., Kermit, P., & Magnus, E. (2018). Gatekeeping in professional higher education in Norway: Ambivalence among academic staff and placement supervisors towards students with disabilities. *International Journal of Inclusive Education*, *24*, 1–15. https://doi.org/10.1080/13603116.2018.1476599

Langørgen, E., Kermit, P., & Magnus, E. (2020). Gatekeeping in professional higher education in Norway: Ambivalence among academic staff and placement supervisors towards students with disabilities. *International Journal of Inclusive Education*, *24*(6), 616–630. https://doi.org/10.1080/13603116.2018.1476599

Larkin, M., Shaw, R., & Flowers, P. (2019). Multiperspectival designs and processes in interpretative phenomenological analysis research. *Qualitative Research in Psychology*, *16*(2), 182–198. https://doi.org/10.1080/14780887.2018.1540655

Lindsay, S., Cagliostro, E., Albarico, M., Mortaji, N., & Karon, L. (2018a). A Systematic Review of the Benefits of Hiring People with Disabilities. *Journal of Occupational Rehabilitation*, *28*(4), 634–655. https://doi.org/10.1007/s10926-018-9756-z

Lindsay, S., Cagliostro, E., Albarico, M., Mortaji, N., & Karon, L. (2018b). A Systematic Review of the Benefits of Hiring People with Disabilities. *Journal of Occupational Rehabilitation*, *28*(4), 634–655. https://doi.org/10.1007/s10926-018-9756-z

Madaus, J. W., Dukes III, L. L., Lalor, A. R., Aquino, K., Faggella-Luby, M., Newman, L. A., Papay, C., Petcu, S., Scott, S., & Wessel, R. D. (2020). Research Guidelines for Higher Education and Disability. *Journal of Postsecondary Education and Disability*, *33*(4), 319–338.

Masten, A. S., Lucke, C. M., Nelson, K. M., & Stallworthy, I. C. (2021). Resilience in Development and Psychopathology: Multisystem Perspectives. *Annual Review of Clinical Psychology*, *17*, 521–549. https://doi.org/10.1146/annurev-clinpsy-081219-120307

Moriña, A. (2017). Inclusive education in higher education: Challenges and opportunities. *European Journal of Special Needs Education*, *32*(1), 3–17. https://doi.org/10.1080/08856257.2016.1254964

Nieminen, J. H. (2024). Assessment for Inclusion: Rethinking inclusive assessment in higher education. *Teaching in Higher Education*, *29*(4), 841–859. https://doi.org/10.1080/13562517.2021.2021395

Organization, W. H. (2021). *WHO policy on disability*. World Health Organization. https://iris.who.int/bitstreams/38d18e98-50e3-42b4-8aef-dc4fc4fa926a/download

Phillippi, J., & Lauderdale, J. (2018). A Guide to Field Notes for Qualitative Research: Context and Conversation. *Qualitative Health Research*, *28*(3), 381–388. https://doi.org/10.1177/1049732317697102

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological Journal*, *20*(1), 7–14.

Sassu, K. (2018). Access versus Success: Services for Students with Disabilities in Postsecondary Education. *Journal of Educational Leadership and Policy Studies*. https://eric.ed.gov/?id=EJ1227145

Seidman, I. (2013). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. Teachers college press.

Seligman, M. E. P. (2019). Positive Psychology: A Personal History. *Annual Review of Clinical Psychology*, *15*, 1–23. https://doi.org/10.1146/annurev-clinpsy-050718-095653

Shrout, M. R., & Weigel, D. J. (2022). The impact of concealable chronic health conditions on college students' academic outcomes: A two-wave study. *Journal of Health Psychology*, *27*(12), 2860–2872. https://doi.org/10.1177/13591053211068111

Tedeschi, R. G., & Calhoun, L. G. (2004). TARGET ARTICLE: "Posttraumatic Growth: Conceptual Foundations and Empirical Evidence." *Psychological Inquiry*, *15*(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01

Veitch, H. P. H. (2024). *Disability and Transformation: Exploring the Lived Experiences of Students With Disabilities in South African Higher Education* [PhD Thesis, Syracuse University]. https://search.proquest.com/openview/fd5d5be026fd54057233224f31100816/1?pq-origsite=gscholar&cbl=18750&diss=y

Vimi Neeroo, L.-B., Martin, S., & Swaleha, P. (2024). Inclusive education in higher education institutions: A comprehensive review of key components and framework for implementation. *Journal of Business and Social Sciences*, *2024*(15), 1–9.

Whitaker, L. (2024). *Storytelling heals the wounded mind*. https://firescholars.seu.edu/ccplus/30/

Copyright Holder :
© Yusron Masduki et al. (2026).

First Publication Right :
© International Journal of Educational Narratives

This article is under:

