

# Well-being of South African psychologists: a mixed method study

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## **SUMMARY**

### **The Well-being of South African Psychologists: A Mixed Method Study**

**Keywords:** Meaning, mixed method study, positive affect, positive psychology, psychologists, resilience, well-being

This research study investigates the nature and extent of South African psychologists' well-being in order to offer guidelines towards sustainable well-being for this population. Psychologists focus on the well-being of others, while their own well-being may be compromised by career typical challenges such as distress, isolation and feelings of anxiety. However, psychologists' well-being is a prerequisite for sustaining their professional competence. These realities were explored as there is currently extremely limited research concerning South African psychologists and their well-being.

The thesis consists of three sub-studies reported in three individual manuscripts. The first manuscript contains a qualitative account of the well-being of a group of South African psychologists, as evidenced through their experiences of meaning, positive affect and resilience. The study involved 14 participants. The findings indicated that participants experience competencies with respect to well-being, despite severe difficulties that are inherent to the profession of psychology and that translate into contests. The participants reported subjective perceptions of well-being and ascribed these feelings to their experiences of meaning, positive affect and resilience.

The second manuscript reports on a mixed methods study. The incidence of well-being of South African psychologists was integrated with their experiences of well-being, meaning, resilience and positive affect. A random sample of 1 980 psychologists was selected and questionnaires were posted to these psychologists. A total of 279 completed questionnaires were returned. Findings indicated that 93.9% of participants experienced flourishing and 6.1% experienced languishing. However, although psychologists appear to experience high levels of well-being it should be remembered that well-being is not static. It is thus important that applicable facets and processes be developed to ensure the continuation of those high levels of well-being. Guidelines for the design of a well-being programme aimed at ensuring the sustainable well-being of South African psychologists are therefore included as the final section of this manuscript.

The aim of the third study (which is presented in the third manuscript) was to offer guidelines for sustaining and amplifying the well-being of South African psychologists. Well-being requires intentional effort and therefore, conducting research and applying research recommendations pertaining to well-being is necessary to assist with achieving and sustaining high levels of well-being of people, including the well-being of psychologists in South Africa.

The study considered enabling mechanisms and warning signs in relation to the well-being of South African psychologists. In this way, the guidelines avoided embracing a polyanna approach in which life problems are ignored, which is consistent with a positive psychology approach. The guidelines were developed utilising data that was gathered during the first two studies and were supplemented with existing literature. The guidelines are intended to ensure the development and maintenance of well-being in South African psychologists.

The primary contribution of this study relates to the generation of qualitative data that can assist with triangulation and hypotheses development in relation to research about psychologists in South-Africa. Secondly, the data provided the first quantitative insight into the well-being of South African psychologists. Finally, the guidelines may assist South African psychologists in the enduring fortification of positive human health and well-being.

## **OPSOMMING**

### **Die Welstand van Suid- Afrikaanse Sielkundiges: 'n Gemengde Metode Studie**

**Sleutelwoorde:** Betekenis, gemengde metode studie, positiewe affek, positiewe sielkunde, sielkundiges, veerkragtigheid, welstand

Die fokus van hierdie navorsing is om die aard en omvang van die welstand van Suid-Afrikaanse sielkundiges te bepaal met die oog daarop om riglyne te ontwikkel vir die volhoubare welstand van hierdie populasie. Sielkundiges fokus op die welstand van ander persone, terwyl hul eie welstand moontlik bedreig word deur tipiese beroepsuitdagings, byvoorbeeld isolasie, angs en spanning. Desnieteenstaande, is hul eie welstand 'n voorvereiste vir professionele bevoegdheid. Hierdie realiteite is ondersoek aangesien daar uiters beperkte navorsing ten opsigte van Suid-Afrikaanse sielkundiges en hul welstand bestaan.

Die tesis bestaan uit drie sub-studies wat in manuskripte verskyn. Die doel van die eerste manuskrip was om 'n kwalitatiewe weergawe te gee van die welstand van 'n groep Suid-Afrikaanse sielkundiges, soos aangedui deur hul ervarings van betekenis, veerkragtigheid en positiewe affek. Die studie het 14 deelnemers betrek. Bevindings dui daarop dat Suid-Afrikaanse sielkundiges bevoegdhede het om hul welstand in stand te hou ten spyte van ernstige probleme wat eie is aan die professie van sielkunde en wat lei tot uitdagings. Deelnemers het hul subjektiewe persepsies van persoonlike welstand toegeskryf aan hul ervarings van betekenis, veerkragtigheid en positiewe affek.

Die tweede manuskrip doen verslag oor 'n gemengde metode studie. Die voorkoms van welstand by Suid-Afrikaanse sielkundiges is geïntegreer met hul ervarings van betekenis, veerkragtigheid en positiewe affek. 'n Toevalligheidsteekproef van 1 980 sielkundiges is getrek aan wie vraelyste gepos is en 279 voltooide vraelyste is van deelnemers ontvang. Bevindings het aangetoon dat 93.9% van deelnemers floreer en dat 6.1% kwyn. Alhoewel dit blyk dat sielkundiges hoë welstandsvlakke het, moet in gedagte gehou word dat welstand nie staties is nie en daarom moet fase en prosesse ontwikkel word om die hoë vlakke van welstand van Suid-Afrikaanse sielkundiges te onderhou. Riglyne vir die ontwikkeling van 'n welstandsprogram wat gemik is op die versekering van volgehoue welstand van Suid-Afrikaanse sielkundiges word vir hierdie doel ingesluit as die laaste gedeelte van hierdie manuskrip.

Die doel van die derde studie (wat vervat is in die derde manuskrip) was om riglyne aan te bied vir die ontwikkeling en volhoubaarheid van die welstand van Suid-Afrikaanse sielkundiges. Volgehoue navorsing is noodsaaklik om by te dra tot die doelbewuste volhoubaarheid van mense se hoë vlakke van welstand, insluitend die welstand van sielkundiges in Suid-Afrika. Beide bevoegdhede en waarskuwingsligte wat dui op gevare vir die instandhouding van die welstand van Suid-Afrikaanse sielkundiges is oorweeg sodat riglyne nie

gesien sal word as 'n onrealistiese positiewe benadering waar lewensprobleme geignoreer word nie en is as sodanig in ooreenstemming met die uitgangspunte van die positiewe sielkunde benadering. Hierdie riglyne is ontwikkel deur data wat uit die eerste studies bekom is te gebruik, terwyl bestaande welstandsliteratuur toegevoeg is om te kulmineer in riglyne vir die ontwikkeling en ondersteuning van die welstand van Suid-Afrikaanse sielkundiges.

Die hoof bydrae van hierdie studie is in die ontwikkeling van kwalitatiewe data wat kan bydra tot triangulering en hipotese-ontwikkeling rakende navorsing oor sielkundiges in Suid-Afrika. Tweedens het die data 'n eerste kwantitatiewe insig in die welstand van sielkundiges in Suid-Afrika geskep. Laastens kan die riglyne Suid-Afrikaanse sielkundiges ondersteun in die volgehoue verryking van positiewe menslike gesondheid en welstand.

## **PREFACE**

This thesis is submitted in accordance with rule A.8 and specifically in article format as described in rule A.8.2.b of the North-West University.

The three manuscripts comprising this thesis have been submitted to the *Journal of Positive Psychology* (manuscript 1), *South African Journal of Psychology* (manuscript 2) and *Acta Academica* (manuscript 3).

The referencing style and editorial approach for this thesis are in accordance with the prescriptions of the *Publication Manual* (6<sup>th</sup> edition) of the American Psychological Association (APA).

Within this thesis the pages are numbered consecutively. However, each individual manuscript was numbered starting from page 1 for submission purposes.

A letter signed by the co-author authorizing the use of these articles for purposes of submission for a Ph.D. degree is included on p. ix.

### **Solemn declaration**

I, Erika Hitge, declare that the thesis (article format) hereby submitted by me, in compliance with the requirements for the Ph.D. in Psychology at the North-West University Potchefstroom Campus, is my own independent work. I have acknowledged all material and sources used in its preparation, whether they be books, articles, reports, lecture notes, or any other kind of document, electronic or personal communication. I also certify that this assignment/report has not previously been submitted for assessment at any other unit/university/faculty, and that I have not copied - in part or whole - or otherwise plagiarised the work of other students and/or persons.

Student:

A handwritten signature in black ink, appearing to read 'Hitge', written in a cursive style.

Erika Hitge

**Letter of consent**

**Permission to submit the manuscripts for degree purposes**

Permission is hereby granted by the co-author that the following manuscripts may be submitted by Erika Hitge for the purpose of obtaining a Ph.D. degree in Psychology:

1. Exploring a group of South African psychologists' well-being: Competencies and contests.
2. The well-being of South African psychologists: A mixed method study.
3. Guidelines to enhance South African psychologists' well-being.

The co-author, Dr. I. van Schalkwyk, acted as promoter.

.....

Dr. I. van Schalkwyk

16 February 2016

Date

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# **THE WELL-BEING OF SOUTH AFRICAN PSYCHOLOGISTS: A MIXED METHOD STUDY**

## **SECTION 1: RESEARCH PROPOSAL AND METHODOLOGY**

This section provides a background to this mixed method study of the well-being of South African psychologists. Existing research and literature in the field of positive psychology, specifically in relation to well-being, meaning, resilience and positive affect is reviewed. The section also offers a conceptualisation of the study, including discussions of the problem statement, research method, research question and motivation for the necessity of this study. In addition, various theories of well-being are discussed. The focus of this research is to ascertain the levels and nature of well-being, with particular reference to meaning, resilience and positive affect, of South African psychologists.

### **1. ORIENTATION AND PROBLEM STATEMENT**

The well-being of psychologists is a crucial matter because it is the duty of health care professionals to be continually concerned about the well-being of those to whom they provide a service, even if this is to their own detriment and in conflict with their self-interest (Health Professions Council of South Africa (HPCSA), 2014). According to the HPCSA (2014), good health care practitioners dedicate themselves on a life-long basis to their profession and act in the best interest of their fellow human beings and society at large. Van Zyl, Deacon and Rothmann (2010) viewed psychologists as happiness facilitators who work with people in terms of their well-being. Young (2013) argued that psychologists contribute to clients' improved mental health and can therefore be considered to be secondary custodians of the well-being of clients.

It can be argued that it would be difficult to make the sacrifices called for by the HPCSA and assist with other peoples' well-being if psychologists do not experience optimal levels of well-being themselves. It is therefore important to ascertain the degree to which psychologists experience well-being. It is also necessary to investigate the factors that protect and threaten psychologists' overall health and well-being. Well-being or positive human health (Guse, 2014) is a critical matter for all people, but especially for psychologists, relevant to their career obligation to assist with client well-being (Costa, 2011). Psychologists' complete state of health and well-being is therefore imperative both in terms of their own functioning and the well-being of their clients. This raises questions regarding the extent to which psychologists experience well-being, how they attain well-being and how they purposefully enhance their well-being.

Keyes (2002) defined well-being as a complete state of mental health, based on the definitions provided by the World Health Organization (WHO, 1948) and the U.S. Public Health

Services (1999). According to the WHO (1948, p. 4) overall health is “a complete state of physical, mental and social well-being, consisting of the presence of positive states of human capacities and functioning, as well as the absence of disease or infirmity”. The Surgeon General, Dr. Satcher (U.S. Public Health Service, 1999, p. 4), defined mental health as “a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with people and the ability to adapt to change and to cope with adversity”. Mental health and well-being are based on emotional, psychological and social well-being. These components relate to well-being as opposed to ill-being on a continuum of mental health (Keyes, 2002) ranging between flourishing (high levels of well-being), moderate mental health and languishing (lower levels of well-being) (Keyes, 2007).

Meaning in life is an important construct in the context of well-being (Delle Fave, Brdar, Wissing, & Vella-Brodrick, 2013; Seligman, 2011; Wong, 2011) and is therefore included in this study. Meaning is about grasping and holding on to what is important in life and manifests in people in relation to the extent to which they consider themselves as having a purpose in life (Barrington & Shakespeare-Finch, 2013). Well-being is also directly associated with the presence of resilience (Wong, 2011), which relates to having the capacity to endure difficulties and life stressors and grow in the midst of problems (Kinman & Grant, 2011; Wong, 2011). Resilience operates as a buffer that protects mental health (Fredrickson, 2013). Positive affect is another construct in the context of well-being that informed this study, as positive affect plays an important role in obtaining and sustaining well-being (Seligman, Steen, Park, & Peterson, 2005) to the extent of flourishing (Seligman, 2011). Positive affect helps people and is positively related to problem-solving ability (Haager, Kuhbandner, & Pekrun, 2014). Positive affect is also helpful to psychologists as its presence can assist psychologists in overcoming client resistance (Westra, Aviram, Connors, Kertes, & Ahmed, 2012). This is just one benefit of positive affect. The orientation and problem statement relative to this research are discussed next.

## **2. RATIONALE FOR STUDY**

There is very little literature relating to psychologists in various contexts (De Lange, 2010; Nel, Pezzolezi, & Stott, 2012; Pillay, Ahmed, & Bawa, 2013; Roothman, 2010; Skinner, & Louw, 2009) and therefore the extent to which South African psychologists experience well-being is not currently known. Khumalo, Temane and Wissing (2012) highlighted the fact that well-being is not constant or stable over time and suggested that other factors, such as meaning, resilience and positive affect, could be important additional determinants of well-being. Literature confirms that meaning, resilience and positive affect assist people in attaining high levels of well-being and health (Fredrickson, 2013; Leontiev, 2013; McDonald, Jackson, Wilkes,

& Vickers, 2013; Seligman, 2011) and these factors were thus included in this study. De Lange (2010) indicated that there is a void in the literature, specifically in relation to qualitative research regarding psychologists' well-being. Well-being and competence are considered to be of crucial importance in terms of psychologists' service to clients and to the mental health sector in South Africa and it is therefore necessary to research these factors in relation to psychologists. There is also a paucity of research concerning psychologists in general and specifically in relation to their well-being and this study aims to address this gap in the literature.

## **2.1 The necessity of studying psychologists' well-being**

Positive psychology as a perspective offers a strong focus on well-being, meaning, resilience and positive affect. The framework of positive psychology is thus ideal for the investigation of the extent to which South African psychologists experience well-being, meaning, resilience and positive affect. It also allows for the exploration of the nature of well-being in South African psychologists. The first motivation for this study relates to empirical findings about adult well-being, which indicate that most adults do not experience high levels of well-being (Keyes, 2005a; Keyes et al., 2008). The prevalence of well-being is barely 20% in the United States of America's (USA) adult population (Keyes, 2002, 2003, 2004, 2005a, 2005b, 2007). A South African study using a community sample of 1 050 Setswana speaking adults (Keyes et al., 2008) revealed that South African findings are similar to the findings from the USA. The Gallup Poll conducts international surveys in relation to well-being and reported that in 2013, adults in Sub-Saharan Africa were the least likely to thrive (when compared with their international counterparts) (Gallup Organization, 2013). The study found that only 18% of adults in Sub-Saharan Africa are thriving.

Given the studies mentioned above the current study aimed to establish the extent of South African psychologists' well-being. In particular, the study sought to determine whether the well-being of South African psychologists is reflective of the above statistics, namely that merely 2 out of 10 psychologists experience flourishing. Keyes (2002, 2003, 2004, 2005a, 2005b) indicated that anything less than flourishing is indicative of an increased possibility of impairment and ill-being. Given the consequences of impairment for psychologists in terms of professional competence (Jordaan, Spangenberg, Watson, & Fouché, 2007; Roothman, 2010), flourishing is an important factor for the profession. This study further aimed to develop guidelines to assist South African psychologists in achieving and sustaining higher levels of well-being and it was thus necessary to quantitatively establish the incidence of well-being amongst South African psychologists. In addition, Wissing and Temane (2008) found that there

are considerable differences in the prevalence of levels of well-being in adults, as measured with the Mental Health Continuum-Short Form (MHC-SF), amongst various groups in South Africa.

The second motivation for this study relates to the fact that there is a dire need for qualitative research relating to the nature of South African psychologists' well-being. Strümpfer (2005) expressed the need for more qualitative research in the field of positive psychology. Jordaan et al. (2007) suggested that qualitative studies pertaining to psychologists are necessary because these studies can elicit data pertaining to sources and maintenance of psychologists' well-being as this relates to clients' well-being. Van den Berg (2013) indicated that there is a scarcity of research regarding the positive work experiences and flourishing of health care professionals in South Africa. This study aimed to address this gap in the literature. Based on the research described above this study set out to explore the nature and quality of South African psychologists' well-being.

The third motivation for this study relates to the fact that although South African psychologists are viewed as secondary facilitators of their clients' well-being, they are simultaneously exposed to numerous demands in the workplace, such as vicarious trauma (Johnson et al., 2011; Maltzman, 2011), suicide ideation (Johnson & Barnett, 2011), burnout (Bradley, Drapeau, & DeStefano, 2012), discouragement, depression, anxiety, disrupted relationships (Johnson & Barnett, 2011), demanding work, isolation (Webb, 2011), emotional distress (Malinowski, 2013) and alcohol and substance abuse (Smith & Moss, 2009). This is concerning because if psychologists do not experience positive human health and well-being, then problems experienced in the work context, or other contexts, may adversely affect the quality of service delivery. The demarcated profession typical difficulties are also compounded by the difficult socio-economic situation in South Africa (Kagee, 2014), which is characterised by poverty and disease. This socio-economic situation contributes to the difficulties of practicing as a psychologist and may adversely impact well-being.

The fourth motivation relates to the fact that psychologists are underrepresented as care providers in the South African health care sector in terms of the population numbers in need of their services (Petersen et al., 2009). When insufficient providers are available, this obviously influences the workload of individual psychologists and can lead to excessive work hours.

The fifth and final motivation relates to the fact that research is needed to assist with intentionally achieving as well as sustaining high levels of well-being for all individuals (Fredrickson, 2009; Fredrickson & Losada, 2005), which includes South African psychologists. If this goal is to be achieved, the investigation of psychologists' well-being and an exploration of the enabling mechanisms that allow for sustainable well-being are important. Although well-being is not constant (Khumalo et al., 2012) it is important to investigate the enabling

mechanisms that allow for the sustainable well-being of South African psychologists. In the absence of well-being, people (also psychologists) are at risk for numerous vulnerabilities (Ryff, 1989), for example depression and risk behaviours such as suicide

## **2.2 Research questions**

Given the literature and motivations described above several research questions were formulated and directed this research study. The research questions were:

- To what extent do South African psychologists experience well-being, meaning, resilience and positive affect?
- What are the experiences of South African psychologists with regard to well-being, meaning, resilience and positive affect?
- What guidelines could be offered to assist South African psychologists towards sustaining well-being?

## **2.3 Possible contribution of this study**

- Offering quantitative data pertaining to well-being, meaning, resilience and positive affect of psychologists in South Africa.
- Offering qualitative data alluding to psychologists' experiences of well-being, meaning, resilience and positive affect.
- Offering guidelines to assist with achieving and sustaining the well-being of psychologists in South Africa.

When conducting research scientific approaches of investigation are used, which Creswell (2012, p. 7) referred to as a "process of research". The process consists of six steps: identifying a research problem; reviewing the literature; specifying a purpose for research; collecting data; analysing and interpreting the data and reporting and evaluating research. The general aim of a research study can be described as the global goal of the research study. The formulation of the goals and objectives is based on the problem formulation. The aim of the current study was to conduct a mixed method study using quantitative as well as a qualitative approaches as this is an approach that offers many research benefits (Creswell, 2013a). The study further aimed to develop guidelines that can be utilised to design a well-being programme for South African psychologists.

### **3. AIM AND OBJECTIVES**

#### **3.1 General aim**

This study aimed to establish the incidence of South African psychologists' well-being (quantitative measures), as well as to describe a group of psychologists' experiences of well-being via qualitative research as perceived through multiple case studies and analysed through thematic analysis. This information included descriptions of the nature of psychologists' lower levels of well-being, termed languishing, as those facets that could be associated with the decreasing of sustainable well-being. These identified facets served as warning signs that must be addressed in relation to complete well-being. This research specifically aimed to obtain descriptions of the nature of psychologists' higher levels of well-being, termed flourishing and those facets that could be associated with the increasing of well-being. Ultimately, this study offers possible ways, presented as guidelines for psychologists, to encourage higher levels of well-being on a day-to-day basis. The objectives of this study are discussed in the section below.

#### **3.2 Objectives**

The objectives of this study are listed below.

- Conduct a literature review as background to the study (this is discussed and described in Section 1 of this research report).
- Conduct unstructured interviews with fourteen psychologists practicing as registered psychologists in various work settings and registration categories in the field of psychology. The aim of the interviews was to obtain psychologists' insights (regarding competencies and contexts experienced by South African psychologists) and their suggestions in order to identify functional elements to be contained in guidelines for a well-being programme.
- Measure the levels of well-being, presence of meaning in life, resilience and positive affect of a random sample (N=279) of South African psychologists.
- Describe the findings of the research in two separate articles, based on the information gathered via the quantitative and qualitative research approaches (these findings are reported in two separate articles [article one and article two] that are incorporated in Section 2 and 3 of this research report).
- Offer guidelines for the protection and promotion of South African psychologists' well-being (these guidelines are presented in article three, which is incorporated in Section 4 of this research report).
- Conclude with findings, conclusions and recommendations (see Section 5).
- Abide by the ethical principles and considerations relevant to this study.

#### **4. CENTRAL THEORETICAL STATEMENT**

If the research process elucidates information pertinent to the well-being of psychologists within the South African context, then it should address the need to formulate guidelines for a well-being programme that enables sustainable well-being for South African psychologists.

#### **5. PARADIGMATIC ASSUMPTIONS AND PERSPECTIVES**

Paradigmatic assumptions underpin the study, inform the researcher's point of view and provide a frame of reference or lense (Babbie & Mouton, 2004; K. Maree, 2007) for organising observations and reasoning. In conducting this research my paradigm and theoretical framework were influenced by my background in professional psychological practice and my background as a provider of continuous professional development learning opportunities for others in the profession of psychology. My theoretical and practice backgrounds are underpinned in positive psychology, gestalt therapy and the particular qualities of the unit of analysis. I adopted a social constructionist paradigm, as this paradigm focuses on people's subjective experiences and realities and how they interact and socially construct their world (Du Preez & Eskell-Blokland, 2012; K. Maree, 2007). Furthermore, language and social interaction are instrumental in constructing realities (Du Preez & Eskell-Blokland, 2012). I also intentionally fostered reciprocal relationships between myself and the participants, including trust, mutuality and sharing as suggested by Fox and Bayat (2007). Based on my own ontological and epistemological perspectives I believe that I chose the most appropriate research paradigm for this study.

**Ontology** is defined as “the nature of being” (Bryman, 2012, p.34-36). According to Merriam (2009), researchers should reveal the ways they would inquire into the nature of the world that they want to base their research on, by reflecting on their own ontological (how reality should be viewed) perspectives. My ontological stance is based on the historical and current social climate in South Africa. The history of South Africa following the democratisation of society in 1994 has resulted in social theorists focusing their work on local concerns (Mouton, Muller, Franks, & Sono, 1998). After apartheid came to an end, social scholars were focused on the influence of postmodernism, post-colonialism and post-structuralism as relevant to social interventions in South Africa. This resulted in an increased sensitivity to the historical and cultural state of the country. According to Parlett and Denham (2007) people live in an interdependent relationship with one another, each carrying their own cultural heritage, language and values derived from their community and family set-up. The social relevance of psychology should therefore be critically considered. Kagee (2014) suggested that societal and cultural prejudices should be considered when developing programmes to protect and promote well-being. In addition, Kagee (2014) noted that after 20 years of democracy in South Africa, there is

little or no change in the high incidence of mental illness and violence, communicable disease, urbanisation, civil strife, poverty, sexual violence and abuse. These problems appear to be unrelentingly in the face of economic and gender inequality, racism and corruption. These factors in turn lead to socio-economic problems such as chronic illness, unsafe sexual behaviour, drug and alcohol abuse and medication non-adherence in chronically ill people (Kagee, 2014).

There are serious questions to be asked when considering South African psychologists' personal well-being within this particular socio-economic and historical setting. South African psychologists work in these contexts and provide services to clients who live in and/ or may be affected by these conditions. This is particularly relevant given that the availability of psychologists as a resource to the South African health sector is rather low, whilst mental illness is very prevalent in South Africa, with an estimated 16.5% of the population requiring mental health services, of whom a mere 25% receive mental health care (Petersen et al., 2009). According to Van Der Merwe and Kassan-Newton (2007), the social inequality and social deprivation experienced by many people in South Africa are due to the legacy of apartheid. This study focused on investigating the well-being of psychologists within the South African context and offering guidelines towards the design of an appropriate and contextual well-being programme directed at allowing psychologists to flourish.

The epistemological viewpoint used in this study is the postmodern worldview and more specifically, social constructionism. The qualitative study was thus based on the "notion that specific and local knowledge is a valid construction of meaning" (Ruane, 2010, p. 218). The study aimed to make sense of the well-being and functioning of psychologists in the context of the health sector of South Africa. The use of the postmodern framework, as described by Lebow (2012), allowed for knowledge to be gained concerning positive functioning by focusing on the context of each participant. Researchers working from a postmodern worldview do not perceive themselves as the experts of change, but instead believe that the responsibility lies in the ability of the research participants to act as agents of change (Creswell, 2013b). Social constructionism is part of the postmodern movement (Du Preez & Eskell-Blokland, 2012; Merriam, 2009). Social constructionism relates to the meaning that people make and the understandings that they obtain as a co-created reality and as a result of interactions in a specific context between the researcher and other people (in the case of this research, interactions between myself and South African psychologists). Qualitative research fits well into a postmodern worldview as it moves away from positivism, which emphasises logic, cause and effect. In contrast, the quantitative approach allows researchers to establish quantifiable and measurable data to answer specific hypotheses. It also provides a value-neutral approach (Nicholls, 2009).

## **6. SCIENTIFIC PARADIGM**

The scientific paradigm and theoretical framework are briefly outlined in this section. They are discussed in more detail in Section 1, Part 2 and are also discussed in the relevant articles, where they are linked with findings.

### **6.1 Theoretical frameworks**

The research methodology for this study was shaped by a social constructionist viewpoint. The theoretical perspectives shaped the foundation and framework for the development of guidelines for a well-being programme and were utilised during the literature study as well as during the research process. These approaches formed the basis from which information for this study was obtained. They also shaped the framework for the development of the theoretical paradigm that is discussed further in Section 1 (literature review). In conjunction with the positive psychology approach, the strengths-based perspective (Jones-Smith, 2014; Saleebey, 2002; Schütz et al., 2013) was considered important for this study and was incorporated into the literature study and guidelines relative to this study.

## **7. POSITIVE PSYCHOLOGY AND CONCEPTS RELATED TO THE STUDY**

### **7.1 Positive psychology**

Positive psychology was incorporated as it focuses on investigating what truly makes life worthwhile (Seligman & Csikszentmihalyi, 2000). This is particularly relevant for this study about the well-being of South African psychologists, as the approach focuses on remedying problems, promoting strengths, diminishing aspects that negatively impact on a worthwhile life and invigorating aspects that contribute to a good life (Seligman, Parks, & Steen, 2004). Positive psychology is an approach aimed at helping people to live and flourish, rather than merely existing (Keyes & Haidt, 2003). The main aim of positive psychology is the study of well-being (Gable & Haidt, 2005) and this provided the primary motivation for using positive psychology as a conceptual framework for this study. In the sections below the constructs of well-being and the determinants of well-being, namely meaning, resilience and positive affect, are briefly discussed within the context of the positive approach of psychology.

### **7.2 Well-being**

Well-being is regarded as the most significant concept in positive psychology and professional psychology (Sanjuán, 2011). The high or upper end of the mental health continuum, termed flourishing, refers to high levels of well-being and positive functioning that include psychological and social well-being (Keyes, 2002). Positive functioning leads to self-acceptance, personal growth, a sense of purpose and meaning in life, the ability to manage or cope with life

situations, autonomy and positive relationships with others (Keyes, 2005a; Ryff & Singer, 1998). Flourishing adults possess high levels of emotional well-being and positive functioning and are filled with emotional vitality. These adults also function well psychologically and socially (Keyes & Lopez, 2002).

Emotional well-being relates to a person's subjective perceptions (Lyubomirsky, Sheldon, & Schkade, 2005) about whether life is good (Diener, Kesebir, & Lucas, 2008) and is therefore also referred to as subjective well-being (Diener, 2000). High levels of emotional well-being result in improved functioning of individuals and societies (Diener & Ryan, 2009). People with high levels of emotional well-being may live longer (Danner, Snowdon, & Friesen, 2001) and are more productive, dependable and creative (Diener & Ryan, 2009). Subjective well-being is sometimes termed hedonic well-being, while psychological well-being is often referred to as eudaimonic well-being (Ryan & Deci, 2001).

Psychological well-being consists of self-acceptance, autonomy, purpose in life, positive relationships with others, environmental mastery, personal growth (Ryff, 1989; Ryff & Keyes, 1995), self-esteem, affect and cognition (Wissing & Van Eeden, 2002). Psychological well-being culminates in flourishing or optimal functioning (Keyes, 2009). The experiencing of psychological well-being and positive functioning are central to experiencing a 'good' or 'full' life (Keyes, 2005a).

In order to attain well-being people have to be socially adequate as all people have the need for connections with others (Keyes, 1998, 2007). Social well-being is related to social integration, social contribution, social acceptance, social coherence and social actualisation (Keyes, 1998, 2007). Social well-being is achieved when people regard society as meaningful and understandable and as having growth potential, when they have a sense of belonging and feel accepted, when they mostly reciprocally accept society and when they perceive themselves as contributing to society (Keyes, 1998, 2002).

The literature suggests that the following issues may influence well-being: Passion and flow (Nakamura & Csikszentmihalyi, 2009); living an engaged life, helping others and being active (Froh, Kashdan, Ozimkowsk, & Miller, 2010); recognising and using strengths in work (Littman-Ovadia & Steger, 2010); pleasure, engagement and meaning (Schueller & Seligman, 2010); being sociable, having enduring friendships and having personality features that favour optimism, such as openness to experience and extroversion, which are resources that enhance well-being by providing sustainable sources of positive emotion (Zautra, Arewasikporn, & Davis, 2010); humour (Crawford & Caltabiano, 2011); participating in positive psychological interventions and activities (Sin & Lyubomirsky, 2009); possessing specific character strengths, such as gratitude, curiosity, love, hope and zest (Brdar & Kashdan, 2010); and practicing

mindfulness, self-compassion and loving-kindness in the context of self-care (Wise, Hersh, & Gibson, 2012).

If people use their character strengths, they can achieve high levels of well-being, self-esteem and vitality (Seligman, 2002), low stress and increased positive affect (Wood, Linley, Maltby, Kashdan, & Hurling, 2011). The use of character strengths in novel ways may increase well-being and reduce depressive symptoms (Mitchell, Stanimirovic, Klein, & Vella-Brodrick, 2009; Seligman et al., 2005). Using strengths in the work environment promotes people's feelings of being engaged and happy at work (Harter, Schmidt, & Keyes, 2002).

Well-being is also associated with increased physical health, as evidenced by reduced mortality and cardiovascular mortality and reduced rates of mortality in patients with renal failure and human immunodeficiency virus (HIV) infection (Zautra et al., 2010) and reduction in absenteeism in the workplace (Langlieb & Kahn, 2005). In a sample of aging women, Ryff, Singer and Dienberg Love (2004) found that participants with higher levels of purpose in life had better neuroendocrine regulation and inflammatory markers when compared to participants with lower levels of purpose. In addition, participants with high levels of environmental mastery, positive relations with others and self-acceptance, showed lower levels of glycosylated haemoglobin (a marker for insulin resistance). Personal growth and purpose in life were also significantly positively correlated with HDL ("good") cholesterol. Eudaimonic well-being specifically correlates positively with improved neuroendocrine regulation, immune function, lower cardiovascular risk, better sleep and more adaptive neural circuitry (Ryff & Singer, 2008).

Various pathways lead to well-being, including intrapersonal, interpersonal and existential pathways. Intrapersonal pathways include character strengths, for example a sense of mastery, efficacy and optimism, which are personal resources that play a protective role and have the potential to facilitate flourishing (Avey, Luthans, Hannah, Sweetman, & Peterson, 2012). The use of strengths is also associated with goal progress, need satisfaction and well-being (Linley, Nielsen, Gillett, & Biswas-Diener, 2010). The use of strengths allows individuals to experience flow (Cabrera, 2012), a state where a fine balance is achieved between challenge and ability and a person is completely absorbed or engaged in the flow activity, leading to a deep sense of satisfaction (Csikszentmihalyi, 1990). Working to develop strengths is rewarding and using strengths in the service of others contributes to a meaningful life (Schueller, 2012).

Interpersonal pathways relate to personal and professional relationships, which are important in providing social support and a sense of relatedness (Rothmann, 2013; Stewart-Sicking, Ciarrocchia, Hollensbeb, & Sheep, 2011). Positive feedback, rewards and recognition (Froman, 2010) have numerous benefits such as reducing self-doubt, energising psychologists and increasing confidence (McMahon, 2012). Supervision is an important contributor to well-

being (Blakeman, & Ford, 2012) as are mentoring and colleague assistance (Johnson, Barnett, Elman, Forrest, & Kaslow, 2013).

Existential pathways include meaningfulness (Seligman, 2011), which is a strong indicator of well-being (Stewart-Sicking et al., 2011). Spirituality and religion are positively related to well-being (McEntee, Dy-Liacco, & Haskins, 2013; Theron, 2013) and assist with containment of difficulties (Altmaier, 2013). Work that is regarded as a calling may also lead to fulfilment and potentially to well-being (Schueller, 2012; Van Zyl et al., 2010). Psychology is a profession in which psychologists provide care. Commitment to providing care is a reciprocal existential pathway in the sense that the empathy that psychologists provide to clients also strengthens them (Theron, 2013). Other pathways towards well-being are pleasure, engagement (Seligman, 2002), relationships and accomplishment (Seligman, 2011). Both eudaimonia and hedonia are regarded as pathways towards well-being, but eudaimonia appears to be the more rewarding pathway (Henderson, Knight, & Richardson, 2013; Huta & Ryan, 2010). Positive psychology places a lot of emphasis on the concepts of meaning, resilience and positive affect in relation to well-being and these concepts are discussed in more detail in the following sections.

### **7.3 Meaning**

Khumalo, Wissing and Schutte (2014) indicated that meaning is an important pathway to well-being in life as it is a mediating factor between hedonic and eudaimonic well-being. Empirical research indicates that sense of meaning and purpose in life are pathways to achieving well-being in the eudaimonic context (Kirsten & Du Plessis, 2013; Seligman, 2011; Steger, 2012). Although a pleasant life might bring about the experience of positive emotion, people need to explore the realm of meaning to foster a deeper happiness (Seligman, 2002). Meaning is an important ingredient for the promotion of well-being as it “provides a stable platform for creating and sustaining a well-lived life” (Kashdan & Nezlek, 2012, p. 1524).

People have an inherent need to seek meaning in life and failure to achieve meaning may lead to psychological distress (Frankl, 2006). Meaningful activities help build social connections and provide interesting personal goals (Baumeister & Vohs, 2002). This suggests that meaning does not only impact people individually, but also contributes to social well-being. The experience of meaning may protect people from the negative effects of frequent negative emotions (Diener, Tay, & Oishi, 2013).

Meaningfulness is described as the perception that life challenges are worth engaging in and is a dimension of sense of coherence (Human-Vogel, 2013; Steger, 2009). Sense of coherence assists people in finding meaning in their circumstances (Strümpfer, 2003), which may assist in both avoiding and recovering from burnout. Meaning is about making sense of life

and having a purpose, which assists in the creation of personal identity (Rothmann, 2013; Steger & Kashdan, 2013). Meaning involves belonging to and serving something that is bigger than the self and having a greater purpose. This contributes to the attainment of a good life (Rothmann, 2013; Seligman, 2011).

Meaning and purpose exist in the knowledge of what a person's highest strengths and talents are and how these can be used to achieve goals and self-transcendence. Personal meaningfulness is experienced when relationships and situations enable authentic expression of the self and an individual feels supported in such self-expression (Human-Vogel, 2013). In the context of this study it is important to mention that meaning can come from various sources, including work, family, love, religion and personal projects (Emmons, 1997). People also experience meaning as a result of interactions characterised by respect and dignity (Rothmann, 2013).

Character strengths such as kindness, forgiveness, teamwork and other social strengths may deepen relationships and connections to others and may increase meaning (Gillham et al., 2011). Application of strengths such as hope and forgiveness can bring about lower stress levels, greater self-esteem, improved vitality and positive affect (Wood et al., 2011).

Various researchers have indicated that meaning is strongly associated with life satisfaction, good self-esteem (Diener, Fujita, Tay, & Biswas-Diener, 2012; Heintzleman, Cristopher, Trent, & King, 2013), better self-reported health, occupational adjustment, coping and lower incidence of psychological disorders and suicide ideation (Heintzleman et al., 2013). If work is meaningful this meaningfulness has the ability to influence presence and absence from the workplace as a result of engagement (Soane et al., 2013). Finding meaning from life experiences underlies resilience. Experiencing a sense of purpose allows people to deal better with stressful situations and this more effective coping leads to their resilient recovery from these situations (Schaefer et al., 2013). Research findings indicate that a strong link exists between meaning and resilience (Khumalo et al., 2014). The section below discusses resilience in the context of well-being.

#### **7.4 Resilience**

This study made use of Ryff's (2014) definition of resilience as this definition is particularly relevant to the competencies and contexts experienced by psychologists. According to this definition resilience is an effective adjustment to negative experiences, including recovery (bouncing back) and sustainability (going forward despite negative experiences). Resilience implies having psychological skills and the ability to garner relational support to cope with negative experiences (Campbell-Sills, Cohan, & Stein, 2006). Resilience is about overcoming

negative experiences and does not mean that a person will not experience difficulties or distress (Quale & Schanke, 2010). In other words, resilience is about facing and managing both positive and negative experiences (Padesky & Mooney, 2012). This psychological capital or hardiness enables people to endure negative experiences as well as accept circumstances that cannot be changed (Bonanno, 2004). In this sense, resilience acts as a protective buffer against psychological and physical threats (Yi, Vitaliano, Smith, Yi, & Weinger, 2008).

Resilient people deliberately use positive emotions such as gratitude to assist them in bouncing back from stressful experiences (Tugade & Fredrickson, 2004). For example, imagine a situation where a psychologist is struggling to engage with a suicidal client and she experiences stress as a result of these circumstances. If the psychologist engaged in loving-kindness as a strength this would allow her to accept life and people, whilst remaining calm in the face of crisis and adversity.

Being resilient helps people to cope with negative experiences and even to flourish during and after such experiences (Miller, 2003; Peterson, 2006). Resilience is available to every person and is an ordinary response to negative experiences (Masten, 2001). An apt description of resilience was offered by Strümpfer (2013, p. 17): “The imagery of ... bouncing brings to mind a certain roughness of reaction; however, resilient behaviour could also manifest in a calm evening-out of bumps, and as smoothing the road of life”. To function with positivity when things go well is not difficult, but when people continue to function positively in the face of serious challenges and life problems this functioning is termed “flourishing under fire” (Ryff & Singer, 2003, p. 15). When flourishing under fire occurs people use their strengths and manage to function on an even higher level than before being challenged with such situations. Flourishing under fire is not automatic, but requires particular resources, awareness and actions. This means that not all people are able to flourish under fire. Relating the concept of flourishing under fire to the well-being of psychologists in South Africa requires insight into the socio-political and economic landscape of the country, which is characterised by insufficient resources, crime and trauma as part of daily living (Kagee, 2014) for a large proportion of society. Psychologists experience these circumstances firsthand and may also be exposed to accounts of these circumstances through their clients. Psychologists’ ability to sustain their own well-being while professionally caring for others may be worthy of being called flourishing under fire.

Hardiness, persistence, goal-directedness, belief in the future, sense of purpose and sense of coherence are also components of resilience (Peterson, 2006). Resilience is also a character strength and research suggests that character strengths are significant predictors of well-being (Kranzler, Parks, & Gillham, 2011; Proctor, Maltby, & Linley, 2011) that affect the manner in

which people are able to adapt after major adversities such as a life-threatening accident, attack or illness (Peterson, Park, Pole, D'Andrea, & Seligman, 2008).

In summary, psychologists experience numerous difficulties, such as dealing with difficult cases and dangerous clients (De Lange, 2010; Norcross, Guy, & Laidig, 2007; Smith & Moss, 2009). Isolation, excessive workload, lack of therapeutic progress, emotional exhaustion and burnout (Madden, 2009) are occupational hazards for psychologists (Smith, & Moss, 2009). Many psychologists experience severe anxiety, depression and even suicidal ideation (Johnson, & Barnett, 2011) and are at risk for vicarious traumatisation and compassion fatigue (Phillips, 2011) as a result of being exposed to clients' traumas and painful emotions. All of these factors indicate that psychologists need to be resilient in order to cope. These difficulties may impact psychologists' well-being and they therefore need to be addressed with resilience, positive affect and meaning making. The section below discusses positive affect, which is a core construct in well-being.

## **7.5 Positive affect**

Positive emotions create a happy feeling in the immediate moment, whilst positive affect refers to "consciously accessible, long-lasting feelings" that do not depend on specific circumstances (Strümpfer, 2006, p. 146). Positive affect is linked to positive attitudes, emotions or moods and is the "basic constituent of happiness" (Lyubomirsky, King, & Diener, 2005, p. 806).

The presence of positive affect is important in obtaining and maintaining well-being (Seligman et al., 2005). People with positive affect respond to life with positive emotions and recover faster from negative experiences than people who have a negative affective style. Positive affect can be generated and maintained even in the most difficult and stressful situations (Folkman & Moskowitz, 2000). People with a positive affective style tend to regulate their emotions well and show superior prefrontal inhibition of limbic system regions responsible for generating basic emotions. These individuals also appear to be immunologically resilient. They adapt to the environment flexibly and positively and have more variable heart rates, indicative of an effective balance of the parasympathetic and sympathetic nervous systems (Rickard & Vella-Brodick, 2014).

Characteristics related to positive affect include confidence, optimism, self-efficacy, likability, positive perceptions of others, sociability, activity, energy, strong immunity, physical well-being, effective coping with challenge and stress, originality and flexibility. Positive emotions such as hope, awe, inspiration, interest, humour and love are related to the tendency to approach rather than to avoid goals and to prepare people to find and undertake new goals

(Lyubomirsky, King et al., 2005). Happiness is sustained not by changing life circumstances, but rather through the intentional undertaking of life-affirming, happiness-producing activities and the strengthening of positive emotions and positive character traits (Lyubomirsky, King et al., 2005). Thus, happiness and well-being are the results of a planned and purposive process with which people (in the context of this study, psychologists) engage. If psychologists focus on this process it is possible, despite the difficulties that are inherent to the profession of psychology, to achieve well-being and ultimately flourishing through the pathway of positive affect.

This section discussed the importance of meaning, resilience and positive affect in achieving well-being in the context of positive psychology. The experience of well-being influences all areas of life, including work, relationships, physical health and mortality. A striving towards well-being is thus both desirable and necessary and the literature suggests that meaning, resilience and positive affect may be vehicles through which well-being can be achieved. The following section provides an overview of the methodology used in this study.

## **8. METHOD OF INVESTIGATION**

### **8.1 Literature review**

The discussion above highlighted the importance of developing well-being (specifically flourishing) in psychologists. The discussion also highlighted the necessity of generating research to improve psychologists' knowledge in this area. Based on these discussions an analysis of relevant literature is presented as part of the investigation method of this study. In this regard, the theories of Deci and Ryan (2000), Diener (2000), Frederickson (2001, 2005, 2006, 2013), Keyes (2005a, 2007), Lyubomirsky, King et al. (2005) and Ryff (1989) are described. Numerous South African based studies, such as those conducted by Strümpfer (2007, 2013), Van Den Berg (2013), Van Schalkwyk (2009) and Theron (2012, 2013) have also been observed to contextualise the study as a South African study. A model of values in action pertaining to character strengths in well-being is also included in terms of strengths being highly relevant to well-being and flourishing (Peterson, & Seligman, 2004). Self-care through career sustaining behaviours, mindfulness, self-compassion and loving-kindness (Wise et al., 2012) are also discussed due to the proven ability of self-care to fortify human strengths and contribute to well-being. The information is integrated while identifying strengths, concerns and limitations pertaining to the theories and research. The next section discusses the research methodology utilised in the current study.

## **8.2 Research methodology**

### **8.2.1 Design**

Concurrent mixed method research was implemented, as both qualitative and quantitative research took place during a single phase of the study (Creswell & Plano Clark, 2011). Both forms of data were collected and analysed simultaneously and the information was then integrated during the interpretation stage as suggested by Plano Clark and Creswell (2008). Data analysis of the two sets of data occurred separately. The two sets of data received equal priority.

### **8.3 Research procedure**

Once ethical approval was obtained for this study the research procedure detailed below was implemented.

#### *Sample size*

In order for the researcher to draw a representative sample, a 25% random sample from the population of South African registered psychologists was drawn for the quantitative data collection. The qualitative study reached saturation after interviews with 14 participants had taken place. These 14 participants may or may not have been part of the 25% random sample with a view to the confidentiality of participants.

#### *Recruitment of participants*

A total of 1 980 questionnaires were disseminated via land post to potential participants for the quantitative study. A total of 279 questionnaires were completed and returned to the researcher. For the qualitative data collection two senior psychologists acted as gatekeepers between the population and the researcher and recruited the participants. The qualitative part of the study made use of purposive sampling. Although the initial sample size suggested a minimum of 12 participants, a total of 14 participants were eventually included. Identified participants were contacted to set up appointments for the unstructured interviews. Interviews were conducted at the offices of each of the 14 participants, except in two cases where the participants chose other venues. The interview duration was 1 hour.

#### *Inclusion and exclusion criteria*

The first inclusion criterion for the qualitative research was that the gatekeepers regarded the potential participants as having the ability to make a meaningful contribution to the study. Clinical, counselling, educational and industrial psychologists were included in the study. The primary exclusion criterion was registration as a research psychologist, due to the specific scope of practice of this psychological specialisation. Clinical, counselling, educational and industrial psychologists were also included in the quantitative research study. Psychologists who were not willing to participate in the study were excluded from the study.

### *Setting*

For both the qualitative and quantitative studies work settings included private practice, government institutions, academic institutions, non-government organisations (NGOs) and private companies. For the quantitative part of the research, participants were recruited throughout South Africa. For the qualitative study participants were recruited from the Gauteng province of South Africa.

### *Risks-benefit ratio*

There are always potential risks involved when investigating aspects of personality such as well-being. In this case a particular risk was that the participants' well-being levels may not have been as optimal as they perceived them to be and this may have caused them distress. Participants were offered the option of seeing a psychologist if participation in the research made that a necessity. Participants were not paid to participate and received no tangible benefit for participation. Participants made time available in which they could have consulted. However, the participants did not incur any costs relating to participation in the research. The benefits of participation in this research outweighed the risks. Participants were invited to attend a free workshop where the results of this study will be discussed. Participants in the quantitative part of the study also benefitted as they were offered the opportunity to have the results captured from the questionnaires made available to them. It is believed that through exposure to the research process, participants were provided with an opportunity to develop self-awareness relative to their well-being, which is an important step in the process of developing well-being.

## **8.4 Data analysis**

The analysis was approached both deductively and inductively. The deductive research approach allowed the research to establish a hypothesis by using existing theory. Data was collected to confirm the hypothesis (Gill & Johnson, 2010). Typical activities related to deductive research are development of theory and hypothesis. In contrast, the inductive approach involved observation and pattern identification to reach a tentative hypothesis (Mertens, 2008).

### *Quantitative phase*

Descriptive statistics, reliability indexes (Cronbach alpha) and construct validity were established for all measuring instruments. Frequencies were then determined for the various levels of well-being.

### *Qualitative phase*

Qualitative analysis was conducted using thematic analysis (Creswell, 2013b), as this method of analysis allows for systematic deduction of the identification of specific information. In the first step of the analysis the raw data, the transcripts, was read repeatedly. Meaningful

categories were then extracted corresponding to thematic patterns (Creswell, 2013b). The themes related to units of meaning that were deduced from patterns that emerged from the categories, for instance repeated behaviour or feelings (Creswell, 2013a). The themes that emerged from the data (inductive approach) were then compared with the theoretical perspectives of positive psychology and well-being. The data was analysed to a point of data saturation, when little or no new data emerged and the research conclusions and inferences (Delpont & Fouché, 2011; Francis et al., 2010) were made. Participants received copies of the transcripts and coded interviews to assist the researcher in determining whether the codes appropriately explained the participants' experiences of well-being. According to Creswell (2012) data comparison is a typical procedure for data integration within concurrent mixed method research. The qualitative and quantitative results were synthesized by identifying content areas represented in both data sets and then comparing or contrasting the results in a discussion. Synthesis thus took place at the interpretation phase. The research design and procedures described here were selected based on their ability to answer the research questions.

## **8.5 Dissemination**

Results of this research will be disseminated in the form of a research report. The research will also be submitted to professional journals with the view to publish three research articles in order to reach appropriate interested parties. Participants were invited to attend a workshop where the research report will be discussed. The ethical aspects of the study are discussed in the section below.

## **9. ETHICS**

### **9.1 Informed consent, voluntary participation, anonymity and confidentiality**

The participants were informed that their participation is voluntary and that they can choose to withdraw from the study at any time for whatever reason (Brinkmann & Kvale, 2008; Strydom & Delpont, 2011). Issues of confidentiality and anonymity were explained to each participant. For the participants in the qualitative study this took the form of oral and written communication, while for the participants in the quantitative study this took the form of written communication. The purpose, duration, goals and possible benefits of the study were included in the questionnaires as part of the informed consent. This information was also discussed and provided in writing as part of written consent signed by the participants in the qualitative part of the study. Consent was also obtained from the participants with regards to the use of audio recordings during interviews (Greeff, 2011). Care was and continues to be taken to maintain the confidentiality and anonymity of the participants during and after the study. The transcriber also

signed a confidentiality contract. The service provider who participated in the data analysis had no access to the names of participants. Following the completion of the research report and articles the raw data will be handed over to the NWU for safekeeping in accordance with internal requirements for a period of 5 years. Following this time period the data will be destroyed and all voice recordings will be deleted.

## **9.2 Role of the researcher**

I made every attempt to engage with every aspect of the research in a competent, professional and honest manner (Strydom, 2011).

## **9.3 Validity, reliability and trustworthiness**

### *Validity and reliability of the quantitative results*

The Cronbach alpha reliability indices of most of the measuring instruments, as presented in Table 3 (page 137 of this manuscript), were acceptable. The exception was the the MHC-SF\_S. the construct validity of the measuring instruments was determined by confirmatory factor analyses, which indicated that all scales were valid.

### *Trustworthiness of the qualitative results*

Trustworthiness of research refers to the soundness of the research and is a measure of ethical, high quality research (Merriam, 2009). A series of questions was used to guide the establishment of trustworthiness in this research. These questions were: Was the research question clear?; Is the research design the best suited to the research questions?; Were the data collected and managed systematically and analysed correctly?; Was enough detail provided to give an accurate account of participants' accounts relative to their experiences of well-being in reporting? Trustworthiness is demonstrated through credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985), peer debriefing, an audit trail, member checks (Guba & Lincoln, 1981), crystallisation (Ellingson, 2008) and triangulation (Creswell, 2002; Guba & Lincoln, 1989; Lincoln & Guba 1985; Tobin & Begley, 2002). Based on these principles the trustworthiness of this study is outlined below.

### *Credibility*

The purpose of qualitative research is to describe the phenomena being researched from the participants' perspective, therefore only the participants are truly able to evaluate the credibility of the results (Holloway, 2005). In order to ensure credibility the participants were asked to read transcripts of their interviews along with the identified themes to ensure the correctness of the transcripts and themes (member checking). Credibility was also increased through the use of clarification during the interviews and the reading and re-reading of

transcripts. The gatekeepers used in the research helped to ensure that the participants who were recruited could make meaningful contributions to the current study, thereby contributing to the credibility of this research. Other matters that have an impact on credibility are that the interviews were audiotaped (providing internal validity) and were transcribed verbatim. Credibility was furthermore developed by having two independent experts to peer-review the thematic analysis and results (analyst triangulation). These experts declared the research dependable and agreed on its saturation (Denzin & Lincoln, 2005). The heterogeneity of the sample also contributed to credibility in that this allowed for the capturing of a vast range of participants' experiences.

Credibility is also achieved through practices such as thick description and crystallisation. Thick description is an important way of achieving credibility and relates to an in-depth description, inclusive of culture and context (Holloway & Wheeler, 1996) and rich detail (Bochner, 2000). Credibility is increased when the research process is described in detail and detailed records are kept (Lincoln & Guba, 1985) as occurred in this study. In this study, an audit trail and notes provided step-by-step directions relating to how, when and where the study was conducted. These notes also provided details of problems that arose and how these problems were addressed. The interviews were all recorded to allow for re-checking if necessary. Reflexivity was also used as part of the audit trail and a constant questioning regarding my own role in the research process.

Triangulation was applied in this research by making use of more than one method to collect and analyse data, thereby increasing quality (Golafshani, 2003). Through triangulation, interpretations became richer and potentially more credible (Howitt, 2010). Theoretical triangulation was achieved by conducting a thorough literature review, including the well-being theories of various researchers (especially Keyes', 2002, theory of well-being) and combining existing literature about positive psychology. The concept of well-being incorporates the theories of numerous historical giants in the field of psychology and these theories were included in the discussion. Investigator triangulation was achieved by making use of the expertise of a study leader, who was closely involved in every step of the research process and played an important role as a sounding board to the researcher for confirming her understanding of interview content and meaning. Triangulation was also achieved by utilising various types of data, theoretical perspectives and methods of analysis, which allowed for exploration of different facets of the research and deepened the understandings that were generated.

Crystallisation encourages researchers to gather multiple types of data and employs various methods, multiple researchers and numerous theoretical frameworks. This allows for a denser and a deeper understanding of the research subject. The use of crystallisation in this

research study allowed for the provision of detailed and rich interpretations of the data through the identification of themes relevant to participants' experiences of well-being (Ellingson, 2008).

### *Transferability*

Transferability refers to the extent to which the results can be generalised or transferred to other contexts (Guba & Lincoln, 1989; Koch, 2006; Patton, 2002). Transferability is enhanced by providing in-depth, rich descriptions of data (Guba & Lincoln, 1989; Patton, 2002). The thorough literature review and detailed description of the research context in the current research contributed to transferability in that good contextualisation occurred. According to Babbie and Mouton (2005), transferability also depends on similarities between the sending and receiving of the context. Therefore, in this study participants' experiences of well-being were described using verbatim quotations to ensure that enough detail is available to enable transferability. Inclusion criteria for participants in this study included their ability to make a contribution to this specific research, which is another method of ensuring transferability (Nicholls, 2009). This means that when someone reads the research report, the narrative should relate strongly to the reader (Ellis, 1995; Tracy, 2010).

### *Dependability*

Dependability was achieved by having two independent experts to peer-review the thematic analysis and results. These experts declared the research dependable and agreed on its saturation (Denzin & Lincoln, 2005).

### *Confirmability*

Confirmability refers to the degree to which the results could be confirmed by others. In this research, the procedures for checking and rechecking the data were documented throughout the study. Other researchers were involved in evaluating the research results and this process was documented. After conclusion of the study a data audit was conducted (see the description above) and this assisted in making this study confirmable (Farrelly, 2013). Confirmability is achieved when another researcher is given the same set of data and context and arrives at a similar conclusion to that of the original researcher (Guba, 1981). As a result of providing sufficient participant quotations, the findings of this study have credibility as being grounded in data, rather than in the assumptions of the researcher. The provision of sufficient descriptive data in the research report allows potential readers to judge whether the data can be applied to other contexts. In order to achieve this, participants from various registration categories, ages, genders and work settings were included in the study. Once again, an audit remains a valuable tool for establishing confirmability and the way in which the audit was implemented in this study is described above. Multiple participants were interviewed for this study and this implies that the procedures were repeated and that the trustworthiness of the findings was consequently

enhanced. Case studies furthermore advance confirmability in that participants are examined authentically (Baxter & Jack, 2008), whilst the data that was gathered is considered to be robust, reliable, rich and dense (Creswell, 2013a; Yin, 2009). Reflexivity was a high priority in this study and contributed to the results being confirmable. In addition, I remained consistently aware of my own prejudices, assumptions and beliefs and avoided those as much as possible so that the data could speak for itself. Based on the factors described in this section the results of this research study appear to be trustworthy.

The first section of this report (Section 1, Part 1) provided an introduction to the study. The orientation and problem statement, aims and objectives, theoretical framework, description of concepts and research methodology and ethics were described in Section 1 (Part 1). Section 1 (Part 2) provides an overview of literature relative to the study.

## **SECTION 1: PART 2**

Part 2 of Section 1 includes the literature review and the theoretical framework that guided this study.

### **1. LITERATURE REVIEW**

Positive psychology as a perspective offers a strong focus on well-being, meaning, resilience and positive affect. It is therefore argued that the well-being of South African psychologists should be studied within the framework of positive psychology. In this section the well-being theories of Ryff (1989), Diener and colleagues (1999), Fredrickson (1998, 2004), Keyes (2002, 2005a, 2005b, 2006, 2007), Deci and Ryan (2000), Peterson and Seligman (2004) and Lyubomirsky (2001, 2007) are discussed. The section also provides an overview of well-being research in South Africa in the context of the positive psychology approach.

#### **1.1. Theoretical framework: Positive psychology**

Positive psychology is becoming increasingly influential in mainstream psychology (Wong, 2011) both internationally and in South Africa (Wissing, 2013). Research from the positive psychology perspective is continuously being published in South Africa. The positive approach to psychology was originally formalised by Martin Seligman (1990) and has continued to develop internationally (Wissing, 2013). This theoretical framework provided a good fit for this study as it focuses on the components of well-being, namely psychological, emotional and social well-being. Positive psychology also includes the constructs of meaning, resilience and positive affect, which are explored in this study. These components and constructs are an inherent part of the domain of positive psychology as indicated by numerous

studies (Henderson & Knight, 2012; Keyes & Simoes, 2012; Michalec & Keyes, 2013; Nel, 2011; Theron, 2012; Wong, 2011).

According to Keyes (2002) the upper end of the mental health continuum, termed flourishing, relates to high levels of well-being, which are characterised by the experience of positive relationships, positive emotions, optimal functioning, superior health and high levels of resilience. The relationship between well-being and resilience implies that the examination of peoples' (in this case, psychologists') well-being must always include coping with both positive and negative experiences (Fredrickson, 2013). This is why it was important to include resilience in this study. Seligman (2011) suggested that the experience of meaning is an indicator of flourishing. Meaning is considered to be a construct in the context of eudaimonic well-being (Kirsten & Du Plessis, 2013; Schueller & Seligman, 2010; Seligman, 2011). By nature of their occupation, psychologists have to confront issues of meaning such as distress, isolation, feelings of anxiety, self-doubt and negative feelings about work (Jordaan et al., 2007). Very little research has explored meaning in relation to psychologists. Well-being is also linked to high levels of positive affect (Kamman & Flett, 1983). Positive affect is regarded as a construct in the context of well-being and research suggests that positive affect may help people overcome the effects of depletion and therefore lead to better work performance (Moskowitz, Shmueli-Blumberg, Acree, & Folkman, 2012).

### **1.1.1 Hedonic and eudaimonic perspectives to well-being**

Two main streams of psychological research exist in relation to well-being, namely the hedonic and the eudaimonic perspective (Keyes, Shmotkin, & Ryff, 2002; Ryan & Deci, 2001). The hedonic perspective focuses on life satisfaction, high levels of positive affect and low levels of negative affect. The possession of material things and having opportunities (Waterman, Schwartz, & Conti, 2008) may result in positive affect and consequently hedonic (subjective) well-being. The eudaimonic perspective regards well-being as the consequence of psychological actualisation (Vazquez, Hervas, Rahona, & Gomez, 2009) and focuses on concepts such as life purpose, growth and meaning (Fredrickson, 2013; Ivtzan & Papantoniou, 2014). Hedonia and eudaimonia are inter-related; for example, if a person values the development of individual potential and that potential materialises, then both hedonic and eudaimonic well-being can occur (Waterman et al., 2008). In summary, Keyes and Annas (2009) suggested that well-being consists of two components, namely feeling good and functioning well. When these two components are combined this may translate into higher levels of well-being, termed flourishing. In contrast, when a person does not feel and function well this translates into lower levels of

well-being, termed languishing. The following section discusses prominent theories of well-being.

## **1.2 Theories of well-being**

### *Ryff's psychological well-being model*

Ryff's pioneering role in positive psychology is widely acknowledged. She made the important distinction between psychological well-being and subjective well-being; this distinction underpins the eudaimonic and hedonic philosophical perspectives (Waterman, 1993, 2005). Ryff's (1989) theory of well-being was influenced by the work of theorists such as Erikson (1959), Maslow (1971) and Rogers (1961).

Ryff (1989) and Ryff and Singer (2008, p. 15) conceptualised well-being from a eudaimonic perspective stating that "... there is more to being well than feeling happy and satisfied with life". These researchers emphasized well-being, positive human health, positive functioning and self-actualisation (Ryff & Keyes, 1995). Ryff's theory of psychological well-being and specifically the concept of 'flourishing under fire', which relates to continued well-being in the face of difficult circumstances and threats to well-being, have made valuable contributions to the literature concerning prevention, protection and the promotion of the good life (Wissing & Van Eeden, 1997). Psychological well-being is a multi-faceted construct (Ryff, 1989) that consists of six facets, namely personal growth, purpose in life, autonomy, self-acceptance, positive relationships with others and environmental mastery (Ryff & Singer, 1996). Personal growth relates to the continuous development of a person's potential, of growing and expanding, of being open to novel experiences, becoming self-actualised and perceiving growth in behaviour and the self. Purpose in life refers to being goal-directed and feeling that life has meaning while simultaneously setting personal aims and objectives for life. Autonomy refers to self-determination and independence, intrinsic self-regulation and using personal standards for self-evaluation. Self-acceptance relates to holding a positive attitude towards the self while acknowledging and accepting various good and bad aspects of the self. Positive relations with others is characterised by warm, satisfying and trusting relationships with others. It also involves being concerned about the welfare of others, being able to experience empathy, affection and intimacy and understanding and practicing reciprocity in relationships. Finally, environmental mastery relates to people's ability to choose specific environments that suit their individual needs (Ryff & Singer, 1996).

Although Ryff (1998) stressed that well-being is more than just the medicalisation of health and the absence of ill-being, she also emphasised that positive human health involves the experience of positive relationships and a meaningful life and this activates unique biochemical

and physiological aspects of health. Higher levels of well-being are linked to better regulation of biological systems and adaptive neural responses, which may serve as protectors of good physical health (Manderscheid, Ryff, Freeman, McKnight-Eily, Dhingra & Strine, 2010). These factors offer a point of departure for the development of an understanding of how the body functions when good experiences and well-being occur.

Ryff and Singer (1998) regarded purpose in life as critically important for well-being, both in daily activities as well as in the face of serious adversities. Khumalo et al. (2014) investigated these assumptions in the South African context. Purposeful living can be expressed in a variety of contexts, including the work context where the meaning that comes from work impacts well-being (Ryff & Singer, 1998). The current study focused specifically on psychologists' life domain of work and therefore the aspect of finding meaning and ultimately well-being from work is important for this study.

According to Ryff (2014), experiencing difficulties can potentially boost people's psychological capacity. Difficult experiences (such as those that may be encountered daily by psychologists as a result of their work) may allow individuals to find purpose, to develop or increase relational bonds with others and to gain mastery by overcoming stressful experiences (Ryff & Singer, 1998). For example, a psychologist providing trauma counselling in the context of a house robbery may, as a result of exposure to the trauma of another, reconsider the value of her personal relationships and reconsider her life purpose. In this way the psychologist would be bolstered against secondary traumatisation while growing in understanding of her life's meaning. Ryff (2014) used the term flourishing to describe the positive changes and personal growth that occur after adverse events. According to Ryff (2014) well-being is asserted by resilient living via active engagement with adversity. Personal growth, including self-actualisation, often involves encounters with obstacles, failure and disappointment. Dealing with such experiences productively requires finding and using inner strengths and personal resources that may assist with renewal. In the course of this process personal capacities may be exalted and self-knowledge may be expanded, while an individual may simultaneously gain awareness of his or her own limitations and vulnerabilities. This is an integrated and holistic process that eventually leads to well-being. Similarly, personal relationships may be enriched through encounters with life difficulties, whether these difficulties are the struggles of psychologists alongside their clients or the difficulties that are sometimes encountered when people move through different developmental levels and the complications that such experiences sometimes bring to relationships. Indeed, for most people interpersonal flourishing is about the complex mix of positive and negative emotions that typify people's most significant relational bonds. Frankl

(2006) regarded purpose in life as being about meaning-making in the face of trauma and Ryff (2014) translated this as eudaimonic well-being often being forged in the pot of adversity.

Ryff's work is valuable in that it takes cognisance of health as not merely implying absence of disease, but as incorporating complete physical, mental and social well-being (Ryff & Singer, 1998). The model is multi-dimensional and may therefore act as a counterweight to purely subjective well-being approaches (Seligman, 2011). Considering the importance that life purpose and meaning play in Ryff's theory, it is encouraging to think that once meaning is found and built upon it creates a foundation for flourishing (Steger & Kashdan, 2013). This psychological well-being model has been widely used as a theoretical framework and as a psychological instrument in research studies (Nel, 2011).

Ryff's theory has been critiqued from a number of perspectives. Firstly, some researchers suggest that positive relations are part of well-being and cannot be studied as an outcome of well-being (Dunn & Brody, 2008). Other researchers contend that four of the six domains of the psychological well-being scales are not properly distinguished (Springer, Hauser, & Freese, 2006). In addition, the theory has been critiqued for focusing mainly on individual fulfilment and failing to account for the societal context (Westerhof & Keyes, 2010).

Ryff's theory is relevant to this study due to its emphasis on striving towards realising people's inherent potential and well-being. Ryff's concept of post-traumatic growth is also important in that it recognises the human capacity to overcome and to achieve well-being despite difficulties. Most importantly, Ryff (2014) presented a holistic theory of well-being that includes physical, mental and social aspects of people. This theory therefore also relates to the influence of well-being on mortality, which has obvious importance for a study of well-being.

#### *Diener's model of subjective well-being and satisfaction with life*

Diener regarded positive psychology as having the ability to create good societies while simultaneously helping individuals to create ideal circumstances to promote their happiness (Diener, Suh, Lucas, & Smith, 1999). Diener considered subjective well-being to be a synonym for hedonic well-being. Subjective well-being refers to people's cognitive judgements about moments and longer periods of time of experiencing life satisfaction. Subjective well-being includes frequent positive affect, coupled with infrequent negative affect and high levels of life satisfaction (Diener et al., 1999). However, purpose in life provides a deep sense of life satisfaction and is much more important than only experiencing positive or negative feelings (Diener et al., 2012).

Research by Diener and colleagues (1999) highlighted the importance of acknowledging the role played by external factors in well-being. Factors such as weather, money, physical

health, marriage and religion were investigated and it was found that they account for approximately 15% of the variance in life satisfaction. Diener (2013) also found that people in affluent countries are happier than those in poor countries. Diener and Scollon (2014) established that the wealthier people are, the less of an impact increasing wealth has on increasing happiness, except when wealth is spent on others, which increases happiness. Increased household income only leads to increased well-being if it is accompanied by greater optimism and financial satisfaction (Diener et al., 2012).

High levels of well-being and life satisfaction increase health and longevity (Diener & Chan, 2011). Pathways that influence such health and longevity include practicing good health behaviours and having good relationships. Higher levels of subjective well-being may lead to improved work results, income, creativity, and productivity (De Neve, Diener, Tay, & Xuereb, 2013), as well as improved self-control, pro-social behaviours, social relations and social benefits (De Neve et al., 2013; Diener & Ryan, 2009). Flourishing people tend to have warm trusting relationships with others and are willing to develop their potential and grow (Diener, Helliwell, & Kahneman, 2010).

Oishi, Diener and Lucas (2007) investigated whether ‘too much happiness’ could be detrimental to people. They found that too much of a good thing might indeed be a bad thing, in that excessive happiness could, amongst other problems, be detrimental to income and education. Successful people tend to have moderate to high levels of happiness, but not extreme happiness. The research study also found that the happiest people seem to be the most successful in their interpersonal relationships (Oishi et al., 2007). In relation to happiness set point, Diener, Lucas and Scollon (2006) found that some events, good or bad, have the power to override a person’s happiness set point. For example, the death of a life partner, the loss of a job or the joy of marriage may require fast adaptation. Some individuals will adapt quickly and then return to their set point while others might experience changes in their subjective well-being over a longer period of time.

Diener developed a flourishing scale that incorporated important components of various theories of well-being, including humanistic psychology theories, the well-being of societies, flow, purpose, meaning, engagement and optimism (Diener et al., 2010). Diener’s contribution to the theory of well-being is important in that it focuses on enjoyment, engagement, meaning and the significance of emotions. The theory also suggests that the search for happiness is universal (Larsen & Eid, 2008). Importantly, Diener’s theory suggests that subjective well-being is about much more than just feeling good (Diener & Chan, 2011) and that well-being needs to be investigated from a variety of perspectives. Diener also recognised the role of culture (Oishi, Diener, Scollon, & Biswas-Diener, 2004) in explaining differences in subjective well-being. This

is valuable in the diverse South African setting where Western assumptions about well-being are not sufficiently able to inform policies and practices (Wissing, 2013). As Diener's theory developed, he made provision for strategising and planning as human functions (Diener et al., 2012) that relate not only to survival but also to flourishing.

Argyle (2001) and Kahneman and Krueger (2006) have questioned the validity of Diener, Emmons, Larsen and Griffin's (1985) happiness measures. These authors suggest that people's reporting of happiness may be affected by cognitive bias and also that remembered happiness may not be similar to reporting about feelings in the moment that they occur. Despite this criticism, Diener's work represents a valuable contribution to the study of well-being, both in relation to the development of the flourishing scale and the ability to consider factors such as culture, income and meaning in relation to well-being.

#### *Fredrickson's broaden-and-build theory of positive emotions*

Fredrickson (2006) argued that understanding and promoting flourishing is the most important aspect of positive psychology. Based on this assertion she developed the broaden-and-build theory, which has three points of departure. Firstly, positive emotions broaden people's range of thoughts and actions. This allows people to make better plans and to solve life problems more effectively. Broadening of people's attention results in increases in flexible behaviour, which leads to the building of persisting personal resources (Fredrickson 1998, 2004) and paths of continuous growth then develop. Broadening of cognitive functions takes place as a result of the accumulation of positive emotions.

Secondly, this broadened repertoire of thoughts and behaviours helps to build resources that are available in the moment as well as over a period of time (Fredrickson, Tugade, Waugh, & Larkin, 2003). Examples of such resources are mindfulness, purpose in life and social support (Fredrickson, Cohn, Coffey, & Pek, 2008). Such enduring resources are advantageous to people as they can be utilised at any time to counteract threats and adversity (Fredrickson & Losada, 2005). These resources also serve to combat the effect of negative emotions (Fredrickson, 2006).

Thirdly, positive emotions are able to help build resources that are available at any point in time, rather than only assisting with present moment concerns (Cohn & Fredrickson, 2009; Fredrickson, 2004). Such resources increase the possibility of experiencing positive emotions and create an upward spiral towards improved choices to overcome difficulties and to obtain health and fulfilment (Fredrickson, 2004). According to the broaden-and-build theory this continuous upward spiral will lead to positive adjustments (Fredrickson & Joiner, 2002).

Emotions influence all aspects of life, including physical health and social functioning (Algoe & Fredrickson, 2011). Most people use positive emotions such as joy, gratitude, serenity,

interest, hope, pride, amusement, inspiration, awe and love on a daily basis (Fredrickson, 2013). Positive emotions facilitate generativity (a commitment and concern for future generations) and adaptable behaviour as a result of the broadened scope of thinking and acting (Fredrickson & Losada, 2005) and have the additional function of improving people's visual, semantic and social awareness and physical appearance (Fredrickson & Losada, 2005). Positive emotions have the ability to "... knit people to new positive health behaviors and also raise their overall psychological propensity for a suite of wellness behaviors" (Fredrickson, 2013, p. 37). In this sense, positive emotions are potent contributors to flourishing (Fredrickson, 2006). Based on this theory flourishing consists of: (a) goodness, characterised by happiness, satisfaction and superior functioning; (b) generativity, characterised by broadened thought–action repertoires and behavioural flexibility; (c) growth, characterised by gains in enduring personal and social resources; and (d) resilience, characterised by survival and growth in the face of adversity (Fredrickson, 2005).

Compassion satisfaction occurs as a consequence of positive feelings arising from helping others (Samios, Abel, & Rodzik, 2013) (such as psychologists' work with clients) and can be related to the broaden-and-build theory, which holds that positive emotions are clear signs of optimal well-being (Fredrickson, 2004). Compassion satisfaction may be regarded as a personal resource that shields therapists from vicarious trauma.

The broaden-and-build theory's strength lies in its ability to explain how positive emotions relate to the accumulation of psychological and social resources. The theory suggests that positive affect promotes adaptive behaviour and improves a person's thought repertoire. This means that consciously choosing and applying positive affect will result in enhanced positive behaviour (Eloff, 2013). Fredrickson's theory was one of the first theories to describe the value of positive emotions (Baumgardner & Crothers, 2009). Existing empirical literature supports the broaden-and-build theory (Fredrickson, 2004; Fredrickson & Joiner, 2002).

However, Snaebjörnsdóttir (2010) expressed criticism concerning the broaden-and-build theory. This researcher argued that Fredrickson failed to analyse the conceptual relations between the variables in question and consequently mistook *a priori* propositions for empirical propositions. Furthermore, it is argued that the empirical data that Fredrickson gathered is pseudo-empirical and only descriptive. It has also been suggested that emotions are complex phenomena and cannot just be divided on a simple polar scale as positive or negative emotions (Snaebjörnsdóttir, 2010). These concerns were echoed by Brown, Sokal and Friedman (2013) who stated that they could not find empirical justification for the use of differential equations to describe changes in human emotions over time. These researchers also stated that Fredrickson and Losada's (2005) research was full of fundamental conceptual and mathematical errors. The

perceived lack of relevance of these equations and their incorrect application lead to these researchers' assertion that the existence of a critical minimum positivity ratio is entirely unfounded.

Frederickson (2013) responded to the criticism by Brown and colleagues (2013) by stating that, irrespective of their complaints, the claim that flourishing (or positive mental health) is associated with higher positivity ratios than is non-flourishing remains unchallenged. Fredrickson also alluded to ample evidence-based research to validate the long-range benefits of positive emotions. Ultimately, she highlighted the fact that the ratio was not presented as an unquestionable fact, but that, instead, "science is never complete" and "the stakes in terms of human welfare are too high for me to rest easy in the belief that clever theory or fancy math alone can provide the answers" (Fredrickson, 2009, p. 138). Fredrickson maintained that the evidence base supporting the value of calculating positivity ratios is growing. Her progressive suggestion was that empirical work must continue so as to better understand the dynamics of positivity ratios as well as the most appropriate algorithms for computing these ratios. Despite the criticism described here the broaden-and-build theory and the upward spiral benefits of positive emotions theory proved to be useful concepts for this study because of the benefits of optimising positive affect.

#### *Keyes' model of complete mental health and flourishing*

Keyes considers flourishing to be the 'gold standard' for measuring well-being and stated that the goal of positive psychology is to increase levels of well-being towards flourishing (Keyes, Shmotkin, & Ryff, 2002). Keyes extended Ryff's (1989) model by adding social and emotional well-being dimensions (Keyes, 2005a) to the original psychological well-being dimension. Flourishing is a complex state of health, consisting of subjective well-being, the presence of positive psychological and social functioning and the absence of disease or infirmity. Flourishing people experience positive feelings and functioning (Keyes, 2007).

Mental health and mental illness are separate constructs and should be perceived as poles on a continuum (Keyes, 2007; Westerhof & Keyes, 2010). Mental health does not only mean that a person does not have mental illness symptoms, but instead consists of physical and mental wholeness, enabling a person to productively manage stressors and being resilient when adversity occurs (Keyes, 2002, 2006).

Keyes' model of mental health includes emotional, psychological and social well-being. Emotional well-being consists of a person's subjective considerations regarding the quality of life and presence of positive affect. Psychological well-being refers to thriving in personal life and is characterised by the six facets of Ryff's (1989) model of psychological well-being;

namely personal growth, purpose in life, autonomy, self-acceptance, positive relationships with others and environmental mastery. To thrive socially, social contribution, social coherence, social actualisation, social integration and social acceptance are required (Keyes, 2002).

To flourish, a person requires high levels on at least one measure of hedonic well-being and high levels on at least six measures of positive functioning. People who display low levels on at least one measure of hedonic well-being and low levels on at least six measures of positive functioning are diagnosed as languishing (Keyes, 2005a). Adults who are moderately mentally healthy neither flourish nor languish (Keyes et al., 2008). People who are flourishing have positive emotions towards life and function well psychologically and socially. In contrast, languishing occurs when people experience few positive emotions towards life and when they are not functioning well psychologically or socially and the experiences cannot be attributed to the presence of disorders such as depression (Keyes, 2003; Westerhof & Keyes, 2010).

It is important that future research is focused on determining how more people can be assisted to maintain a state of flourishing (Keyes, 2010) simply because the absence of flourishing increases mortality (Keyes & Simoes, 2012). Empirical evidence suggests that accepting the premises of both hedonic and eudaimonic principles leads to ultimate life satisfaction (Peterson, Park, & Seligman, 2005). These perspectives were unified by Keyes (2002, 2005a, 2007), who also added social well-being and introduced the concept of flourishing.

Keyes' (2007) conceptualisation of well-being broadened existing definitions of well-being by practically elucidating the combination of emotional, psychological and social variables that promote flourishing. Keyes' integrated theory is also valuable in that it highlights the medical health benefits of flourishing (Keyes, 2002; Keyes & Simoes, 2012). There is empirical support for Keyes' mental health continuum model (Peter, Roberts, & Dengate, 2011), which serves as justification for its use in this study. Keyes' concept of personal growth (Ryff & Keyes, 1995) is important for this study as it relates to South African psychologists' competencies and contests relevant to their well-being.

#### *Deci and Ryan's self-determination and relatedness model*

Deci and Ryan's (2000) self-determination theory is based on intrinsic and extrinsic motivation. Intrinsic motivation is about engaging in an activity for its own sake and for the inherent pleasure derived from participating in that activity. Extrinsic motivation implies that activities are carried out for the sake of a particular outcome. For example, if a psychologist is intrinsically motivated, she provides therapy because she enjoys the practice of therapy. In contrast, a psychologist with extrinsic motivation will provide therapy for the sake of earning a

salary. The theory focuses on social-contextual events (such as feedback and communication) that enable healthy engagement with the environment (Deci & Ryan, 2000).

According to self-determination and relatedness theory, three psychological needs must be fulfilled for people to experience satisfaction, namely relatedness, autonomy and a sense of personal control and competence. When a high level of autonomy is experienced, people are able to persist, are more effective in life and experience better physical and mental health. Autonomy and relatedness are universal needs and when they are satisfied they result in healthy human functioning and contribute to a good life (Ryan & Deci, 2001). The need for autonomy relates to feelings of having choices regarding behaviour (Ryan, Huta, & Deci, 2008). Relatedness is a universal need for connection, belonging and being able to care and be cared for. Intrinsic motivation is only possible when this need is fulfilled (Deci & Ryan, 2000). When people perceive themselves as having an effect on the environment and when they feel efficient in achieving important goals, they also feel competent (Ryan et al., 2008).

Self-determination and relatedness theory is based on the assumption that people are active, self-motivated and excited about achieving success, simply because success is personally satisfying (Deci & Ryan, 2008). The theory follows two main directions, namely hedonic well-being and eudaimonic well-being (Ryan & Deci, 2001). However, despite these two directions the theory argues that achieving well-being requires more than happiness and also involves the pursuit of meaningful goals relative to people's own values. Personal and relational well-being are thus pre-conditions towards achieving flourishing (Ryan et al., 2008).

The theory of self-determination and relatedness is a pre-existing empirically based approach that extends beyond psychology into the fields of economy and sociology (Ryan et al., 2008). Choice and independence are important in this theory (Kirsten, & Du Plessis, 2013) and the value of the theory lies in its focus on the promotion of autonomy (Deci, & Ryan, 2008). A criticism of the theory is that it does not acknowledge culture and ethnicity sufficiently (Seligman, 2000). This theory is particularly useful for this study, as autonomy, motivation and relatedness are important values for psychologists.

### *Values in action and character strengths*

The values in action project aimed to create a well-being manual to counterpoint the existing manuals of psychological disorders. A classification system was developed based on six virtues and their corresponding 24 character strengths. These virtues and character strengths are wisdom and knowledge (including creativity, curiosity, open-mindedness, love of learning and perspective), courage (including authenticity, bravery, perseverance and zest), humanity (including kindness, love and social intelligence), justice (including fairness, teamwork and

leadership), temperance (including forgiveness, modesty, prudence and self-regulation) and transcendence (including appreciation of beauty and excellence, gratitude, hope, humor and religiousness) (Peterson & Seligman, 2004).

Virtues are of a higher order than character strengths and character strengths are seen as a pathway towards virtues. For instance, the virtue of humanity can be achieved by the display of love (valuing close relations with others), kindness (doing favours and good deeds for others) and social intelligence (being aware of the motives and feelings of self and others) (Proyer, Gander, Wellenzohn, & Ruch, 2013). Virtues are solid psychological resources that can be used when faced with life problems. Virtues allow people to overcome new problems based on patterns of living that historically proved to be beneficial (Avey et al., 2012; Langer, Lewis Hall, & McMartin, 2010). Character strengths are enablers of various psychological, physical and mental benefits (Gentry et al., 2012). Strengths also have the ability to increase resilience, protect people against psychological disorders and other adversities and promote mental health (Park & Peterson, 2009; Van Schalkwyk & Wissing, 2013). The use of character strengths is fulfilling and relates to people's sense of self, identity, authenticity (Proctor et al., 2011), well-being, the good life and flourishing (Avey et al., 2012).

Knowing and living out signature strengths (those strengths that define a person) give people a sense of meaning, especially when these strengths are used to benefit a cause or something bigger than the self (Seligman, 2011). The use of signature strengths helps people achieve their goals, which helps satisfy their psychological needs and leads to greater well-being (Linley, Nielsen et al., 2010; Van Schalkwyk, & Wissing, 2013). 'Heart strengths' such as kindness are the most fulfilling and satisfying strengths in comparison to 'intellectual strengths'; such as passion for learning (Park, Peterson, & Seligman, 2004). When people engage in a process of detecting and knowing their own strengths, they function better, feel more satisfied with life, have better insight into themselves, have more meaningful relationships, have more self-respect (Guse, 2010) and are invigorated to use the strengths that they now know (Peterson & Seligman, 2004). Virtues and character strengths are associated with optimal functioning (Peterson & Park, 2006), well-being (Biswas-Diener, 2006) and happiness (Schueller, 2012).

The positive results associated with practicing strengths are valuable for this research study. According to Seligman (2011), when people actually live their strengths, opportunities develop for experiencing positive emotions, engagement, meaning, positive relationships and accomplishment. Character strengths are key to the flourishing of individuals and communities (Park, Peterson, & Seligman, 2006).

In relation to values in action, it would be a good practice to involve psychologists in a process of becoming familiar with their character strengths instead of occupying themselves with

improving their perceived limitations. This is especially important in the context of the flourishing-languishing continuum. The theory focuses on what is right about people and focuses on the ability of character strengths to enable a good life. This classification system is recognised as having broad value in psychology (Eloff, 2013; Wissing, 2013). However, human strengths on their own are insufficient to provide and ensure psychological well-being (Van Aswegen, 2009). Therefore this study primarily made use of Keyes' theory, while remaining aware of the role that character strengths and virtues play in developing and sustaining flourishing.

#### *Lyubomirsky's theory of well-being change and the importance of daily activities*

According to Lyubomirsky (2001) happiness or subjective well-being involves cognitive and emotional processes. She regards voluntary control, inherited aspects and life circumstances as the determinants of subjective well-being. Well-being is thus best achieved via conscious engaging in activities such as practicing positive thinking, developing social relationships, living in the present, improving health and committing to personal goals. According to Lyubomirsky (2007) intentional activities account for as much as 40% of subjective well-being. Happy people use mental skills to assist them in the maintenance of their positive emotional experiences (Abbe, Tkach, & Lyubomirsky, 2003). Positive emotions also contribute towards positive outcomes and life success in areas such as work, marriage and health (Lyubomirsky, Sheldon, & Schkade, 2005).

Lyubomirsky, Sheldon et al. (2005) found that it is possible to improve people's levels of happiness through engaging in happiness-increasing activities. These activities include pursuing goals, meditating, showing kindness, thinking optimistically and expressing gratitude. The motivation, or will, to become happier is critical to initiating the positive activity and being able to improve well-being (Lyubomirsky, Dickerhoof, Boehm, & Sheldon, 2011).

Lyubomirsky's research is important for the current research as it offers support for the idea that people are able to become active agents of their own well-being. In addition, it suggests that this involves serious effort and actions and is not a 'quick fix' ideal towards sustainable health and well-being. These intentional efforts involve utilising important resources such as social support, habits, savouring, motivation, effort and commitment (Lyubomirsky, 2007; Lyubomirsky & Layous, 2013; Sin & Lyubomirsky; 2009). Lyubomirsky's most important contribution to literature is the finding that happy individuals appear to be more likely to be flourishing people (Lyubomirsky, Sheldon et al., 2005). In addition, Lyubomirsky and colleagues' emphasis on commitment is an important mandate in researching well-being and flourishing in terms of enduring well-being. The increasing of well-being through intentional

activities is relevant to this study and provides an understanding of the generation of happiness and well-being.

### *The South African context and well-being*

Since the conception of positive psychology, Western notions of well-being have been applied indiscriminately to various contexts, disregarding culture and diversity (Wissing, 2013). South Africa is a country with eleven official languages where Eurocentric and Afrocentric worldviews coexist. This multi-cultural society is referred to as the rainbow nation (Argent & Westoby, 2009). Given this cultural diversity it is important to consider culturally relevant research when conducting research in South Africa. The work of Strümpfer (1990, 2001, 2013), who introduced the construct of fortigenesis to expand on Antonovsky's (1979, 1996) concept of salutogenesis (meaning origins of health), is culturally relevant to South Africa. Strümpfer (1995) argued that salutogenesis as a concept should be supplemented to include strengths and should not only be relative to health. Fortigenesis is a more comprehensive concept than salutogenesis and is likely to have value in various domains such as work, family life and community participation (Strümpfer, 2013). Fortology, the study of fortigenesis (Strümpfer, 2013), was introduced by Strümpfer and Wissing (1998) based on the identified need to pay more research attention to resilience, strengths and resources of people.

Wissing and Van Eeden (2002) introduced the concept of psychofortology, a theory studying the origins, nature and indicators of well-being, along with ways to promote psychological well-being and develop human abilities. They derived the term fortology from Strümpfer (1995), hence embracing strengths as integral to psychological health. Wissing and Van Eeden (1997) conceptualised well-being as a subjective experience of happiness, a rational evaluation of life satisfaction and optimal functioning within psychological domains.

Studies that have contributed to understanding the well-being of South Africa's psychotherapists, are those of Nel (2011), De Lange (2010) and Van Der Westhuizen (2009), who respectively focused on psychology students, psychologists in private practice and play therapists. Positive psychology is applicable in various life domains as is alluded to by research pertaining to well-being in South Africa. Recent South African well-being research is available covering diverse topics, for instance education (Eloff, 2013; Theron, 2013); diversity and culture (J. Maree, 2013; Maree, & Maree, 2013); HIV/AIDS (Ebersöhn, 2013; Theron, 2013); resilience (Ebersöhn, 2013; Greeff, 2013; Van Den Berg, 2013); work (Koen, Van Eeden, Wissing, & Koen, 2013; Rothmann, 2013); family life and social support (Greeff, 2013; Van Den Berg, 2013); spirituality (Roos, 2013); and character strengths and self-regulation (Botha, 2013; Van Schalkwyk, & Wissing, 2013; Human-Vogel, 2013). These studies are valuable and navigate

further research efforts, while contributing to the development of positive psychology in the South African context.

Context and culture in a diverse society are of intrinsic importance when well-being is researched. This is well demonstrated in research by Wissing and Temane (2008) pertaining to different manifestations of personality and psychological well-being patterns across different groups in South Africa. Allik and McCrae (2004) confirmed that white South Africans are generally more individualistic and hold a Western world view, whereas black South Africans are generally more collectivist in orientation. Wissing and Temane (2008) found that relatedness and a sense of community are probably more important to black South Africans than to white South Africans, whilst competency and agency may be more important to white South Africans than to black South Africans. In terms of culture, Strümpfer (2013) challenged perceptions of flourishing in the South African context by suggesting that individual languishing or flourishing may hardly be a consideration in South African society. Wissing and Temane (2008) contended that interventions to enhance health and well-being must be sensitive to cultural contexts. They further suggested that indigenous knowledge of what contributes to feeling good and functioning well should be integrated into such interventions.

It would be easy to assume that because all South African psychologists have a tertiary level of education and earn relatively high incomes, they are fully Westernised in their world view. However, such an assumption would never do justice to the concept of culture in the South African context. For example, a concept such as 'black tax' would apply directly to black psychologists. 'Black tax' refers to a community obligation experienced by an educated black person, who is expected to ensure that their siblings complete school and/ or university and to replace shacks and/or government issued four roomed homes of parents with better housing. In addition, if family members and members of the community contributed to a black person's education these contributions have to be refunded elaborately. The educated person is frowned upon if they spend earnings on themselves before they have attended to the perceived debt and needs of the family and community (Khumalo, 2015). Matters such as this must be considered when considering well-being as people are also cultural beings. With guidelines towards the well-being of psychologists being presented as part of this study, the above information has been duly considered. Keyes' model was used as the theoretical basis of this study and it was therefore possible to explore and develop psychological strengths as personal resources with the potential to unfold flourishing in psychologists and to research buffers pertaining to symptoms of distress.

Each of the theories discussed above relates to meaningful components concerning well-being. Through integrating those aspects, a clearer picture of psychologist well-being can be portrayed. Although the theories are all founded in positive psychology, each theory

conceptualises well-being in a unique manner. These theories also relate to the constructs that guided this research, namely well-being, meaning, resilience and positive affect. Keyes' model was utilised as the theoretical basis in the current study as it is a multi-dimensional model that allows for a holistic conception of flourishing. Its focus on optimal functioning in terms of personal fulfilment and inclusion of social functioning makes it an appealing theory when studying well-being and flourishing. Using Keyes' model has the potential to unfold flourishing in psychologists and to research buffers pertaining to symptoms of distress as is presented in the following section.

## **2. OUTLINE OF THE RESEARCH REPORT**

The first section of this research report discussed the orientation, problem statement, aims and objectives, paradigmatic assumptions, theoretical framework of the study, research methodology and ethics involved in this research. It also provided a literature review.

Section 2 is presented in the form of a research article entitled:

- Exploring a group of South African psychologists' well-being: Challenges and competencies.  
The aim of this section was to conduct qualitative research to obtain data pertaining to psychologists' perceived challenges and competencies in the daily execution of their work and their experiences of flourishing and languishing.

Section 3 is presented in the form of a research article entitled:

- Well-being of South African psychologists: A mixed method study. The aim of this section was to, by means of integrating quantitative and qualitative data, make deductions about the extent and nature of South African psychologists' well-being.

Section 2 and 3, along with existing literature, serve as a backdrop for the development of guidelines for well-being that are described in Section 4. These guidelines are presented in the form of an article entitled:

- Guidelines to enhance South African psychologists' well-being: A well-being programme.

Section 5 reports on the findings, conclusions, recommendations and limitations of the study and provides suggestions for future research.

**THE WELL-BEING OF SOUTH AFRICAN PSYCHOLOGISTS:  
A MIXED METHOD STUDY**

**SECTION 2: ARTICLE 1: EXPLORING A GROUP OF SOUTH  
AFRICAN PSYCHOLOGISTS' WELL-BEING:  
COMPETENCIES AND CONTESTS**

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# EXPLORING A GROUP OF SOUTH AFRICAN PSYCHOLOGISTS' WELL-BEING: COMPETENCIES AND CONTESTS

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## **Abstract**

Research about psychologists and specifically the well-being of psychologists is scarce and of great concern. This study aimed to explore a group of South African psychologists' experiences of well-being with reference to competencies and contests and was a most necessary study when considering the important role of psychologists in the health sector. Positive psychology formed the theoretical framework for the study, as well-being, meaning, resilience and positive affect are core concepts of this perspective. Unstructured interviews were conducted with fourteen psychologists with the purpose of obtaining rich data concerning South African psychologists' experiences of well-being. Thematic analysis allowed for the identification of themes via inductive reasoning and categories via deductive reasoning. Four main themes were identified, namely work content and work context, relational functioning, self-care practices and personal

resources. It is recommended that well-being programmes include competencies as indicators of well-being and simultaneously create awareness of indicators that are threats to well-being.

**Keywords:** Competencies, contests, meaning, positive affect, positive psychology, psychologists, qualitative research, resilience, South Africa, well-being.

Psychologists' work is considered to be demanding and includes many difficulties (Barrington & Shakespeare-Finch, 2013). Psychologists experience unique challenges within the work context, such as vicarious trauma (Johnson et al., 2011; Maltzman, 2011), suicide ideation (Johnson & Barnett, 2011), burnout (Bradley, Drapeau, & DeStefano, 2012), discouragement, depression, anxiety, disrupted relationships (Johnson & Barnett, 2011), demanding work, isolation (Webb, 2011), emotional distress (Malinowski, 2013) and alcohol and substance abuse (Smith & Moss, 2009). Other stressors include long work hours and time pressures (Schwartz-Mette, 2009; Van Den Berg, 2013). Although the work that psychologists do is regarded as inherently difficult it 'can provide an opportunity to flourish and grow in ways that few other professions allow' (Barrington & Shakespeare-Finch, 2013, p. 103). Another key aspect of psychologists' well-being and functionality relates to their contributions to effective healthcare provision (Van den Berg, 2013). Psychologists' overall well-being is regarded as fundamental to their own functioning and the well-being of their clients (Wise, Hersh, & Gibson, 2012).

The extent to which South African psychologists experience well-being is not known (De Lange, 2010; Nel, Pezzolezi, & Stott, 2012; Pillay, Ahmed, & Bawa, 2013). The researcher argued that, if psychologists do not experience high levels of well-being, termed flourishing by Keyes (2005), then problems within the work context and other contexts may adversely impact the quality of their service to clients. This is concerning (Jordaan, Spangenberg, Watson, & Fouché, 2007) for service delivery in the mental health sector. Nonetheless, psychology as a career is also viewed as rewarding and meaningful (McMahon, 2012). This research is further contextualised based on the perspective that a psychologist functions in numerous life domains, such as work and family and it is therefore recognised that the work role does not embody the entire person. However, Rothmann (2013) regarded well-being in work and non-work contexts as interrelated and cautioned about spill-over effects between various life domains. It is therefore necessary to consider the personal resources accrued in these various life domains as significant for psychologists' well-being.

Meaning, resilience and positive affect are resources that are known to assist people in attaining high levels of well-being and health (Fredrickson, 2013; Leontiev, 2013; McDonald,

Jackson, Wilkes, & Vickers, 2013; Seligman, 2011). The theoretical framework of positive psychology offers a strong focus on well-being and many models developed within this approach highlight meaning, resilience and positive affect as indicators of positive human health (Fredrickson, 2001, 2006, 2013; Keyes, 2005, 2007, 2009; Ryff, 2013, 2014; Seligman, 2011). It is therefore important to study the nature of South African psychologists' well-being within this framework.

### ***1. Positive psychology and constructs related to well-being***

Positive psychology focuses on the investigation of scientific pathways towards fulfilling and flourishing lives, versus mere existence (Keyes & Haidt, 2003). Although the perspective was formalised by Seligman (1990), the historical conception of positive psychology relates back to the works of Adler (1938), Allport (1937), Frankl (1967), Jahoda (1958), Maslow (1971) and Rogers (1961), who introduced concepts such as self-actualisation, self-efficacy, mastery and competence, will to meaning and positive mental health. Positive psychology places emphasis on valued subjective experiences such as well-being and contentment and individual strengths such as courage, perseverance and forgiveness. Although this perspective embraces two dimensions, namely well-being and pathology, this study focused on the well-being dimension.

#### ***1.1 Positive psychology in the South African context***

Within the South African context there has been an earnest effort to engage with positive psychology, as is evidenced by the studies of Nel (2011), De Lange (2010) and Van Der Westhuizen (2009), who focused on psychology students, psychologists in private practice and play therapists respectively. Numerous other studies are cited in Wissing (2013) and focus on various matters, such as education (Eloff, 2013; Theron, 2013); diversity and culture (J. G. Maree, 2013; Maree, & Maree, 2013); HIV/AIDS (Ebersöhn, 2013; Theron, 2013); resilience (Ebersöhn, 2013; Greeff, 2013; Koen, Van Eeden, Wissing, & Koen, 2013; Van Den Berg, 2013); work (Koen et al, 2013; Rothmann, 2013); family life and social support (Greeff, 2013; Van Den Berg, 2013); spirituality (Roos, 2013); and character strengths and self-regulation (Botha, 2013; Van Schalkwyk, & Wissing, 2013; Human-Vogel, 2013). Many 'giants' from South Africa have contributed to theory development in positive psychology, for example Strümpfer (1995), who developed the concept of fortology and Wissing and Van Eeden (1997), who conceptualised psychofortology. Concepts such as strengths, for instance hope, gratitude and kindness (Guse, 2010), and the concept of *ubuntu*, which relate to human inter-connectedness (Strümpfer, 2013), are also relevant to well-being research in South Africa.

### *1.2 Positive psychology: Hedonic and eudaimonic perspectives*

The positive psychology approach takes into account the full spectrum of human experiences and as such well-being is conceptualised as the presence of health and refers to much more than merely the eradication of dysfunction and disorders. Many professionals and authorities (academics, researchers and members of governments) still struggle to view positive human health as more than the absence of disease and as dissimilar to existing paradigms of ‘damage control’ (Keyes, 2005). Well-being is the presence of positive health and functioning and can be understood from either the hedonic or the eudaimonic perspective, or from both perspectives (Keyes, Shmotkin, & Ryff, 2002; Ryan & Deci, 2001).

The hedonic perspective relates to life satisfaction, high levels of positive affect and low levels of negative affect. The eudaimonic perspective involves self-actualisation (Vazquez, Hervas, Rahona, & Gomez, 2009) and focuses on concepts such as life purpose, growth and meaning (Fredrickson, 2013; Ivtzan & Papanтониου, 2014). Hedonia and eudaimonia are inter-related, for example both forms of well-being are experienced when a person sets a goal that comes to fruition. In this example high levels of positive affect may occur, involving both hedonic and eudaimonic well-being (Waterman, Schwartz, & Conti, 2008). This inter-relatedness was confirmed by Khumalo, Temane and Wissing (2012) in the South African context.

### *1.3 Well-being*

Well-being refers to optimal functioning (Deci & Ryan, 2008), happiness, health and flourishing (Wong, 2011) and relates to positive outcomes in various domains, such as work and relationships (Chmiel, Brunner, Martin, & Schalke, 2012; Diener, Helliwell, & Kahneman, 2010; Huppert & Linley, 2011). Well-being can be defined as ‘the balance point between an individual’s resource pool and the challenges faced’ (Dodge, Daly, Huyton, & Sanders, 2012, p. 230). Existing literature describes meaning, resilience and positive affect as characteristics of people who experience high levels of well-being. These constructs were therefore utilised as the ‘lenses’ or viewpoints for investigating the presence of well-being.

### *1.4 Meaning*

Various researchers (Barrington & Shakespeare-Finch, 2013; Rothmann, 2013; Stewart-Sicking, Ciarrocchia, Hollensbeeb, & Sheep, 2011) indicate that meaning in life is inherently related to well-being. Meaningfulness is the perception that life challenges are worthwhile. Conversely, without meaning, there is little reason to endure daily struggles and complications (Emmons, 1997, 1999). Meaning exists in knowing what a person’s highest strengths are

(Peterson & Seligman, 2004), such as strengths of wisdom (Peterson & Seligman, 2004) and strengths of transcendence (Peterson & Seligman, 2004).

The experience of meaning includes feelings of being useful for a purpose larger than the self (Rothmann, 2013; Seligman, 2011). A sense of meaning is critical to survive and possibly to thrive in the face of life difficulties (Frankl, 1963). Psychologists constantly confront issues of meaning, such as distress, isolation, feelings of anxiety, emotional exhaustion, self-doubt and negative feelings about work (Jordaan et al., 2007). Meaning in life allows people to cope more effectively with stressful situations (Schaefer et al., 2013) and this is associated with resilience, which is discussed below.

### *1.5 Resilience*

Resilience involves successful adaptation to adversity, including recovery (bouncing back from challenges) and sustainability (moving forward in the face of adversity) (Ryff, 2014). Resilience is defined as positive adjustment to hardship and involves facing and managing positive and negative life events (Van Rensburg, Theron, & Rothmann, 2015). Psychologists experience numerous difficulties (De Lange, 2010; Smith & Moss, 2009) that necessitate resilient coping. Well-being is strongly related to resilience and people who report high levels of well-being also report high levels of resilience (Keyes, 2005; Mguni, Bacon, & Brown, 2012). Resilience as a character strength helps people view themselves, the world and the future positively. This in turn promotes positive affect and leads to the enhancement of well-being (Mak, Ng, & Wong, 2011).

### *1.6 Positive affect*

Positive affect refers to ‘consciously accessible, long-lasting feelings’ and to positive attitudes, emotions or moods that do not depend on specific circumstances (Strümpfer, 2006, p.146). The broaden-and-build theory (Fredrickson, 2001) suggests that positive emotions broaden a person’s awareness and encourage novel and varied thoughts and actions. This expanded behavioural range builds skills, resources and increased life satisfaction. In addition, when people (for example, psychologists) experience positive affect, they seem to be able to provoke positive affect in others (Fredrickson, 2004). Psychologists’ positive emotions thus help to overcome client resistance (Westra, Aviram, Connors, Kertes, & Ahmed, 2012). In addition, psychologists’ enjoyment of work can influence therapeutic outcomes (Heinonen, Lindfors, Laaksonen, & Knekt, 2012). Positive emotions can also reverse the effect of negative emotions (De Simone, 2014) and build resilience to buffer negative events and to promote optimal functioning. The positive impact of positive emotions on people’s well-being in the work context

is well-documented (Hochwarter, & Thompson, 2010; Linley, Harrington, & Garcea, 2010), as is the positive impact of positive emotions on general well-being (Fredrickson, 2009; Seligman, 2011). Meaning, resilience and positive affect are clearly core components of well-being.

This study argues that although South African psychologists are viewed as secondary facilitators of their clients' well-being, they are simultaneously exposed to numerous demands in the workplace. This is of great concern, because if psychologists do not experience positive human health and well-being then the problems they experience in the work context (as well as other contexts) may adversely affect the quality of their service delivery. However, despite the inherent difficulties associated with the work of psychologists, their experience of general well-being can influence all of their life domains. For this reason, this study investigated the following research question: What are South African psychologists' experiences of well-being?

## **2. ORIENTATION AND PROBLEM STATEMENT**

The scarcity of research about psychologists in general and specifically as it relates to their well-being is of great concern. A vital reason for this study is the importance of psychologists' well-being to the mental health sector of South Africa. Therefore, the aim of this study was to explore a group of South African psychologists' experiences of well-being and to identify competencies and contests experienced in relation to meaning, resilience and positive affect. Positive psychology was utilised as the theoretical framework for the study, as well-being is a core concept of this perspective, which also offers a theoretical home for key constructs related to well-being, namely meaning, resilience and positive affect.

### ***2.1 Motivation for conducting the study***

The primary motivation for this study relates to the paucity of research regarding psychologists in various contexts (De Lange, 2010; Nel et al., 2012; Pillay et al., 2013; Roothman, 2010; Skinner, & Louw, 2009). The nature of South African psychologists' experience of well-being, meaning, resilience and positive affect has not been previously investigated. Khumalo et al. (2012) highlighted the fact that well-being is not constant or stable over time and suggested that other factors such as meaning, resilience and positive affect could be important additional determinants of well-being. Meaning, resilience and positive affect are known to assist people in attaining high levels of well-being and health (Fredrickson, 2013; Leontiev, 2013; McDonald et al., 2013; Seligman, 2011) and were therefore included in this study. According to De Lange (2010) there is a lack of qualitative research regarding psychologists' well-being.

The second motivation for this study is based on the fact that psychologists' overall well-being is regarded as fundamental to their own functioning and the well-being of their clients (Wise et al., 2012). This makes studies such as this one necessary as they are in the best interest of psychologists, their clients and the mental health sector in South Africa. The profession of psychology poses many challenges and is considered to be a demanding profession (Manganyi, 2013; Prosser, Tuckey, & Wendt, 2013). Psychologists may encounter difficulties such as vicarious trauma (Johnson et al., 2011; Maltzman, 2011), suicide ideation (Johnson, & Barnett, 2011), burnout (Bradley et al., 2012), discouragement, depression, anxiety, emotional depletion, disrupted relationships (Johnson, & Barnett, 2011), demanding work, isolation (Webb, 2011), emotional distress (Malinowski, 2013) and alcohol and substance abuse (Smith, & Moss, 2009). Psychologists also face long work hours and time pressures (Schwartz-Mette, 2009; Van Den Berg, 2013). These problems can adversely impact the quality of service delivery, which is a concern (Jordaan et al., 2007) for the mental health sector.

Despite these professional difficulties it is possible for psychologists to flourish due to the fact that positive emotions can reverse the consequences of negative emotions (Tugade & Fredrickson, 2004). Positive psychology acknowledges both the positive and negative aspects of life (Seligman, 2011) and this study therefore included both positive and negative aspects relative to psychologists' well-being. Finally, although the type of work that psychologists do is inherently difficult 'it can provide an opportunity to flourish and grow in ways that few other professions allow' (Barrington & Shakespeare-Finch, 2013, p. 103). As such, psychologists' careers are rewarding, meaningful and engaging (McMahon, 2012).

## ***2.2 Research question***

This study argues that South African psychologists are viewed as secondary facilitators of their clients' well-being and are simultaneously exposed to numerous demands in the workplace. This is concerning because if psychologists do not experience positive human health and well-being, then problems experienced in the work or other contexts may adversely affect the quality of their service delivery. Despite the inherent difficulties associated with the work of psychologists, their experience of general well-being can impact all of their life domains. This study therefore addressed the following research question: What are South African psychologists' experiences of well-being?

## ***2.3 Possible contribution of this study***

This study contributed to research pertaining to psychologists. There is currently a paucity of research in this area. In addition, this study made use of qualitative data to explore

psychologists' experiences of well-being, meaning, resilience and positive affect.

### **3. AIM AND OBJECTIVES**

#### ***3.1 Aim***

The aim of this study was to explore a group of South African psychologists' experiences of well-being and to obtain their insights regarding the competencies and contexts experienced.

#### ***3.2 Objectives***

The objective of this study was to conduct unstructured interviews with 14 psychologists practicing as registered psychologists in various work settings and registration categories in the field of psychology. The findings were submitted for publication as a research article.

### **4. METHOD OF INVESTIGATION**

#### **4.1 Research methodology**

##### ***4.1.1 Design***

This study made use of a qualitative approach to obtain broad and deep information (Johnson, Onwuegbuzie, & Turner, 2007). The value of the qualitative approach is that gathering data directly from the participants' perspectives (Howitt, 2010) allows for the revelation of hidden aspects without imposing meaning on the participants (Chilisa, 2012). The qualitative approach used in this study was deemed appropriate for answering the research question (see Section 2.2 above). The aim of the study necessitated an in-depth, rich insight concerning South African psychologists' experiences of well-being by gathering authentic evidence from participants so that their "voices" could be heard and their insights could be reflected authentically. The results of this qualitative investigation provided in-depth and dense detail concerning South African psychologists' experiences of well-being. Strümpfer (2005) also suggested that qualitative research should be undertaken with a view to obtaining a deeper understanding of the factors and processes that impact well-being.

##### ***4.1.2 Research procedure***

The first step in the research procedure involved obtaining ethical approval. Once ethical approval was obtained the steps described below were followed.

##### ***4.1.3 Recruitment of participants***

Two senior psychologists acted as gatekeepers between the population (South African psychologists) and the researcher and recruited the participants. Purposive sampling was utilised to ensure that potential participants were able to assist in meaningfully answering the research question (Carpenter & Suto, 2008; Ritchie, Lewis, & Elam, 2003). The potential participants had

to be willing and able to talk candidly about their experiences and thus served as rich sources of data. It was envisioned that a minimum of 12 participants would be included in the study. Eventually 14 interviews were conducted to obtain data saturation. Identified participants were contacted to set up appointments for the unstructured interviews. Interviews were conducted at the offices of each of the 14 participants, except in two cases where the participants chose other venues. The interview duration was one hour.

#### *4.1.4 Inclusion and exclusion criteria*

Inclusion criteria were that the gatekeepers regarded potential participants as having the ability to make a meaningful contribution to the study. Clinical, counselling, educational and industrial psychologists were included in the study. Registration as a research psychologist was an exclusion criterion as the specific scope of practice of research psychologists does not relate to this specific study. Participants who did not wish to participate in the study were automatically excluded.

## **4.2 Data collection**

### *4.2.1 Sample size*

The qualitative study reached saturation after interviews with 14 participants had taken place.

### *4.2.2 Setting*

Work settings included private practice, government institutions, academic institutions, non-government organisations (NGOs) and private companies. Participants were from the Gauteng province of South Africa.

### *4.2.3 Risks-benefit ratio*

Research relating to aspects of personality, such as well-being, always has potential risks. In this study, there was a risk that people may develop emotional discomfort if they realise that their well-being levels are not optimal. Participants were offered the option of seeing a psychologist if participation in the research made that a necessity. Participants were not paid to participate and received no tangible benefit for participation. Participants made time available in which they could have consulted. The study did not cause the participants to incur costs to participate. The benefits of participation in this study outweighed the risks of participation. Participants were invited to attend a free workshop where the results of this study will be discussed. Exposure to the research process provided participants with an opportunity to develop self-awareness relative to their well-being, which is an important step in the process of developing well-being. Participants were also able to make valuable contributions to research that has direct relevance to them.

### **4.3 Method of data collection**

Unstructured interviews are conversations that make provision for probing and exploration (Smith & Osborn, 2008) and as such unstructured interviews were conducted to obtain rich data (Creswell, 2013b). The data collection process was supported by field notes and audio recordings of the interviews, for which the participants' express permission was obtained.

#### *4.3.1 Socio-demographic information relative to the participants*

In terms of gender, two males and 12 females participated. The categories of registration were one educational psychologist, two counselling psychologists, two industrial psychologists and seven clinical psychologists. In terms of work settings three participants primarily worked at academic institutions, one participant worked at an NGO, two worked in corporate environments, two worked in the government sector and six worked in private practice. Participants' years of experience varied; six participants had been practicing between 1 and 10 years, five between 11 and 20 years, two between 21 and 29 years and one participant had been in practice for more than 29 years. In relation to language, seven participants were Afrikaans speaking, six were English speaking and one was Zulu speaking.

### **4.4 Data analysis**

Thematic data analysis was used (Creswell, 2013a; Van Manen, 1990) as it allows for systematic deduction of the identification of specific information. This process involved reading of the transcripts several times and then developing initial codes for each interview. Patterns, themes (Creswell, 2013b) and categories were identified and were reviewed multiple times, eventually resulting in four themes emerging from the data. The data was analysed to a point of data saturation, when little or no new data emerged and the research conclusions and inferences (Delport & Fouché, 2011; Francis et al., 2010) were made and the research question was answered. Both deductive and inductive reasoning were used. Deductive reasoning was applied to identify more general themes relating to the theoretical framework (well-being models), namely meaning, resilience and positive affect (Creswell, 2013b). Inductive reasoning was applied as a more open-ended exploration to identify categories and themes from the data. Based on the existing literature, categories were also identified for classifying and organising the data.

### **4.5 Dissemination**

Results of this research are disseminated in the form of a research report. The research will also be offered to professional journals with the view to publish an article in order to reach appropriate interest parties. The participants in this study were also invited to attend a workshop where the research report will be discussed.

## **5. Ethical considerations**

Permission to conduct this study was obtained from the Health Research Ethics Committee (HREC) of the North-West University under the ethics number NWU-00092-14-S1. Participants were informed about the aim, nature, duration and objectives of the study. They were also informed of their role and their required informed consent. Confidentiality and anonymity of participants were maintained at all times. Consent was obtained from participants to use audio recordings (Greeff, 2011). Debriefing was offered if it was necessary.

### ***5.1 Trustworthiness***

The trustworthiness of research refers to the soundness of research and is a measure of ethical, high quality research (Merriam, 2009). Trustworthiness is demonstrated through credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985), peer debriefing, an audit trail, member checks (Guba & Lincoln, 1981), crystallisation (Ellingson, 2008) and triangulation (Creswell, 2002; Lincoln, & Guba, 1985, 1999; Tobin & Begley, 2002). Based on these principles the trustworthiness of this study is outlined in the sections below.

### ***5.2 Credibility***

The purpose of qualitative research is to describe the phenomena being researched from the participants' perspective, therefore only the participants are truly able to evaluate the credibility of the results (Holloway, 2005). To ensure credibility in this study the participants read transcripts of their interviews along with the identified themes to ensure correctness of the interpretation (member checking). Credibility was further enhanced through the use of clarification during the interviews and by reading and re-reading of transcripts. The use of gatekeepers ensured that the participants who were recruited were able to make meaningful contributions to the current study, thereby contributing to the credibility of the research. Other matters that aided the credibility of the research are that the interviews were audiotaped (providing internal validity) and were transcribed verbatim. Credibility was furthermore achieved by having two independent experts to peer-review the thematic analysis and results (analyst triangulation). These independent experts declared the research dependable and agreed on its saturation (Denzin & Lincoln, 2005). Credibility was also enhanced by the heterogeneity of the sample, which allowed for the exploration of a vast range of participants' experiences.

Credibility is further enhanced through practices such as thick description and crystallisation. Thick description is an important way of achieving credibility and relates to an in-depth description, inclusive of culture and context (Holloway & Wheeler, 1996) and rich

detail (Bochner, 2000). Reflexivity was also used as part of the audit trail and as a researcher I constantly questioned whether my own personality was influencing the outcome of the research.

Crystallisation encourages researchers to gather multiple types of data and employ various methods, multiple researchers and numerous theoretical frameworks. This allows for a denser and a deeper understanding of the research subject. Through crystallisation, the researcher was able to give detailed and rich interpretations of the data through the identification of themes (Ellingson, 2008) relevant to participants' experiences of well-being.

### ***5.3 Transferability***

Transferability refers to the extent to which the results can be generalised or transferred to other contexts (Guba & Lincoln, 1989; Koch, 2006; Patton, 2002). Transferability is enhanced by providing in-depth, rich descriptions of data (Guba & Lincoln, 1989; Patton, 2002). The thorough literature review and detailed description of the research context in the current research contributed to transferability in that good contextualisation occurred. According to Babbie and Mouton (2005), transferability also depends on similarities between the sending and receiving of the context. Therefore, in this study participants' experiences of well-being were described using verbatim quotations to ensure that enough detail is available to allow for transferability. A key inclusion criterion for this study involved participants' ability to make a contribution to this specific research, which is another method of ensuring transferability (Nicholls, 2009). In summary, transferability means that when the research report is read, the narrative should be able to create the impression for readers that they may have experienced the same situation in a different context, leading to them strongly relating to the situation that is being described (Ellis, 1995; Tracy, 2010).

### ***5.4 Dependability***

Dependability was achieved by having two independent experts to peer-review the thematic analysis and results. These independent experts declared the research dependable and agreed on its saturation (Denzin & Lincoln, 2005).

### ***5.5 Confirmability***

Confirmability refers to the degree to which the results can be confirmed by others. In this research the procedures for checking and rechecking the data were documented throughout the study. Other researchers were involved in evaluating the research results and this process was also documented. Following the conclusion of the study a data audit (as described above) was conducted and this assisted in enhancing the confirmability of this study (Farrelly, 2013). Sufficient participant quotations are provided and therefore the findings are credible as they are clearly grounded in data rather than in assumptions. The provision of sufficient descriptive data in the research report enables potential readers to judge whether the data can be applied to other

contexts. To achieve this the participants were drawn from various registration categories, ages, genders and work settings. Multiple participants were interviewed and this implies that the procedures were repeated and that the trustworthiness of the findings was consequently enhanced. Case studies enhance confirmability in that participants are examined authentically (Baxter & Jack, 2008) and the data that was gathered is considered to be robust, reliable, rich and dense (Creswell, 2013b; Yin, 2009). Reflexivity was a high priority in this study and contributed to the results being confirmable. Throughout the study I remained consistently aware of my own prejudices, assumptions and beliefs and avoided those as much as possible so that the data could speak for itself. Based on the factors discussed above the results of this research can be regarded as trustworthy.

## **6. FINDINGS AND DISCUSSION**

The following section presents the research findings and discussion as well as the supporting literature. Extracts describing psychologists' experiences of well-being with particular reference to positive affect, resilience and meaning are included. Four main themes were identified, namely work content and work context, relational functioning, self-care practices and personal resources.

### **6.1 Theme 1: Work content and work context**

Participants indicated that work content and work context represent an integral part of their experiences of well-being. This theme consisted of numerous sub-themes, namely boundaries, ethical obligations, scope of practice, workload, learning and training, impact of interventions, receiving feedback, dealing with their own and others' problems, resources and experiencing work as meaningful. These sub-themes are discussed below.

#### *6.1.1 Sub-theme: Boundaries*

Boundaries function to depict beginnings and endings (Cloud & Townsend, 2012) and also delineate responsibilities of each party in a relationship (Manson, 2013). Psychologists use boundaries extensively. Participants indicated that it was important to practice differentiation, so that work did not consistently intrude into their private lives. Some participants emphasised the importance of psychologists' understanding of their own needs relative to the work environment, particularly in relation to work hours, physical environment, administrative assistance and matters that relate to psychologists' physical and emotional needs. Participant 1 summarised this matter as follows: *'identify my needs and then sort of strict boundaries and stick to that, otherwise then I feel burnt out'*. A number of participants mentioned that boundaries are also intended to create an emotionally safe environment for clients, as they provide requirements for client behaviour, which underpins professionalism. The following excerpts relate to

psychologists' utilisation of boundaries to achieve well-being: Participant 12: *'set up a very strong boundary around your family ... time ... and ... not to get too over involved.'* Participant 6: *'... do a little bit of every thing every day ... I see my patients, I ... do neuro-psychology work ... I work on reports, I horse ride ... I see my fiancè ... family and friends ... I think it's really about balance'.*

Research confirms that boundaries play an important role in well-being and positive functioning, especially for novice psychologists (Martin, 2012; McCann et al., 2013). The implementation of appropriate boundaries can alleviate stress (De Lange, 2010) and is also applicable to practising within the boundaries of competence (The Health Professions Council of South Africa (HPCSA), 2011). Time boundaries and boundaries demarcating 'self' and 'other' are particularly important with respect to psychologists' well-being (Ruyschaert, 2009; Webb, 2011). The setting of healthy boundaries is thus a competency amongst the participants.

#### *6.1.2 Sub-theme: Ethical obligations*

Participants indicated that there are stringent ethical codes to be observed at all times in relation to competence and professionalism. Despite awareness of professional ethics, dilemmas do occur and this leads to situations where psychologists' ethics may be compromised, which causes stress and negatively impacts well-being. Participant 10 described this matter: *'in the corporate environment is the constant ethical dilemmas that you face and having your ethics challenged and stretched all the time, which was especially relevant in my previous position, where I, I worked at a – , and there was a lot of political interference in what we were doing'.* The following statement demonstrates how ethics may have an impact on psychologists: Participant 7: *'the ethics of a psychologist that tells you if you don't take care of yourself and you're not ethically capable of practicing, that you can actually be prevented from practicing'.*

Literature confirms the demands that participants expressed in relation to ethical obligations. Ethical conflicts may arise in numerous areas (Clemente, Espinosa, & Urra, 2011) and there is a high level of complexity involved in ethical decision-making (Johnson et al., 2011). If this aspect of the work context is neglected or over-challenged it becomes a contest for the participants in this study. In contrast, ethical guidelines are intended to offer a guideline towards the protection of personal well-being as part of healthy functioning.

#### *6.1.3 Sub-theme: Scope of practice*

Participants regarded the various scopes of practice found in the domain of psychology in South Africa, as offering psychologists choices in terms of the type of work best suited to their preferences, qualifications and experience. This aspect is described by the following quotation: Participant 7: *'that's why I'm not a clinical psychologist, because ... patients are really ... ill, whereas I work with children and families and I do trauma work ... where people can get better.'*

Scope of practice was highlighted as a factor with the potential of influencing well-being both positively and negatively, as it was perceived by some participants as a restrictive measure and by others as liberating. Literature confirms the observations of participants that scope of practice can be limiting (Van Den Berg et al., 2011). Clearly, when psychologists are engaged with work best suited to their training, interests and experience, scope of practice is regarded as a competency. In contrast, the participants in this study perceived limitations in scope of practice to be a contest.

#### *6.1.4 Sub-theme: Workload*

Participants suggested that workload and working over-time can potentially cause burn-out. The following verbatim account describes the situation relative to workload. Participant 5:

*I was working um in correctional services specifically, I actually had a burn out in August of that year because I was the only psychologist with 3000 inmates and the workload was overwhelming, like just I couldn't deal with the workload, there were just too many people.*

Existing literature confirms participants' concerns that excessive workload is a risk factor and is associated with strain (Lim, Hepworth, & Bogossian, 2011), burnout (Schaufeli & Bakker, 2004), lower levels of well-being (Coffey, Dugdill, & Tattersall, 2009), negative relationships (Shier & Graham, 2014) and reduced resilience (Ehlers, 2006). It appears that excessive workload is a contest for the participants in this study.

#### *6.1.5 Sub-theme: Learning and training*

Participants stressed that continuous professional development was of crucial importance and that it bolsters both competence and self-care. The following excerpt captures psychologists' perceptions regarding learning and training: Participant 9: *'you have to have the theoretical back-up always and you have to keep up with it, you have to keep up with the latest research and academics that's going on, so for me that is number one that is very important'*

Some participants viewed learning and training opportunities as having the potential to promote well-being. However, other participants considered some forms of learning as challenging and possibly contributing to increased levels of stress and lower levels of well-being as per the quotation of Participant 6: *'it's been a steep learning curve and I feel like I'm, I'm learning so much which is good'*. Existing research confirms these perceptions, as it suggests that psychologists could feel invigorated by learning (McMahon, 2012) and training appears to contribute to higher levels of well-being (De Lange, 2010; Johnson, Barnett, Elman, Forrest, & Kaslow, 2013) and improved self-efficacy (Xanthopoulou, Bakker, & Fishbach, 2013). However, when training is undertaken simultaneously with various other roles and demands it can lead to overload, distress and lower levels of well-being (Dearing, Maddux, & Tangney,

2005; Stratton, Kellaway, & Rottini, 2007). This sub-theme appears to be both a competency and a contest for the participants. It would appear that while learning in itself is stimulating, it can cause distress when people are overburdened.

#### *6.1.6 Sub-theme: Impact of interventions*

Participants expressed a sense of satisfaction and encouragement when facilitating processes that have a positive impact on recipients. Noticing positive changes reinforces psychologists' belief in their field of work. Participant 6 described this experience as follows:

*it happens on occasion, that...that it feels like I've really understood this patient or this patient feels understood by me and contained by me... I'd almost say there's a type of intimacy in, in the therapeutic relationship which makes me feel quite good about therapy and psychology.*

Participant 6 alluded to less positive outcomes: *'they're admitted...following a suicide attempt...it's very intensive work...then the patients are discharged and very few of them actually follow up, so... I don't think the job satisfaction of it is very high'*. Positive outcomes in interventions with clients, helping others, intellectual stimulation and enjoyment of work are important sources of satisfaction for psychologists (Bike, Norcross, & Schatz; 2009; Phillips, 2011). However, the possibility of clients not improving, which is alluded to in existing research (Barrington & Shakespeare-Finch, 2013; Webb, 2011), was also raised by participants. Therefore, this sub-theme appears to represent both a competency and a contest for the participants in this study.

#### *6.1.7 Sub-theme: Receiving feedback*

Participants agreed that feedback was very valuable. According to Participant 1: *'there's quite a lot of reciprocal feedback that happens within sessions ... in an organisation ... I thrive off of feedback, I often look for ... constructive feedback ... that is very important'*. Some participants commented that feedback can sometimes be negative. Participant 4 said: *'jy kry eerder terugvoer as dit nie werk nie'* (you rather get feedback if it is not working).

While some participants valued positive feedback, other participants felt that feedback was scarce and was only provided in a negative context, with the possibility of affecting their well-being negatively. These perceptions are confirmed by existing research, which suggests that positive feedback is a source of validation (Berg & Karlsen, 2014; Deci & Ryan, 2011; Guest & Zijlstra, 2012; Rothmann, 2013; Van Den Berg, 2013) and can reduce self-doubt, energise psychologists, increase confidence and reduce feeling pressurised at work (McMahon, 2012). However, negative feedback can negatively affect psychologists' well-being (Webb, 2011). Receiving feedback appears to be both a competency and a contest for the participants in this study.

#### 6.1.8 Sub-theme: Psychologists' work requires dealing with their own and others' problems

Participants stated that they are mere mortals who also experience problems. As stated by Participant 14: *'if you came to work already with worries about what's going on at home, then when you get to work and someone else irritates you, it just becomes like a big issue with you'*.

Various studies (Bears, McMinn, Seegobin, & Free, 2013; Nel, 2011; Peluso, Carleton, Richter, & Asmundson, 2011; Wise et al., 2012) indicate that when psychologists are dealing with both their personal problems and client's problems, these experiences negatively impact well-being. The participants thus experienced dealing with their own and the clients' problems as a contest.

#### 6.1.9 Sub-theme: Resources

Participants had concerns about physical resources such as lack of security at work, maintenance of buildings (for example, painting not occurring) and the availability of stationery and printing facilities. A concern was also raised about the inefficiency of administrative support, which had a negative impact on well-being. Participant 5 voiced the following concern: *'my physical safety ... that's a real worry ... I've been in various incidents here ... I was ah man handled.'*

Lack of sufficient and appropriate resources in the work context could impact psychologists' functioning negatively. Various researchers (Albrithen & Yalli, 2013; Dodge et al., 2012; Van Den Tooren, De Jonge, & Dormann, 2012) suggest that the work environment and resources are related to personal and subjective well-being. The lack of necessary resources in the work situation therefore appears to be a contest for the participants in this study.

#### 6.1.10 Sub-theme: Experiencing work as meaningful

The participants indicated that experiencing work as meaningful is a fundamental part of their well-being. Job satisfaction was highlighted as an enabler of experiencing work as meaningful and the absence of job satisfaction was seen as having a negative impact on well-being, even to the extent of exiting the profession. Some participants mentioned that achieving high standards in the work context and being rewarded for accomplishing such standards contributed to their well-being. Some participants also described experiencing flow (engaging in challenging and absorbing activities; Csikszentmihalyi, 1990) as a way of finding meaning. Participant 1 described the process of finding meaning through work as follows: *'professionally, I ... find meaning in ... achieving ... high standards ... I like being promoted...writing articles, I wanna do my doctorate ... moving up in the corporate ladder ... creates meaning or well-being within a work setting for me.'*

Participants considered the experience of meaning in their work and having job satisfaction as crucial to their well-being. Existing research confirms that meaningful work and

job satisfaction are positively correlated to well-being (Rothmann, 2013; Shier & Graham, 2014; Siu, Cooper, & Phillips, 2014; Soane et al., 2013). Therefore, experiencing work as meaningful and satisfying appears to be a competency amongst the participants of this study.

## **6.2 Theme 2: Relational functioning**

Relational functioning was the second theme that was inductively identified. The participants indicated the important contribution of various relationships to their well-being. The first sub-theme pertaining to relationships relates to diverse relationships with life partners, family, friends, children, colleagues and clients. Relationships also include relational connectedness and support systems. The following excerpts demonstrate the intricacies relative to relationships in the life and work of psychologists.

### *6.2.1 Sub-theme: Relationships*

#### *Life partners*

Participant 7: *'we've been through eighteen years together and he's' just been my absolute rock'.*

#### *Family*

Participant 12: *'we're a close-knit family ... if they're okay, I'm okay ... if my family is okay, I'll experience that ... social wellbeing'.*

#### *Friends*

Participant 2: *'you have a handful of people that you trust ... friends'.*

#### *Children*

Participant 3: *'they bring me a lot of joy, they like make my life very light-hearted, very stressful as well.'*

#### *Colleagues*

Participant 5: *'working in a multi-disciplinary team has also created a sense of belonging.'*

#### *Clients*

Participant 5: *'when I come into a ward, I know their names, they know my ... name, they are able to form a connection with me.'*

Relationships influence almost every other aspect of life and are extremely important in the context of well-being (Lyubomirsky, King, & Diener, 2005). Family support significantly predicts well-being cross-culturally, while support from friends predicts well-being only in some cultures (Brannan, Biswas-Diener, Mohr, Mortavazi, & Stein, 2013). These findings confirm the sentiments of the participants concerning the importance of positive family relationships in generating well-being. Family relationships create meaning in life (Peterson, Park, & Seligman, 2005), while social exclusion reduces meaning (Stillman et al., 2009). However, some participants also alluded to relationships that are experienced as negative and have the ability to

create stress, such as Participant 6: *'I was very negatively impacted by, by family relationships'*. This sub-theme therefore appears to be both a competency and a contest for the participants of this study.

#### 6.2.2 Sub-theme: Relational connectedness

Participants regarded inter-connectedness as crucial in the work of psychologists. The following excerpt from Participant 11's interview demonstrates the importance of relational connectedness: *'what is it that drives me ... what is it that rocks my boat or blows my hair back ... and what brings me to work on a daily basis ... what I have to have in my environment is the ability to form relationships with people.'*

Helping people (and psychologists' work involves helping people) is associated with positive emotions. Helping experiences allow for feelings of pride in the helper, feelings of gratitude in the person who receives help and positive feelings in people who are aware of the situation (Fredrickson, 2003). Inter-connectedness therefore appears to be a competency amongst the participants in this study.

#### 6.2.3 Sub-theme: Support systems

Participants believed that support systems, both professional and personal, sustain their well-being. Religious activities could also be a relational source of support. Participant 6 expressed the need for support as follows:

*you need to have a good support, so to me it's very important, I consult with a supervisor and a therapist ... to have that academic support ... on a supervisory level I work through the process of the patient and on a therapeutic level, I work on my individual process relating to whatever emotions.*

Participants considered supervision, colleague assistance, mentoring and therapy to be important in achieving well-being. This is supported by existing literature (Barnett & Cooper, 2009; Johnson et al., 2013). Participants emphasised that relational functioning could be a source for accomplishing well-being, but that negative aspects pertaining to relationships could adversely impact well-being. According to Participant 2

*I'd say I'm flourishing if my personal life and my professional life are um for the lack of a better word matching, what I mean by that is um, that's when I'm like moderate or at my worst, people in my private life don't understand my work and don't see any value in it.*

Participants were able to distinguish between relationships that could potentially sustain their well-being and relationships that posed threats and could lead to languishing. The participants also stated that psychologists sometimes need to isolate themselves in order to recuperate, for example Participant 1: *'I can become quite negative or quite down um and I then*

*tend to isolate myself*'. This need is distinct from the isolation that is associated with burnout and pathology (Webb, 2011). Literature could not be found to confirm the potential positive effect of isolation on psychologists. It appears that social support is both a competency and a contest for the participants in this study.

### **6.3 Theme 3: Self-care practices**

The importance of self-care practices in obtaining high levels of well-being was identified as the third main theme. Self-care practices refer to understanding the importance of self-care, knowing one's own needs and utilising various self-care activities.

#### *6.3.1 Sub-theme: Recognise personal needs and plan self-care activities*

Participants mentioned various self-care activities, including exercise, enjoying nature and beauty, taking regular holidays and breaks, being kind to oneself, watching movies, socialising and having hobbies such as practicing art. The participants emphasised the role of reflection in guiding decisions about self-care. According to Participant 9

*to be well means you have to take care of yourself ... to take care of yourself, you must know yourself very well, you can't ... just go on and on and ... not take care of yourself ... sit and ask yourself, what do you need right now? ... don't neglect your needs um, be very aware of it, if you need to go out and just party tonight, just to forget ... you do that ... if you need to go and have a proper academic supervision session, then you do that... look out for your needs, don't ... neglect that, because that will influence your career.*

Existing literature supports participants' accounts concerning the relevance of self-care in achieving well-being (Wise et al., 2012). Recognising personal needs and planning self-care activities appear to be competencies amongst the participants in this study. The neglect of self-care would imply lower levels of well-being.

#### *6.3.2 Sub-theme: Personal responsibility*

Participants agreed that well-being was not a fixed state, but that there is constant fluctuation in their experience of well-being. The participants felt that awareness, exercising choices and personal responsibility for well-being were important components of achieving well-being. Participants also felt that it was important to create work practices that best suit their needs in order to achieve well-being. Participant 9 described this as follows:

*a lot of it you have to work for ... you can't just sit and hope you'll flourish ... you have to work on your skills ... your emotions, you must make sure you are always on top of things ... that's part of my well-being ... you can't just go on and expect to flourish, I think you'll go backwards.*

It was apparent from participants' accounts that attaining well-being does not occur automatically but instead requires concerted effort. This suggestion is supported by Lyubomirsky, Sheldon and Schkade's (2005) research, which suggests that enduring well-being requires committed and continuous endeavour. Therefore, personal responsibility appears to be a competency amongst the participants in this study.

#### *6.3.3 Sub-theme: Counteracting the impact of general attitudes and beliefs about psychologists*

Numerous participants regarded it as abusive when strangers wanted to receive therapeutic input in social settings, or when people would disengage from them in social settings. Participants indicated that friends and family members sometimes assume that psychologists should adopt a professional stance at social or family gatherings. The following verbatim account relates to the impact of other's attitudes and beliefs on psychologists:

*as a psychologist, the first thing that people ask you what is it that you do, when you tell them, they sort of dump all their crap on you, or duck and leave and they don't want to talk to you, so ... if people say after hours or socially ... are you analysing me...I say no but you're not paying me to do it. (Participant 5)*

Participants indicated that it was a misconception to think that psychologists could give indefinitely and without boundaries and that doing this would lead to burnout. These situations essentially rob the profession of meaning and ultimately of well-being (Roothman, 2010; Van Der Westhuizen, 2009). This sub-theme therefore appears to be a contest for the participants in this study.

#### *6.3.4 Sub-theme: Religion and spirituality*

Participants appreciated the importance of religion in their own lives as well as in their clients' lives. For example, Participant 7 stated: *'a lot of them come to me because I am a Christian and ... I'm sure God is that third partnership in this place.'*

Some participants considered a life without religion to be a life without meaning. Existing literature suggests that religion provides meaning to life (Day, 2009; Park, 2013). The participants seemed restricted in their accounts of religion and spirituality and mentioned that they are prohibited from religious expression in their work as per Participant 7: *'you not allowed to work from a Christian perspective'*. This may be due to the HPCSA's (2014) requirement regarding the well-being of clients, namely that psychologists' personal beliefs, including religion, are not allowed to prejudice the care of clients. This fact was bemoaned by one participant. In this study, it appears that religion and spirituality are a competency.

#### *6.3.5 Sub-theme: Self-awareness and self-knowledge*

Participants considered self-awareness and self-knowledge to be important in helping to determine and satisfy personal needs. In addition, they felt that awareness also assists in

understanding oneself and others. Participant 11 said that *'psychologists don't have more problems than other people ... we're just more aware of our issues and sometimes it helps you to manage it better'*. Participant 6 stated:

*I think it's ... to be kind to myself ... to acknowledge the space that I'm in ... I very much see myself as a wounded healer ... I cannot possibly identify or understand my patients' wounds if I'm not aware and mindful of my own.*

According to Wise et al. (2012, p. 487) psychologists are 'committed to caring for others' but 'tend to neglect the importance of creating a sustainable balance between caring for our clients and caring for ourselves'. Such a balance may be achieved by practicing self-awareness and growing in self-knowledge. In this study it appears that self-awareness and self-knowledge are competencies amongst the participants.

#### **6.4 Theme 4: Personal resources**

In this section personal resources are discussed, including individual traits, character strengths and emotional functioning. Personal resources are important for the well-being of psychologists. Linley and Joseph (2007) argued that personal resources, such as intelligence and sense of humour, both protect against adversity and influence well-being (Graham & Shier, 2011).

##### *6.4.1 Sub-theme: Individual traits*

The first sub-theme relates to individual traits mentioned by participants such as sensitivity, emotionality, irritability and coping and that some traits could impact psychologists' well-being negatively. Traits that were regarded as potentially having a positive effect on well-being were acceptance of life situations and the self, a positive mind-set, a fighting spirit and a balanced outlook on life as per Participant 11: *'I'm not prone to anxiety and I'm not prone to depression, I'm more of a positive, life is good'*. The following excerpt describes Participant 13's experience of individual traits:

*I can be quite a sensitive person ... I'm not able to actually leave it at work ... I get quite emotional with my husband ... I'll even cry ... I get extremely frustrated ... it obviously affects my emotions extremely negatively ... it does affect my objectivity ... I become quite irrational.*

Although traits are fixed there is a relationship between some traits and some character strengths. For example, the traits of agreeableness and extraversion are related to the character strengths of love and gratitude and curiosity and zest respectively (Keyes, Kendler, Myers, & Martin, 2015). As people develop character strengths these learned strengths may counteract the possibility of more negative traits adversely affecting well-being. It makes sense that individual

traits were considered to be both a contest and a competence in this study because both positive and negative traits exist and these traits may have a corresponding negative or positive effect on well-being.

#### 6.4.2 Sub-theme: Character strengths

Participants mentioned the character strengths of love and kindness, hope, gratitude, bravery, creativity, curiosity, open-mindedness, perspective, persistence, citizenship, self-regulation, appreciation of beauty and excellence, humour, spirituality and vitality. These character strengths were viewed as a foundation from where life as a whole and also well-being can be launched. The following quotation illustrates the importance of character strengths:

Participant 11:

*it's almost like ... the platform from which you ... the diving plank from which you can then dive into the pool of life ... the higher that plank is off the ground ... the stronger it is, the more spins you can make in the air to make it worthwhile ... character strength, resilience, optimism ... is so important.*

Existing literature suggests that utilising strengths to achieve goals results in higher levels of success and well-being (Linley et al., 2010). The use of strengths to serve others promotes personal meaning (Peterson & Seligman, 2004), which is important for psychologists. The deliberate use and enhancing of character strengths and virtues were deemed to be competencies by the participants in this study.

#### 6.4.3 Sub-theme: Emotional functioning

The following excerpts explain this sub-theme from the perspective of the impact of emotions. Positive as well as negative emotional experiences were understood to form part of participants' functioning at work. Participant 9: *'my frustrations and my emotions sometimes that goes um hand in hand with my work, and what happens here in this room.'*

Participant 1:

*You feel accomplished, you feel as if you have drive ... there's direction ... you ... feed off of that feeling, it's good to um to feel good so you continually work at that um, and the more you do that the more you feel good, it's sort of a cycle.*

According to Fredrickson (2001) positive emotions have the ability to increase well-being in accordance with the broaden-and-build theory. This theory holds that 'when people open their hearts to positive emotions, they seed their own growth in ways that transform them for the better' (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008, p. 1060). The experiencing of emotions were considered as both a competence and a contest by the participants in this research.

This section provided an overview of the main themes and sub-themes identified in the current study. The participants' perceptions were also discussed in relation to existing literature.

Participants' competencies and contests were highlighted with a view to understanding those experiences that promote well-being, while also being aware of the aspects that could lead to languishing.

## **7. CONCLUSION**

This study aimed to explore a group of South African psychologists' experiences of well-being and to identify the competencies and contests they experienced. This aim was achieved and inductively enriched through the application of the main constructs of the research, namely well-being, resilience, positive affect and meaning (K. Maree, 2007). Meaning, resilience and positive affect are known to assist people in attaining high levels of well-being and health (Fredrickson, 2013; Leontiev, 2013; McDonald et al., 2013; Seligman, 2011). The theoretical framework of positive psychology offers a strong focus on well-being and many models developed within this approach highlight meaning, resilience and positive affect as indicators of positive human health (Fredrickson, 2001, 2006; 2013; Keyes, 2005, 2007, 2009; Ryff, 2013, 2014; Seligman, 2011).

This research confirmed the findings of existing literature by suggesting that meaning is indeed an indicator of well-being. Meaning was seen as a competency of South African psychologists towards achieving high levels of well-being. In relation to resilience the participants identified it as a character strength, that when being used deliberately, contributed to well-being. The participants in this study viewed character strengths as a competency. This confirms the finding of existing literature that views resilience (a character strength) as an indicator of well-being. Existing literature also suggests that positive affect is an indicator of well-being. However, because well-being operates on a continuum (Keyes, 2002), affect also consists of various levels, such as positive affect, negative affect and affect balance (Kamman & Flett, 1983). These levels relate to participants' statements indicating that emotions are both a competency and a contest. Sufficient evidence was provided to make the inference that psychologists' positive affect is an indicator of well-being and this finding is in accordance with existing literature.

The aim of the study was to explore psychologists' experiences of well-being. The key findings relate to factors that can be understood as competencies towards well-being and contests, or risk factors, towards languishing. The dimensions of well-being were illuminated by determining factors related to meaning, resilience and positive affect as markers of fulfilling lives. The identified competencies of South African psychologists relate to boundaries, experiencing work as meaningful and having job satisfaction, relational connectedness, recognising personal needs and planning self-care activities, personal responsibility for self-care,

religion and spirituality, self-awareness, which includes self-knowledge and character strengths. When these competencies are experienced and protected, they contribute to high levels of well-being. Ethical boundaries, workload, dealing with their own and other people's problems, lack of physical resources at work and having to counteract the impact of general attitudes and beliefs about psychologists were contests that have the ability to negatively affect psychologists' well-being. Receiving feedback, various and diverse relationships, issues related to scope of practice, continuous learning and training, the impact of interventions, support systems, emotional functioning and individual traits were perceived as both competencies and contests.

Future research is needed to ascertain whether neglect of these indicators for psychologists' well-being may cause lower levels of well-being or even languishing as a result of a lack or scarcity of these personal, relational and material resources. The findings suggest that those indicators that were identified as competencies are important for fully functioning persons and well-being. These indicators should therefore be intentionally protected and nourished. There are also indicators of factors which, when they are present, enhance well-being but when they are absent or when a good balance is not present they become threats to well-being. An example of such a factor is relationships, which can take the form of a support system and thus be a competence. However, if excessive demands are placed on a person, they could pose a threat and be a contest for flourishing. The clarification of indicators that could damage personal, relational or social well-being is also valuable. It should be noted that these indicators are not inflexible. For example, lack of resources at work, which is indicated as a contest in this research, could, through the pathway of positive emotions and character strengths, be managed by utilising a strength such as creativity.

It is important to note that psychologists' well-being is impacted by the various domains, such as work, family and friends that are present in their lives. There is always the possibility of the spill-over effect between various life domains and a person's competencies will assist in achieving higher levels of well-being regardless of that person's particular profession. High levels of well-being are associated with optimal functioning, superior health, meaning, resilient coping and the many benefits of positive affect and these aspects will manifest in a person's professional life. The participants made innovative recommendations regarding effective management of negative spill-over, specifically in relation to practicing the setting of professional boundaries (this has already been identified as a competence towards higher levels of well-being for psychologists) to diminish the possibility of spill-over for psychologists. It was further recommended that, instead of psychologists spilling over in a negative manner, they rather engage with people with whom they have trust relationships and seek their support. Supportive relationships were also identified as a competency. It is thus clear that when

competencies are known and applied they are able to positively influence psychologists' experiences of well-being.

This study highlighted the multi-faceted nature of well-being and the qualitative approach used was able to detect the indicators identified in this study. It is recommended that programmes aimed at the promotion of higher levels of well-being cannot be developed as a 'one-size-fits-all' approach. Mechanisms such as appropriate boundaries can be implemented to guard against some of the difficulties experienced by psychologists, such as burnout and excessive work hours. Using job satisfaction as a productive mechanism, may aid in the alleviation of vicarious trauma, discouragement and emotional distress. It is important to note that when the competencies alluded to in this study are activated intentionally, they will promote the well-being of South African psychologists.

Most previous research has focused on possible dangers for psychologists in the work context, such as burnout, anxiety and depression. In contrast, this study identified positive aspects that are needed to create a 'good life', such as self-care, religion, spirituality and character strengths. However, this study did also highlight the possible dangers of stressors such as excessive workload, lack of resources at work and having to deal with their own and other people's problems. These stressors may be detrimental to psychologists' well-being. This study's strength lies in its identification of both competencies and contests for psychologists. This allows for the promotion of psychologists' well-being towards flourishing and serves to warn of aspects to avoid in order to ensure that high levels of well-being (flourishing) are promoted and the detour towards low levels of well-being (languishing) is avoided.

Findings indicate that South African psychologists should not underestimate the power of obvious competencies in achieving higher levels of well-being towards flourishing. In addition, contests that pose possible threats to higher levels of well-being require resilient strategies so that they can be converted into competencies. This would suggest the achieving of positive adjustment. For example, if psychologists address the contest of workload by activating existing competencies such as boundaries they could translate the contest of workload into a competence through appropriate allocation of time and energy, while maintaining work/life balance. Future research should focus on the possible positive aspects of psychologists' isolation, as this was something that was mentioned by the participants that is not discussed in existing literature. To establish the prevalence of South African psychologists' well-being, the following chapter utilised the mixed method approach to investigate the nature along with the incidence of well-being of South African psychologists.

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**THE WELL-BEING OF SOUTH AFRICAN PSYCHOLOGISTS:  
A MIXED METHOD STUDY**

**SECTION 3: ARTICLE 2: THE WELL-BEING OF SOUTH  
AFRICAN PSYCHOLOGISTS: A MIXED METHOD STUDY**

Submitted to the South African Journal of Psychology

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**South African Journal of Psychology (1970– )**Incorporating *Journal of Behavioural Sciences* (1969–1979), *Psychologia Africana* (1962–1983), *South African Psychologist* (1962–1979)

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# **THE WELL-BEING OF SOUTH AFRICAN PSYCHOLOGISTS: A MIXED METHOD STUDY**

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## **Abstract**

The aim of this study was to establish the levels of well-being of South African psychologists by implementing a mixed method research design. The study was based within a positive psychology framework as well-being is a core concept within this theoretical perspective. In the quantitative phase of the study participants (N=278) completed questionnaires consisting of the MHC-SF, RS, MLQ and AFM2. Descriptive statistics, reliability indexes and construct validity were established and frequencies were determined for flourishing and languishing. In the qualitative phase of the study, unstructured interviews were conducted with 14 participants. Thematic analysis was utilised for data analysis. Data was synthesized by identifying content

areas represented in both data sets and by comparing or contrasting the results. The majority of the participants (93.9%) experienced flourishing and 6.1% experienced languishing. The qualitative data analysis resulted in the identification of four themes, namely work content and work context, relational functioning, self-care practices and personal resources. Based on deductive analysis, meaning, resilience and positive affect were found to contribute positively to the participants' high levels of well-being. Participants' well-being may be the result of them possessing strong competencies that sustain their well-being. High scores were also found for presence of meaning, resilience and positive affect. Although most South African psychologists seem to experience high levels of well-being, manifesting as flourishing, it is important to continue to intentionally protect and promote their well-being through awareness of the competencies and contexts identified in the qualitative part of the research and by observing the strengths and weaknesses that manifested in the empirical research.

*Keywords: meaning, mixed methods research, positive affect, psychologist, resilience, well-being, South African*

In the South African mental health care system, there are a mere 0.32 psychologists serving each 100 000 individuals in the general population (World Health Organisation (WHO), 2007) and mental health care budgets are disproportionately low in comparison to the high prevalence of mental disorders in South Africa (Burns, 2011). These high rates of mental disorders are concerning in terms of mortality, as research suggests that various aspects related to well-being are positively related to lower levels of mortality, heart disease, homicide, liver disease, diabetes and cancer (Diener, 2013). For example, positive affect, a core construct in this study, is associated with reduced cardiovascular disease risk and longevity (Pressman & Cohen, 2012) and assists cortical regulation of physical homeostasis, hypothalamic-pituitary axis, the sympathetic nervous system and the immune system (Rickard & Vella-Brodrick, 2014). According to Keyes (2005a, 2005b, 2006) health should be seen as extremely important and cannot be viewed mainly as the eradication of disease and disorders, nor as simply maintaining the medical model. Complete mental health protects people against physical disease such as cardiovascular disease and a number of chronic physical diseases (Keyes, 2006; Seligman, 2011). The maintenance and promotion of mental health is thus as important as the prevention and treatment of mental illness. The importance of well-being for general health is a core concept of this study, which aimed to investigate South African psychologists' well-being. The WHO (1948, p. 4) defined overall health as "a complete state of physical, mental and social well-being, consisting of the presence of positive states of human capacities and functioning, as well

as the absence of disease or infirmity”. The Surgeon General, Dr. Satcher (U.S. Public Health Service, 1999, p. 4), defined mental health as “a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with people and the ability to adapt to change and to cope with adversity”.

It is important for the purposes of this study, to distinguish between two levels of well-being, namely internal (subjective) and external (objective) well-being. Subjective well-being relates to spiritual well-being and is linked to people’s individual characteristics. Objective well-being develops from perceptions about society and relates to material well-being, quality of life, stability of income, conditions of residence, being educated, the quality of the social and natural environment, health, longevity and safety and security (Alatartseva & Barysheva, 2015).

However, it should be noted that even if objective conditions of prosperity improve over time people may not feel any happier (Diener, 2012). The paradox of happy peasants and miserable millionaires is not uncommon. Some wealthy people are unhappy because they consistently compare themselves to people with higher income or more status. There is evidence in support of the consideration of both objective and subjective dimensions of well-being (Alatartseva & Barysheva, 2015; Prilleltensky, 2012). This is particularly relevant for the South African context, as psychologists’ work includes a focus on promoting psychological well-being for all South African citizens. It is therefore important that psychologists’ overall well-being is investigated.

In this sense, it is important to take note of Kagee’s (2014) statements about the influence of psychology in general and the ability of positive psychology to address the socio-emotional problems of South Africa. According to Kagee (2014) after 20 years of democracy in South Africa, there is little or no change in the high incidence of mental illness and violence, communicable disease, urbanisation, civil strife, poverty, sexual violence and abuse. These problems appear to be unrelentingly in the face of economic and gender inequality and racism and corruption. These factors also lead to other problems, such as chronic illness, unsafe sexual behaviour, drug and alcohol abuse and medication non-adherence in chronically ill people (Kagee, 2014).

This raises serious questions concerning psychologists’ well-being within the South African context. It particularly raises the question of whether psychologists are affected by this context because of their work with clients who live in and/ or are affected by these conditions. It is therefore important to understand the factors that act as competencies or contests in relation to South African psychologists’ well-being. These questions are asked in the context of psychologists’ responsibility to effect social change in South Africa, as proposed by Kagee (2014) and Guse (2012), who challenged psychologists to play an observable and lucid role in

the much needed application of positive psychology in South Africa. According to Guse (2010), people's identification and knowledge of their strengths has the potential to lead to improved functioning, life satisfaction, self-understanding, meaningful relationships and improved self-respect, all of which could prove meaningful in the South African context. If this is linked to Prilleltensky's argument (2012, 2014) that well-being cannot be conceived or experienced without justice and fairness, it is possible to argue that psychologists ought to experience and portray such intra- and interpersonal strengths as well as capabilities to transfer authentic well-being into a societal context.

Positive human health is a trademark of positive psychology and this approach was thus used in the current study. From this perspective, Keyes (2010) suggested that well-being should be promoted and protected via the strengthening of psychological capacity and by paying attention to possible threats to health. This creates the possibility of helping psychologists experience well-being, which will influence the level of service delivery to clients and thereby contributing positively to the mental health sector in South Africa.

## **1. ORIENTATION AND PROBLEM STATEMENT**

### **1.1 Research problem**

Although the availability of psychologists as a resource in the South African health sector is rather low, mental illness is very prevalent in South Africa, with an estimated 16.5% of the population requiring mental health services, of whom a mere 25% actually receive mental health care (Petersen et al., 2009). This could negatively impact psychologists' workload and functioning. Almost 15 years ago Louw (2002) expressed concern regarding the dire situation in South Africa, where only approximately 8 000 registered psychologists were available to provide mental health care. This was contrasted with approximately a quarter of a million psychologists in the United States at that same time. The 2015 situation in South Africa does not look any brighter, with a mere 7 910 psychologists registered with the Health Professions Council of South Africa (HPCSA).

Psychologists are a vital resource for the South African health sector but information about their well-being is scarce. It is important to determine whether psychologists experience well-being because their work involves assisting with clients' well-being. Psychologists experience numerous career specific difficulties, coupled with the problematic socio-economic situation in South Africa. Due to the paucity of research on psychologists, the prevalence and nature of well-being in South African psychologists is not currently known. Keyes (2007) reported that only 20% of the adult population in the United States and 20% of a group of Setswana speakers in South Africa (Keyes et al., 2008) experienced high levels of well-being

and research is needed to determine whether the well-being of South African psychologists matches this trend.

In brief, this study focused on the identified problem relating to the scarcity of research concerning psychologists in South Africa and particularly the scarcity of research concerning South African psychologists' well-being. There are also clearly demarcated profession typical difficulties, which are compounded by the difficult socio-economic situation in South Africa. Finally, it would be problematic if psychologists, who need to assist clients with their well-being, do not experience well-being themselves. It is therefore important to investigate the well-being of psychologists.

## **1.2 Motivation for conducting the study**

There are insufficient psychologists in the South African health sector and there is also very few studies about psychologists (De Lange, 2010; Jordaan, Spangenberg, Watson, & Fouché 2007; Roothman, 2010). In addition, the extent to which South African psychologists experience well-being is unknown. It is important to obtain information about psychologists' well-being. It is also important to investigate the processes and competencies that lead to sustainable well-being, while simultaneously recognising the contests that may diminish well-being. Psychologists have a duty to assist with clients' well-being (American Psychological Association (APA), 2010; Van Zyl, 2009) and it is therefore important to investigate the well-being of South African psychologists.

Many researchers have alluded to the spill-over effect between people's work and personal lives (Benefiel, Fry, & Geigle, 2014; De Simone, 2014; Rothmann, 2013). Although psychologists implement strategies such as professional boundaries to prevent spill-over they still experience some forms of spill-over. An example of this is "grief spillover" where their work emotions intruded on their personal lives' (Breen, O'Conner, Hewitt, & Lobb, 2014, p. 61). Spill-over can also be positive in nature:

*Meaningful work ... gives a sense of enjoyment at the workplace but it also has a spill-over effect on other domains of employees, which includes their human relationships ... there is high possibility that when employees become happy with their work, they rarely go in frustration and stress and enjoy warm, satisfying, and trusting relationships with others (Sharma & Rastogi, 2012, p. 70).*

This may be especially true for psychologists, because they bring the tools of their trade, namely themselves, to each of their life roles or life domains (Burks & Robbins, 2011). It is important to note that psychotherapy works in two directions, namely psychologists affecting their clients, but they are also being affected by their clients (Webb, 2011).

Occupational hazards for psychologists include vicarious traumatisation (Maltzman, 2011; Smith & Moss, 2009), discouragement, depression, anxiety, emotional depletion, disrupted relationships (Johnson & Barnett, 2011; Smith & Moss, 2009), demanding work, isolation (Webb, 2011), burn-out (Roothman, 2010), emotional distress (Malinowski, 2013), alcohol and substance abuse (Smith & Moss, 2009) and suicidal ideation (Johnson, & Barnett, 2011). Standard stressors for psychologists include long work hours, time constraints and simply being a psychologist (Schwartz-Mette, 2009). This situation was confirmed in a study of South African psychologists, where Jordaan et al. (2007) found that 56.3% of participants reported above average anxiety levels and 54.2% were mildly depressed. The research concluded that South African psychologists are unable to handle their own emotional stress and experience depressive and anxiety symptoms (Jordaan et al., 2007). Stressful situations appear to be an inherent aspect of the work of people in the human service professions (Wendt, Tuckey, & Prosser, 2011), but despite this, most professionals in these professions are able to manage the stress and cope well (Prosser, Tuckey, & Wendt, 2013). Research pertaining to the well-being of South African psychologists is scarce and this study makes a clear contribution to understanding the well-being of South African psychologists.

Empirical findings indicate that most adults do not experience high levels of well-being (Keyes, 2005a; Keyes et al., 2008). The prevalence of well-being is barely 20% in the United States of America's adult population (Keyes, 2002, 2003, 2004, 2005a, 2005b, 2007). A South African study using a sample of 1050 Setswana speaking adults (Keyes et al., 2008) obtained similar results. Empirical findings suggest that higher levels of well-being are linked to higher levels of physical, social, psychological and emotional well-being (Park & Peterson, 2009; Wissing & Temane, 2008). This findings highlight the need for additional research and informed practice. Keyes (2002, 2003, 2004, 2005a, 2005b) suggested that anything less than flourishing is indicative of an increased possibility of impairment and ill-being. However, it should be noted that well-being levels are never static (Rickard & Vella-Brodrick, 2014). Given the importance of well-being it would be useful to develop guidelines to assist South African psychologists in achieving and sustaining high levels of well-being. However, before such guidelines can be established, it is important to determine the extent to which South African psychologists experience well-being. In this study quantitative measures were used to determine South African psychologists' levels of well-being.

### **1.3 Research questions**

This study made use of both qualitative and quantitative research methods in order to address the the research questions and address the void pertaining to research relevant to this

population. The research questions relative to this study were: To what extent do South African psychologists experience well-being, meaning, resilience and positive affect (quantitative part of the study)? What are the nature and experiences of South African psychologists with regards to well-being, meaning, resilience and positive affect (qualitative part of the study)?

#### **1.4 Possible contribution of this study**

This study makes several important contributions. These are described below.

- Offering quantitative data pertaining to well-being, meaning, resilience and positive affect of psychologists in South Africa.
- Offering qualitative data alluding to South African psychologists' experiences of well-being, meaning, resilience and positive affect.

It was also important to produce research relative to psychologists in South Africa as there is very little research in this field. This research also contributes to the very small body of existing literature about well-being in psychologists internationally. It therefore develops this body of knowledge.

#### **1.5 Dissemination**

The results of this study will be disseminated in the form of a research report. The research will also be offered to professional journals with the view to publish a research article in order to reach appropriate interest parties. The participants were also invited to attend a workshop where the research report will be discussed.

### **2. Positive psychology: The chosen perspective**

Positive psychology continues to interest researchers (Lopez & Gallagher, 2009) as an evidence-based science (Seligman, 2011) and there is a strong appeal for its absorption into mainstream psychology (Wood & Tarrrier, 2010). Positive psychology focuses on virtue, meaning, resilience and well-being and aims to improve the lives of individuals and societies (Wong, 2011). Strengths and virtues are important in positive psychology and recognising, nurturing and practicing strengths fortifies people against adversities that may otherwise put them at risk of mental illness (Seligman, 2002). Another foundational idea in positive psychology relates to positive affect and the broaden-and-build theory developed by Fredrickson (2000). According to this theory positive emotions broaden people's thought-action options and assist people in building psychological resources. In the positive psychology paradigm, protecting that which is already functioning well works in sync with healing problems. The paradigm focuses on all life domains, including work, relationships, and emotions (Gable &

Haidt, 2005; Ferreira, 2010). From this perspective the role of psychologists is not only to repair clients' flaws but also to magnify their strengths (Seligman & Csikszentmihalyi, 2000). This should apply to psychologists' own well-being as well as the well-being of their clients. Well-being, meaning, resilience and positive affect fortify people and enable them to become better equipped to promote meaningful existence both for themselves and others (Leontiev, 2006). This study focused on the constructs of well-being, meaning, resilience and positive affect in the context of the well-being of South African psychologists. Well-being, which was the primary construct investigated in this study, is discussed below.

## **2.1 DESCRIPTIONS OF TERMINOLOGY**

### **2.1.1 Well-being**

Well-being is a multi-dimensional construct that is regarded as one of the most important issues in psychological research (Sanjuán, 2011). The most compelling argument with respect to psychologists and well-being is based on the fact that psychologists have a duty to assist people in achieving higher levels of well-being (Wissing & Van Eeden, 1997). It would be difficult, if not impossible, to cultivate well-being in others if an individual is not experiencing well-being themselves. Keyes (2002) theorised that health and well-being can be regarded as operating on a continuum with flourishing at the high end, moderate mental health in the middle and languishing on the low end.

When well-being is approached from a Western and individualistic perspective, versus a collectivist perspective, it refers to optimal functioning (Deci & Ryan, 2008) and is considered to be essential for human life (Waterman, Schwartz, & Conti, 2008). This focus may be insufficient to describe the well-being of people from indigenous cultures that value collectivism. Therefore, this study made use of a relational perspective as well as Western cultural assumptions in order to allow for the presence of collectivistic cultures in South Africa. According to McCubbin, McCubbin, Zhang, Kehl and Strom (2013) a relational perspective assumes that the individual, family, community and society are interconnected and inseparable. Including a relational perspective demonstrates respect for people and unique cultures and involves an acknowledgment that culture plays a pertinent role when assessing well-being.

When well-being is considered from a collectivist perspective, communities as a collective own and distribute resources such as knowledge, skills and problem-solving ability (Ebersöhn, 2013). Relationships and networking are essential in this context and adversities are counteracted through relation-based sharing. In such a culture people flourish and languish together and each person is defined by the community of which they are a part (Wissing &

Temane, 2008). Culture and diversity were taken into account during the conducting of this research study.

The positive psychology approach conceptualises well-being from the hedonic and eudaimonic perspectives (Linley, Maltby, Wood, Osborne, & Hurling, 2009). Hedonic well-being constitutes the experience of pleasure as an end in itself, whereas eudaimonia (eudaimonic well-being) relates to people applying their best qualities in pursuit of intrinsic goals (Waterman et al., 2010). Neither of the perspectives are able to independently explain optimal human functioning (Strümpfer, 2006). Instead, well-being is best understood when perceived as a synergy of both hedonic and eudaimonic indicators (Straume & Vittersø, 2012).

According to Wong (2011) well-being relates to happiness, health, flourishing and optimal functioning. Well-being also relates to positive life outcomes in various domains, such as work and relationships (Chmiel, Brunner, Martin, & Schalke, 2012; Huppert & Linley, 2011). Dodge, Daly, Huyton and Sanders (2012, p. 230) defined well-being as “the balance point between an individual’s resource pool and the challenges faced”. Well-being is further conceptualised in terms of high levels of meaning, resilience and positive affect. These constructs were used in this study as the lenses through which well-being was investigated and are discussed below.

### **2.1.2 Meaning**

Psychologists’ understanding and utilising of meaning in life should be explored because meaning facilitates higher levels of well-being (Delle Fave, Brdar, Wissing, & Vella-Brodrick, 2013; Leontiev, 2013). Meaning in life is described as a “reservoir of strength in the face of adversity” (Steger & Kashdan, 2013, p. 106) and consists of both a goal for a fulfilling life and a means to a fulfilling life (Park, Park, & Peterson, 2010). Well-being operates on a continuum that includes flourishing, moderate mental health and languishing (Keyes, 2007) and it is therefore important to understand, create and utilise pathways, such as meaning in life, that can lead to flourishing (Seligman, 2011). Meaning is strongly associated with life satisfaction and is also a strong predictor of healthy self-esteem (Diener, Fujita, Tay, & Biswas-Diener, 2012; Heintzelman, Cristopher, Trent, & King, 2013) improved health, occupational adjustment, effective coping and lower levels of both psychological disorders and suicide ideation (Heintzelman et al., 2013).

Having meaning is different from searching for meaning, as the search for meaning may cause distress. However, when people have high levels of meaning this may protect them from the potential negative impact of the search for meaning (Cohen & Cairns, 2012) if such a search should ensue. Unstable meaning in life (when there are variations and fluctuations in a person’s

sense of meaning) can lead to the experience of negative affect, which can negatively affect self-esteem, resilience, motivation and thinking (Steger, & Kashdan, 2013). The search for and the presence of meaning are complex matters and more research needs to be conducted to develop an improved understanding of the relationship between these two aspects of meaning (Temane, Khumalo, & Wissing, 2014).

Research indicates that meaning allows people to make sense of life (Ryff & Singer, 1998) and to accept life challenges as potential sources of meaning (Antonovsky, 1987). The importance of meaning towards goal-directed lives (Emmons, 1999) and providing an alternative response to stress and trauma (Park, 2010) is of significance for psychologists. Psychological apparatus associated with meaning could guide psychologists when dealing with the difficulties inherent to their profession, such as vicarious trauma. For instance, experiencing meaning has been found to reduce the likelihood of suicide ideation and depression (Wang, Lightsey, Pietruszka, Uruk, & Wells, 2007), which have been indicated as challenges for psychologists in existing literature.

Meaning in life refers to living life well in the eudaimonic sense, rather than living a cheerful life with limited negative affect (hedonic well-being) (Ryan, Huta, & Deci, 2008). In order to obtain meaning from work, people (and psychologists) need to occupy themselves with important and self-actualising activities and goals (De Simone, 2014; Hill, Burrow, O'Dell, & Thornton, 2010). It should be noted that people who flourish experience a mixture of positive emotions, pleasure, engagement and meaning, with engagement and meaning being the most important ingredients (Peterson, Park, & Seligman, 2005).

In summary, meaning in life can be achieved in many ways, including through work (Frankl, 1963), having close relationships, practicing spirituality (Fegg, Kramer, Bausewein, & Borasio, 2007), serving others in work or private contexts (Hill et al., 2010) and being part of and working towards something larger than the self (Seligman, 2011). Clients seek treatment from mental health professionals not only to adjust to life problems, but also to live more fully as a result of experiencing meaning (Park et al., 2010). Meaning may serve this purpose for psychologists as well as for their clients. Research suggests that meaning enhances emotional and psychological well-being and is related to improved physical health, including good cardiovascular health (Kim, Sun, Park, Kubzansky, & Peterson, 2013). Based on the research described above and in the context of the limited research concerning South African psychologists' experience of meaning this study explored meaning in life as an aspect of well-being. Finding meaning from life experiences may underlie resilience. Having a purpose in life allows people to deal more productively and resiliently with stressful situations (Schaefer et al.,

2013). There thus appears to be a relationship between meaning and resilience and therefore resilience is discussed below.

### **2.1.3 Resilience**

Well-being is associated with high levels of resilience (Fredrickson, 2013). Resilience is about adapting well to adversity, including recovery (bouncing back from challenges) and sustainability (continuing forward in the face of adversity) (Ryff, 2014). An examination of well-being, including the well-being of psychologists, suggests that well-being involves coping with positive as well as negative experiences (McDonald, Jackson, Wilkes, & Vickers, 2013; Padesky & Mooney, 2012; Zautra, Arewasikporn, & Davis, 2010). Psychologists' personal and work experiences require the development and practicing of resilience to effectively overcome hardship. Resilience develops in the context of experiencing difficulties or distress (Quale & Schanke, 2010) and is not indicative of a life without problems or difficulties.

Resilience acts as a buffer against adversity (Yi, Vitaliano, Smith, Yi, & Weinger, 2008) and also, if necessary, allows for the acceptance of circumstances that cannot be changed (Bonanno, 2004). Resilience is a capacity available to all humans (Masten, 2001) and as such is especially precious in the context of South Africa, where many people encounter poverty on a daily basis (Kagee, 2014). Resilient people are usually healthy and adaptable and this allows them to manage stress effectively. Ryff and Singer (2003) termed this ability 'flourishing under fire' and it relates to some of the aspects of working as a psychologist.

Research suggests that character strengths such as resilience are significant predictors of well-being (Kranzler, Parks, & Gillham, 2011; Proctor, Maltby, & Linley, 2011). The possession and practice of resilience is important for psychologists, because they experience numerous difficulties such as dealing with difficult cases and dangerous clients (De Lange, 2010; Norcross, Guy, & Laidig, 2007; Smith & Moss, 2009). Psychologists are also at risk for vicarious traumatisation and compassion fatigue (Phillips, 2011) as a result of being exposed to clients' traumas and painful emotions. Resilient people deliberately use positive emotions such as gratitude to assist them in bouncing back from stressful experiences (Tugade & Fredrickson, 2004). However, resilience partially depends on inner resources such as positive affect to allow productive coping with life problems (Wong, 2011). Positive affect is a trigger of resilience and well-being (Fredrickson, 2004) and is discussed below.

### **2.1.4 Positive affect**

Positive emotions refer to experiences of momentary happiness and joy and are not to be confused with positive affect, which refers to "consciously accessible, long-lasting feelings" that

do not depend on specific objects (Strümpfer, 2006, p. 146). Positive affect can be best understood in the context of Fredrickson's (2001) broaden-and-build model of positive emotion, which suggests that positive emotions and affect are the most basic ingredients of psychological well-being.

Fredrickson (2000) found that positive emotions have a dynamic effect on the scope of people's thinking and that positive affect and happiness cause behaviours that produce well-being and thus, in turn, reinforce the original happy feeling. Fredrickson (2001) postulated that positive emotions enable people to build enduring personal resources. People, including psychologists, should promote positive emotions for themselves and for others. Although these emotions are fleeting they "reshape who people are by setting them on trajectories of growth and building their enduring resources for survival" (Fredrickson, 2013, p.2). A daily diet of positive emotions holds the key to an upward spiral of well-being (Fredrickson, 2013) and is instrumental to human well-being and survival.

Affect balance plays an important role in effective psychological functioning and life satisfaction (Sanjuán, 2011). An important consideration in the work of psychologists is that when people experience positive affect they seem to be able to provoke positive affect in others (Fredrickson, 2004). Another specific application for psychologists is that therapists' positive emotions can help to overcome client resistance (Westra, Aviram, Connors, Kertes, & Ahmed, 2012). In addition, therapists' enjoyment of their work can influence therapeutic outcomes (Heinonen, Lindfors, Laaksonen, & Knekt, 2012). Positive emotions can also reverse the effect of negative emotions (Fredrickson, 2004). Furthermore, positive emotions build resilience to buffer negative events and promote optimal functioning (De Simone, 2014). Most importantly, positive affect has the ability to promote flourishing (Fredrickson, 2009; Seligman, 2011).

Additional beneficial outcomes of positive affect relate to problem-solving ability (Haager, Kuhbandner, & Pekrun, 2014) and optimal performance in various contexts (Fredrickson, 2009). Positive emotions can limit the conveyance of stress from one stressful situation, for example work, to other life domains such as family (Moskowitz, Shmueli-Blumberg, Acree, & Folkman, 2012), thereby limiting the spill-over effect described earlier. Given the pivotal role that positive emotions play in well-being and optimal functioning, it is important to investigate the application of positive emotions as a resource for the well-being of psychologists. Positive affect may have the potential to be transferred and thereby benefit psychologists' clients, training institutions and employers (Keyes, 2007). The previous sections conceptualised well-being in the context of positive psychology and drew attention to the importance of meaning, resilience and positive affect. The following section discusses the

empirical conceptualisation of this study in terms of stating the hypothesis, aims and method utilised in this study.

### **3. METHOD OF INVESTIGATION**

#### **3.1 AIM AND OBJECTIVES**

##### **3.1.1 General aim**

The aims of this study were to determine the extent to which South African psychologists experience well-being, meaning, resilience and positive affect and to qualitatively explore the experiences of South African psychologists in relation to well-being, meaning, resilience and positive affect.

##### **3.1.2 Objectives**

The objectives of this study are described below.

- Conduct unstructured interviews with fourteen psychologists practicing as registered psychologists in various work settings and registration categories in the field of psychology. The aim of the interviews was to obtain psychologists' insights concerning competencies and contests experienced by South African psychologists and their suggestions to identify functional elements to be contained in guidelines for a well-being programme.
- Measure the levels of well-being, presence of meaning in life, resilience and positive affect of a random sample (N=279) of South African psychologists.
- Describe the findings of the research in an article, based on the information gathered via the quantitative and qualitative research approaches.

##### **3.1.3 Hypothesis**

In terms of quantitatively exploring the incidence of well-being, meaning, resilience and positive affect in South African psychologists it was hypothesised that the findings would be similar to the findings reported in the studies of Keyes (2005a) and of Keyes et al. (2008), namely that only 20% of adults experience well-being. It was further hypothesised that if the qualitative data contributed to the enhancement of South African psychologists' well-being through understanding their experiences of meaning, resilience and positive affect, then the qualitative findings could be used to assist in the development of guidelines towards sustainable well-being.

## **4. Research methodology**

### **4.1 Design**

Concurrent mixed method research was conducted, involving concurrent qualitative and quantitative research that occurred during a single phase of the study (Creswell & Plano Clark, 2011). Both types of data were collected and analysed at the same time. Information integration took place during the interpretation of the overall results (Plano Clark & Creswell, 2008). Both sets of data received equal priority. Mixed methods research is able to enhance traditional quantitative methods through the addition of more insightful qualitative methods and interpretations (Johnson, Onwuegbuzie, & Turner, 2007).

### **4.2 Research procedure**

Following ethical approval the study proceeded in the manner described below.

#### *4.2.1 Sample size*

In order to draw a representative sample, a 25% random sample was drawn from the population of South African registered psychologists for the quantitative data collection. The qualitative study reached saturation after interviews with 14 participants had taken place.

#### *4.2.2 Recruitment of participants*

A total of 1 980 questionnaires were disseminated to potential participants for the quantitative study via land post. A total of 279 questionnaires were completed and returned. For the qualitative part of the research, two senior psychologists acted as gatekeepers between the population and the researcher and assisted with the recruitment of participants. Purposive sampling was utilised for this aspect of the study. It was envisioned that a minimum of 12 participants would participate in the study; a total of 14 interviews were ultimately conducted with a view to data saturation. Identified participants were contacted to set up appointments for the unstructured interviews. Interviews were conducted at the offices of most of the 14 participants, except in two cases where the participants chose other venues. The interview duration was one hour.

#### *4.2.3 Inclusion and exclusion criteria*

The first inclusion criterion for the qualitative research study was that the gatekeepers regarded potential participants as having the ability to make a meaningful contribution to the study. Clinical, counselling, educational and industrial psychologists were included in the study. The primary exclusion criterion was registration as a research psychologist as the research question was unrelated to their scope of practice.

For the quantitative study, clinical, counselling, educational and industrial psychologists were included. Psychologists who did not want to participate in the study were automatically excluded.

#### *4.2.4 Setting*

Work settings included private practice, government institutions, academic institutions, non-government organisations (NGOs) and private companies for both the qualitative and quantitative aspects of the study. Participants were recruited from throughout South Africa for the quantitative part of the research while participants for the qualitative study were recruited from the Gauteng province of South Africa.

#### *4.2.5 Socio-demographic data of participants*

In the quantitative research study 7.6% of the participants were aged between 20 and 30 years of age, 23.6% of participants were between 30 and 40 years of age, 29.6% were aged between 40 and 50, 22% were aged between 50 and 60, and 17.2% were aged 60 and older. In terms of qualifications, 73.3% of participants held a Master's Degree and 26.7% held a doctorate. The sample consisted of 28.6% male participants and 71.4% female participants. In terms of registration categories, 35.7% of participants were registered as clinical psychologists, 29.7% as counselling psychologists, 17.3% as educational psychologists and 17.3% as industrial psychologists. The largest proportion of participants worked in Gauteng (40%), while 2% worked in Limpopo, 0.8% worked in Mpumalanga, 28.6% worked in the Western Cape, 2.4% worked in the North-West Province, 9% worked in the Eastern Cape, 10.7% worked in Kwazulu-Natal, 0% worked in the Northern Cape and 6.5% worked in the Free State. In relation to work experience, 5.8% of the participants had worked for zero to five years as psychologists, 16.9% had worked for six to ten years as a psychologist, 45.9% for worked for 11 to 15 years as a psychologist, 25.5% had worked for 16 to 20 years as a psychologist and 5.9% had worked for 21 to 25 years as a psychologist. Workplaces included private practice (57.1%), government sector (19.8%), Employee Assistance Programmes (EAPs) (1.2%), NGOs (2.7%), academic institutions (7.8%), corporate environments (9.4%) and other work environments (2%). Table 1 contains the socio-demographic details of the participants.

<Table 1 approximate placing>

For the qualitative research, the biographical data is discussed below and is reflected in Table 2. In terms of gender, two males and twelve females participated. The sample included one educational psychologist, two counselling psychologists, two industrial psychologists and seven clinical psychologists. Three participants worked primarily at academic institutions, one participant worked at a NGO, two worked in corporate environments, two worked in the government sector and six worked in private practice. Six participants have been practicing

between one and ten years, five between 11 and 20 years, two between 21 and 29 years and one participant had been in practice for more than 29 years. Seven participants were Afrikaans speaking, six were English speaking and one was Zulu speaking.

<Table 2 approximate placing>

#### 4.2.6 Risks-benefit ratio

The presumed risk of research that relates to aspects of personality, such as well-being, was considered when conceptualising and conducting this study. An example is that some people may develop emotional discomfort because their well-being levels are not as optimal as they had perceived them to be. Therefore, participants were offered the option of seeing a psychologist if participation in the research made that a necessity. Participation did not include payment or tangible benefits. To the contrary, participants made time available in which they could have consulted. However, the participants did not incur costs based on participation and benefits of participation outweighed the risks of participation in this study. Participants were invited to attend a free workshop where the report of this research will be discussed. Participants in the quantitative part of the study also benefitted by having the results of the questionnaires made available to them. It is believed that exposure to the research process provided participants with an opportunity to develop self-awareness relative to their well-being. This is an important step in the process of developing well-being and as such may have been beneficial to the participants.

## 5. DATA COLLECTION

### 5.1 Quantitative data collection

Participants completed a questionnaire consisting of the Mental Health Continuum–Short Form (adapted to make provision only for the categories of flourishing and languishing, not moderate mental health) (MHC-SF) (Keyes, 2005a), the Resilience Scale (RS) (Wagnild & Young, 1993), the Meaning in Life Questionnaire (MLQ) (Steger, Frazier, Oishi, & Kaler, 2006) and the Affectometer 2 (short version) (AFM 2) (Kamman & Flett, 1983).

- *The Mental Health Continuum Short Form (MHC-SF) (adapted) (Keyes, 2005a)*

The MHC-SF is a self-report 14-item scale that measures psychological, social and emotional well-being dimensions. Each dimension is represented by an item in the MHC-SF. Positive psychological functioning consists of six dimensions, namely self-acceptance, positive relationships with others, autonomy, environmental mastery, purpose in life and personal growth (Ryff, 1989). The emotional well-being component consists of the presence of positive affect and high levels of satisfaction with life and happiness (Keyes, 2005a). The social well-being component consists of integration, acceptance, contribution, actualisation and coherence in the social context. The MHC-SF indicates the levels of emotional, psychological and social well-

being as described by sub-scales and also indicates the degree of mental health described in this study as flourishing or languishing. The MHC-SF has good internal consistency (Cronbach alpha coefficient 0.80) and discriminatory validity. In a South African study applying the MHC-SF with a sample of Setswana speaking participants, a Cronbach alpha coefficient of 0.74 was obtained (Keyes et al., 2008). In the current study Cronbach alpha indices of 0.78, 0.67 and 0.78 were obtained for the sub-scales with a total scale alpha coefficient of 0.85.

- *The Wagnild Resilience Scale (RS) (Wagnild & Young, 1993)*

The RS is a 25-item scale that measures resilience on a seven-point scale ranging from 1 (disagree) to 7 (agree). Possible scores range from 25-175, with higher scores reflecting higher levels of resilience. The authors reported good internal consistency with a Cronbach alpha coefficient of 0.80. In a South African study investigating the resilience of professional nurses (Koen, Van Eeden, Wissing, & Koen, 2013) a Cronbach alpha coefficient of 0.95 was obtained. In the current study a Cronbach alpha coefficient of 0.95 was obtained.

- *Meaningfulness in Life Questionnaire (MLQ) (Steger et al., 2006)*

The 10-item MLQ uses a 7-point Likert-type response format, assessing the presence of meaning (5 items) and the search for meaning (5 items). Scores range from 5-35 for each scale. High scores suggest greater perceived meaning and perceived need to find meaning. Items are rated from 1 (absolutely untrue) to 7 (absolutely true). The authors of the scale reported a Cronbach alpha coefficient of 0.88. In a study to validate the MLQ in a South African context (Temane et al., 2014) Cronbach alpha values of 0.92 for presence of meaning and 0.92 for search for meaning were reported. In the current study a Cronbach alpha coefficient of 0.73 was obtained.

- *Affectometer 2 (AFM 2) (Kamman & Flett, 1983)*

The AFM 2 is a shortened version of the AFM and measures general well-being as experienced on an affective level. Overall well-being relates to the extent to which positive emotions outweigh negative emotions. The sub-scales are positive affect, negative affect and positive-negative affect balance. The scale consists of 20 items (10 indicate positive affect and 10 indicate negative affect). Kamman and Flett (1983) reported a Cronbach alpha coefficient of 0.88. A South African study reported Cronbach alpha coefficients of 0.69 for positive affect and 0.70 for negative affect (Khumalo, Temane, & Wissing, 2012). In the current study a Cronbach alpha coefficient of 0.85 was obtained for positive affect and 0.82 for negative affect.

## **5.2 Qualitative data collection**

Qualitative data was collected by means of unstructured interviews with 14 purposively selected participants. The interviews lasted for approximately one hour each.

## **6. DATA ANALYSIS**

### **6.1 Quantitative data analysis**

The quantitative data obtained in this study was analysed by the statistical consultation service of the North-West University in Potchefstroom, South Africa, utilising SPSS for Windows version 22 (SPSS, 2015). Descriptive statistics, reliability indexes (Cronbach alpha) and construct validity were established for all the scales and sub-scales used. Confirmatory factor analysis was conducted to determine the validity of the scales. Correlations amongst scales were determined by means of Pearson product moment coefficients. Significant variations between sub-groups were calculated with t-tests.

<Table 3 approximate placing>

### **6.2 Qualitative data analysis**

The qualitative data was analysed by transcribing and coding the information (Babbie, 2011; Creswell, 2013a). Transcripts of the interviews were analysed and integrated (Creswell, 2013a) using thematic analysis (Van Manen, 1990). Thematic analysis allowed for the identification of patterns and themes (Creswell, 2013b). Following this, categories were identified and numerous reviewed. The researcher compared themes that emerged inductively from the data with the theoretical perspectives of positive psychology and well-being. Four main themes were inductively identified, namely work content and work context (sub-themes were boundaries, ethical obligations, scope of practice, workload, learning and training, impact of the interventions, receiving feedback, being expected to deal with their own as well as others' problems, resources and experiencing work as meaningful as a result of job satisfaction), relational functioning (sub-themes were relationships, relational connectedness and support systems), self-care practices (sub-themes were recognising personal needs and planning self-care activities, personal responsibility, counteracting the impact of general attitudes and beliefs about psychologists, religion and spirituality and self-awareness and self-knowledge) and personal resources (sub-themes were individual traits, character strengths and emotional functioning). The process of inductive data analysis was deductively influenced by the main constructs of the research as contained in existing literature, namely well-being, resilience, positive affect and meaning (K. Maree, 2007). The data was analysed to a point of data saturation, when little or no new data emerged and the research conclusions and inferences could be drawn (Delpont, & Fouché, 2011; Francis et al., 2010). Participants received copies of the transcripts and coded interviews to assist in determining whether the codes appropriately explained their experience of well-being. The identified themes were also verified with a team of experts.

## 7. RESULTS

### 7.1 Results of the qualitative research

The qualitative results were based on the transcribed interviews of the fourteen participants. These transcriptions were analysed and four meaningful themes were identified in relation to South African psychologists' well-being: Work content and work context; relational functioning; self-care practices; and personal resources.

The following quotations relate to the way in which work content and work context influenced participants' well-being.

*I'm learning now to distance myself from their pain and try and be more objective in terms of what is right for them and not to, I can't fix everything, I can't change everything, but I can do the best I can.*

*...Private practice... that's not a place where I'm gonna experience ... well-being, and the main reason for that was because I, I like to have variety and I'm very extroverted, ... so I get my energy from interaction with people and from and dealing with different people....*

*I was working um in correctional services specifically, I actually had a burn out in August of that year because I was the only psychologist with 3000 inmates and the workload was overwhelming, like just I couldn't deal with the workload, there were just too many people (Hitge and Van Schalkwyk submitted for review-a).*

In terms of relational functioning, a variety of interpersonal relationships were mentioned that influenced the participants' well-being. The importance of relationships is described in the following extract.

*What is it that drives me ... what is it that rocks my boat or blows my hair back ... and what brings me to work on a daily basis ... what I have to have in my environment is the ability to form relationships with people.*

In relation to the impact of self-care practices on well-being, the following verbatim account explains psychologists' perceptions.

*To be well means you have to take care of yourself and to be able to take care of yourself, you must know yourself very well, you can't, you can't just go on and on and, and not take care of yourself, you really have to sit and ask yourself, what do you need right now? And I'm a big believer of, if you need to do something, don't neglect your needs um, be very aware of it, if you need to go out and just party tonight, just to forget what happened, you do that ... if you need to go and have a proper academic supervision session, then you do that, but look out for your needs,*

*don't, don't neglect that, because that will influence your career* (Hitge and Van Schalkwyk submitted for review-a).

Finally, the following quotations provide a view of the influence of personal resources on the life and work of psychologists. *“My frustrations and my emotions sometimes that goes um hand in hand with my work, and what happens here”*.

*I can be quite a sensitive person ... so I'm not able to actually leave it at work ... and I get quite emotional with my husband or my, you know family or friends ... I'll even cry ... and then I get extremely frustrated um, irritated and it obviously affects my emotions extremely negatively ... then it does affect my objectivity, so I become quite irrational ... I have to learn to be able to just take a step back.*

*It's almost like the, the platform from which you ... the diving plank from which you can then dive into the pool of life um, and the higher that plank is off the ground, and with higher I just mean the stronger it is, the more spins you can make in the air to make it worthwhile ... character strength, resilience, optimism ... is so important.* (Hitge and Van Schalkwyk submitted for review).

## **7.2 Results of the quantitative research**

### *7.2.1 Descriptive statistics*

Descriptive statistics, effect size and reliability indices for the MHC-SF are reported in Table 4. The Cronbach alpha reliability coefficient for the total MHC-SF was 0.85. The mean inter-item correlations ranged between 0.29 and 0.55, while the item-total correlations ranged between 0.38 and 0.67 for the MHC-SF in this South African group. Statistically meaningful results were obtained as the items loaded meaningfully on the various constructs. Items with the highest means were items 9 to 14, which are part of the psychological well-being sub-scale, with means ranging between 4.65 and 4.73. The social sub-scale presented with the lowest means, ranging between 1.85 and 1.89. The descriptive statistics and Cronbach alpha reliability indices for all scales are presented in Table 4. Mean scores and standard deviations are shown for all measures. According to Kline (2010) an accepted value of 0.8 is appropriate for cognitive tests such as intelligence tests, but when dealing with psychological constructs, values below 0.7 can be expected and accepted. The reliability of all of the items can be therefore be regarded as acceptable.

<Table 4 approximate placing>

### 7.2.2 Correlations

The correlation between the MHC-SF emotional and social well-being dimensions was 0.76 and the correlations between psychological well-being and emotional well-being and psychological well-being and social well-being were 0.76 and 0.73 respectively, indicating very strong relationships. There were also strong relationships between the MLQ and the AFM (0.75) and between the MHC-SF sub-scale of emotional well-being and the AFM (0.50). Strong correlations were found between positive affect and all the sub-scales of the MHC-SF (0.50, 0.42, 0.49 and 0.57). There is a negative relationship between negative affect and all the MHC-SF sub-scales (-0.47, -0.42, -0.42 and -0.53). There is a strong correlation between positive affect balance and all the sub-scales of the MHC-SF (0.52, 0.45, 0.49 and 0.59). There is a moderately strong correlation between resilience and the MHC-SF emotional and social well-being sub-scales (0.38 and 0.33), but a strong correlation between resilience and the MHC-SF psychological well-being sub-scale and MHC-SF total (0.50 and 0.52). Presence of meaning is strongly correlated with all the MHC-SF sub-scales (0.47, 0.38, 0.48 and 0.56), whereas the search for meaning shows a negligible correlation with the various MHC-SF sub-scales (-0.89, -0.2, -0.14 and -0.12). Table 5 depicts the correlations described above.

<Table 5 approximate placing>

### 7.2.3 Goodness of fit

The Chi-square test is viewed by some as an overly strict indicator of model fit, as it is able to detect even trivial deviations from the proposed model (Hancock & Mueller, 2010). It is therefore recommended that the Chi-square test statistic be divided by degrees of freedom (Mueller, 1996). The two-factor model yielded a Minimum Sample Discrepancy divided by Degrees of Freedom (CMIN/DF) value of 1.9, which is considered a good fit. Interpretation of the size of this value depends to a large extent on the viewpoint of the investigator, but in practice ratios as high as 3, 4 or even 5 can still represent a good model fit (Mueller, 1996). However, it is considered good practice to report multiple fit indices, typically from three broad classes (Hancock & Mueller, 2010). Values of above 0.9 are indicative of a good overall fit for a Comparative Fit Index (Mueller, 1996). A relatively acceptable Comparative Fit Index (CFI) of 0.819 was found for the two-factor model while a Root Mean Square Error of Approximation (RMSEA) value of 0.86 with a 90% confidence interval [0.08; 0.10] was obtained. Goodness of fit is explained in Table 3.

### 7.2.4 Prevalence of the various levels of mental health

The prevalence of both flourishing and languishing, as conceptualised in Keyes' model of positive mental health and well-being, was investigated. The results indicated that 93.9% of participants were flourishing and 6.1% of participants were languishing. With respect to

resilience, participants' mean score indicated moderately high levels of resilience, with a range of 146 to 160 and a mean score of 146. This level of resilience means that people believe that they could be doing better in terms of resilience (Wagnild, 2009), although the level is the second highest possible achievable level of resilience. More participants had presence of meaning in life (29.83 mean score) than those who were searching for meaning in life (20.85 mean score). These mean scores indicate that the participants regard their lives as having valued meaning and they are satisfied with what gives their lives meaning. This score is also indicative of high levels of optimism and positive self-esteem. They are likely to have frequent experiences of positive feelings (Steger, 2010). In relation to affect, more participants experienced positive affect (mean score 39.43) than experienced negative affect (mean score 16.58).

## 8. DISCUSSION

The hypothesis that approximately 20% of South African psychologists would experience flourishing levels of well-being, in accordance with findings reported in existing studies (Keyes, 2005a; Keyes et al., 2008) on adult well-being, was not confirmed. Instead, the results indicated that most participants (93.9%) experienced flourishing. The qualitative data contributes significantly to the investigation of South African psychologists' well-being, through providing an understanding of their experiences of meaning, resilience and positive affect and how these findings relate to the quantitative data.

In comparison to other studies, South African psychologists display high levels of well-being (flourishing) (93.9%) as opposed to languishing (6.1%) (low levels of well-being). A South African study focusing on flourishing in adolescents found that 42% of participants were flourishing (Van Schalkwyk & Wissing, 2010). A South African study focusing on nurses yielded scores of 45% flourishing and 4% languishing (Koen et al., 2013). These findings are best understood against the backdrop of South African psychologists' competencies in relation to well-being. These competencies both fortify and maintain their well-being to the extent of flourishing. The following quotation from the qualitative data relates to a well-being competency in terms of taking personal responsibility for well-being. The quotation explains that understanding how to flourish, along with other factors, allows flourishing to occur.

*A lot of it you have to work for, I feel, you can't just sit and hope you'll flourish ... you have to work on your skills, you have to work on your emotions, you must make sure you are, academically you must always be on top of things, I think, that's part of my well-being, if I have a little bit of time, do some research, make sure you're up to date, see if there's so many things, read up before you see a client um, don't just no, you can't just go on and expect to flourish, I think you'll go backwards.*

High levels of well-being were also explained by the presence and utilisation of character strengths, a competency that was highlighted in the qualitative data as illustrated by the following quotation.

*It is ... almost like the ... platform from which you ... the diving plank from which you can then dive into the pool of life um, and the higher that plank is off the ground, and with higher I just mean the stronger it is, the more spins you can make in the air to make it worth-while.*

The results of this study in relation to meaning in life contradict the results of a previous South African study conducted by Temane et al. (2014). These researchers investigated meaning in life in a sample of South African university students and found higher mean scores for the search for meaning, rather than for the presence of meaning. These contradictory results may be due to the fact that younger people tend to score higher on search for meaning than older people (Brassai, Piko, & Steger, 2012). The presence of meaning for South African psychologists is explained by the following quotation from the qualitative data. *“My private practice, the meaning I find there, is that I can contribute to the success of others”*.

A previous South African study applied the Resilience Scale to a sample of South African nurses (Koen et al., 2013). This study obtained a mean score of 137.2, which is less than the mean score of 146 that was obtained in this study. Participants from the qualitative part of this research described their own resilience as follows: *“Obviously going through certain life experiences that's made me quite resilient, making a lot of mistakes has made me resilient.”* *“Resilience to me is...being able to, to face the diversities that, that life bring you with the necessary like awareness and acknowledgment of the emotions that it brings and to work through it in a, say a healthy manner”*.

In relation to the measurement of positive affect, a study by Wissing et al. (2010) using a sample of 738 Setswana speaking African volunteers found a higher score for positive affect (36.04) than for negative affect (27.42). The current study also produced a higher score for positive affect than for negative affect, but the variance between positive and negative affect was much higher in this study (mean scores of 39.43 and 16.58 were recorded) than in the study of Wissing et al. (2010). South African studies by Van Schalkwyk (2009) and Thekiso, Botha, Wissing and Kruger (2013) also reported higher positive than negative affect in samples of adolescents and farmworkers respectively, where mean scores of 36.31 and 36.4 respectively were recorded for positive affect and mean scores of 22.60 and 29.0 were respectively recorded for negative affect. Participants in the qualitative part of this research described their experiences of positive affect as follows. *“I choose to find elements of the joy of the job or the profession that, that really brings me joy”*. *“I believe...things will be okay...no matter what...I accept*

*myself the way I am, even though I am working on things that I don't want...to be the way they are...I'm...a positive...optimistic person and...happy”.*

Significant positive correlations between the scales and sub-scales (MHC-SF, MLQ, RS and AFM 2) indicate that the underlying constructs have features in common. For the purposes of this study these common features are conceptualised as well-being. The high level of correlation between the various sub-scales of the MHC-SF is indicative of the sub-scales' influence on each other. This is also embodied in the following quotation from the qualitative part of the research.

*I always find meaning in being able to add to other people's well-being ... whether it is in a group setting, working with a team, helping them resolve issues, um or even here at work, optimising the system um, getting, making you know, making people feel engaged and happy to be here um, that for me is meaningful.*

The strong correlation between the MHC-SF sub-scales in the study of De Bruin and

Du Plessis (2015) and Koen et al. (2013) is confirmed in this study.

Strong relationships were also noted between the MLQ and the AFM (0.75) and between the MHC-SF sub-scale of emotional well-being and the AFM 2 (0.50). The following quotation from the qualitative part of the study reflects on the relationship between affect and meaning that is evidenced in the quantitative results. *“It is very emotionally rewarding, you don't even care, even if you don't get the financial rewards, it's okay you've got the, the, the you know the emotional rewards, which are much more important, they keep you feeling well”.* Strong correlations were found between positive affect and all the sub-scales of the MHC-SF (0.50, 0.42, 0.49 and 0.57), while negative correlations were found between negative affect and all the MHC-SF sub-scales (-0.47, -0.42, -0.42 and -0.53). There is also a strong correlation between positive affect balance and all the sub-scales of the MHC-SF (0.52, 0.45, 0.49 and 0.59).

There is a moderately strong correlation between resilience and the MHC-SF emotional and social well-being sub-scales (0.38 and 0.33). There is a strong correlation between the MHC-SF psychological well-being sub-scale and the MHC-SF total well-being sub-scale (0.50 and 0.52). Similar findings were reported in a study with a sample of nurses (Koen et al., 2013). The participants in the qualitative component of this study clarified the relationship between resilience and emotional well-being. *“For me well-being is mostly about ... feeling good ... the emotional things that, that give me meaning you know that make me feel good that contributes so much to my well-being and my resilience”.*

Presence of meaning is strongly correlated with all the MHC-SF sub-scales (0.47, 0.38, 0.48 and 0.56), whereas the search for meaning shows negligible correlations with the various

MHC-SF sub-scales (-0.89, -0.2, -0.14 and -0.12). This contrasts with the findings reported by Temane et al. (2014), but can be explained in terms of the youthfulness of the participants in Temane et al.'s (2014) study. Table 5 depicts the correlations described above.

In terms of the MHC-SF social, emotional and psychological well-being sub-scales, it is important to note that the 0.7 measure of acceptability was not achieved for social well-being (0.67). Although the score is lower than the suggested value of 0.7, it is still considered as acceptable in relation to the measurement of psychological constructs (Kline, 2010). The qualitative participants' accounts help to explain this relationship. *"I was very negatively impacted by, by family relationships."* *"One of the biggest challenges for me is balancing my, my social life, so even with a partner who's very understanding um, I can become quite overwhelmed and tired and, and then I don't wanna go out"*.

The qualitative accounts also shed light on the strong relationship (0.78) between the MHC-SF psychological well-being sub-scale and purpose in life, self-acceptance, autonomy and personal growth. *"Being with people and, and making a difference, that's my purpose in life, is to make a difference."* *"In the long term patients and the therapeutic relationships that come from that, that I find a lot of meaning."* *"Because I believe that things will be okay um, no matter what, because I accept myself the way I am, even though I am working on things that I don't want them to be the way they are, um I'm generally a positive, positive and optimistic person."* *"I think autonomy plays quite a large role in, in, in the wellbeing aspect."* *"We grow and that's what makes us better people"*.

The quantification of the qualitative data can be summarised as follows. There is an empirically indicated correlation between the presence of meaning and positive affect (Hicks & King, 2009; Schueller & Seligman, 2010; Steger, Oishi, & Kashdan, 2009). In contrast, instability of meaning is strongly related to lower levels of positive affect (Steger & Kashdan, 2013).

Findings indicate that participants displayed higher levels of positive affect than negative affect. This could be related to the character strengths that were mentioned by the participants, such as gratitude (McIntosh, 2008; Vella-Brodrick, 2011), creativity (Mirowska, 2011) and love (Fredrickson, 2003; Durayappah, 2010). Existing literature confirms these associations. The relationship between gratitude and positive affect is so strong that Kok et al. (2013) have suggested that gratitude should actually be conceptualised as being a positive emotion. Feeling engaged (Bakker & Sanz-Vergel, 2013; Soane et al., 2013) and experiencing flow (Tobert & Moneta, 2013) also seemed to influence participants' higher levels of positive affect. These aspects have been confirmed in existing empirical research.

The positive correlations amongst all the scales used in this study, confirm existing research findings that indicate that well-being, meaning, resilience and positive affect are strongly inter-related (Fredrickson, 2001, 2006, 2013; Keyes, 2005a, 2007, 2009, Ryff, 2013, 2014; Seligman, 2011). This evidence can be useful in the continuous refining of the definition of well-being and its related constructs.

A few important matters were raised by individual participants that, although they cannot be categorised as themes, are nonetheless noteworthy. For example, one participant verbalised that all South Africans are traumatised on a secondary level as a result of the high levels of crime in South Africa. Such experiences could be further investigated in relation to their relationship to well-being. The selection process and the training to become a psychologist were also raised as issues that cause extreme stress. It would be interesting and valuable to investigate the well-being levels of students awaiting the results of Master's degree applications. Although the process of selection seems to be generally stressful, being a black person in South Africa and a first generation university student brings with it exceptionally high levels of gratitude and pride in being selected and completing the studies. This was described as follows: *"I arrived and it was not easy to get there, it took sweat and tears to get there, and so for me that was like, that, that is the you know the highlight of my life, highlight of my, of the whole of my life"*. Three participants indicated that being a psychologist did not always guarantee financial rewards. However, this did not appear to cause ill-being as long as they were able to survive financially. Lastly, it was interesting to note that the psychologist participants provided many examples of their resilience in life and work, but did not seem to have assimilated their resilience into their understanding of themselves. Becoming aware of their own resilience was experienced as a surprise, and was pleasant and encouraging. In my communication with all of the participants I discovered how South African psychologists support their clients and communities at large. Some of the participants became sad during the interviews, which saddened me and I was left with the thought: *"I hope that someone cares about you in the same way that you care about others"*. Although many of the participants mentioned supervision as a valuable resource, it would appear that psychologists do not have sufficient access to professional support. This may be due to time constraints, costs or fear of self-exposure.

The primary finding of this study is that most psychologists experience high levels of well-being and are flourishing. This indicates that psychologists have various competencies that allow them to experience flourishing. However, flourishing is a dynamic process and psychologists also experience various contests that prevent them from flourishing at times. This suggests that consistent effort is required to ensure sustainable well-being.

The first hypothesis of this study, namely that South African psychologists experience

levels of flourishing similar to those reported in previous research, was not confirmed. However, the findings do confirm that relationships exist between meaning, resilience, positive affect and well-being. The study also highlighted various competencies and contexts experienced by psychologists in relation to these constructs.

The qualitative data provided valuable information that illuminated the quantitative finding regarding psychologists' high levels of well-being. The quantitative data also provided insight regarding possible warning signs, such as lower scores for social well-being. Future studies should continue to focus on various aspects of psychologists' well-being as they play a crucial role in the South African context of health.

## **9. ETHICS**

Approval to conduct this research was granted by the Ethics Committee of the North-West University (approval number: NWU 00092-14-S1).

### **9.1 Informed consent, anonymity, confidentiality and voluntary participation**

The participants were informed that their participation is voluntary and that they can withdraw from the study at any time for any reason (Brinkmann & Kvale, 2008; Strydom & Delpont, 2011). Issues of confidentiality and anonymity were explained to all participants, orally and in writing for the qualitative research participants and in writing for the quantitative research participants. A description of the purpose, duration, goals and possible benefits of the study was included in the questionnaires as part of the informed consent. This information was also discussed and provided in writing as part of the written consent provided by the participants in the qualitative part of the research. Consent was also obtained from the qualitative study participants to use audio recordings during interviews (Greeff, 2011). Care was and continues to be taken to maintain the confidentiality and anonymity of the participants during and after the study. A confidentiality contract was also signed with the transcriber. The service provider who participated in data analysis had no access to the names of participants. After completion of the research report and articles, the raw data will be submitted to the NWU for safekeeping in accordance with internal requirements for a period of 5 years. The material will then be destroyed and all voice recordings will be deleted.

There are potentially risks involved when participating in research that pertains to personality and, in this case, people's well-being. It is possible that participants may not experience the level of well-being that they may have perceived themselves as experiencing and this may cause emotional discomfort. However, the benefits of participating in this research outweighed the risks. Participants could gain knowledge that may assist with self-awareness and the possibility of developing greater well-being through attendance of a workshop based on the

guidelines developed to promote and protect psychologist well-being. Participants were also offered access to the research results via a website. No harm occurred as a result of participation in this research. However, if any of the participants had developed persistent psychological discomfort as a result of the research they would have been offered referrals to psychologists who would have provided debriefing (Brinkmann, & Kvale 2008). No such need developed in any of the participants. No deception was involved in the research. Participants received no payment for participation and they also did not incur any direct costs as a result of participation.

## **9.2 Role of the researcher**

I engaged with every aspect of the research in a competent, professional and honest manner (Strydom, 2011).

## **9.3 Validity, reliability and trustworthiness**

### *Validity and reliability of the quantitative results*

The Cronbach alpha reliability indices of most of the measuring instruments, as presented in Table 4, were acceptable at above 0.7, except for the MHC-SF\_S. Construct validity of the measuring instruments was determined by confirmatory factor analyses, which indicated that all scales were valid.

### *Trustworthiness of the qualitative results*

Trustworthiness of research refers to the soundness of the research and is a measure of ethical, high quality research (Merriam, 2009). In this study, trustworthiness was established by addressing the following questions: Was the research question clear? Is the research design the best suited to the research questions? Was the data collected and managed systematically and analysed correctly? Was enough detail provided to give an accurate reflection of participants' accounts relative to their experiences of well-being in reporting? Trustworthiness is demonstrated through credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985), peer debriefing, an audit trail, member checks (Guba & Lincoln, 1981), crystallisation (Ellingson, 2008) and triangulation (Creswell, 2002; Lincoln & Guba, 1985, 1999; Tobin & Begley, 2002). Based on these principles the trustworthiness of this study is discussed below.

### *Credibility*

To ensure credibility the participants read transcripts of their interviews along with the identified themes to ensure correctness of the transcripts and themes (member checking). Clarifications occurred during the interviews and transcripts were repeatedly read to ensure correctness and credibility. Gatekeepers ensured that the participants who were recruited could

make meaningful contributions to the current study, thereby contributing to credibility. By audiotaping the interviews, internal validity was ensured and contributed to credibility, as did verbatim transcripts. Credibility was enhanced through peer-reviewing of the thematic analysis and results (analyst triangulation) (Denzin & Lincoln, 2005). The heterogeneity of the sample contributed to credibility as it enabled the capturing of a vast range of participants' experiences.

Credibility was also achieved through thick description, triangulation and crystallisation (Holloway & Wheeler, 1996; Bochner, 2000).

#### *Transferability*

Transferability refers to the extent to which the results can be generalised to other contexts (Guba & Lincoln, 1989; Koch, 2006; Patton, 2002). Transferability is enhanced by providing in-depth, rich descriptions of data (Guba & Lincoln, 1989; Patton, 2002). The thorough literature review and detailed description of the research context in the current research contributed to the transferability of the research because good contextualisation occurred. According to Babbie and Mouton (2005), transferability also depends on understanding research participants' intended meaning. In this study participants' experiences of well-being were described using verbatim quotations to ensure that authentic, rich detail was available to ensure transferability. An important inclusion criterion for participants in the qualitative study was their ability to make a contribution to this specific research topic, which is another method of ensuring transferability (Nicholls, 2009). Transferability is also present when a reader reads the research report and is able to relate to the contents (Ellis, 1995; Tracy, 2010).

#### *Dependability*

Dependability was achieved by having two independent experts to peer-review the thematic analysis and results. These experts declared the research dependable and agreed on its saturation (Denzin & Lincoln, 2005).

#### *Confirmability*

Confirmability refers to the degree to which the results can be confirmed by others. In this research study the procedures for checking and rechecking the data were documented throughout the study. Other researchers were involved in evaluating the research results and this process was also documented. As a result of providing sufficient participant quotations, the findings are credibly grounded in the data. Providing sufficient descriptive data in the research report allows potential readers to judge whether the data can be applied to other contexts. To achieve such confirmability, participants from various registration categories, ages, genders and work settings took part in this study. Multiple participants were interviewed and this implies that the procedures were repeated and that the trustworthiness of the findings was consequently enhanced. Case studies also advance confirmability in that participants are examined

authentically (Baxter & Jack, 2008) and the data that is gathered is considered to be robust, reliable, rich and dense (Creswell, 2013a; Yin, 2009), thereby contributing to confirmability. Reflexivity was a high priority in this study and contributed to the results being confirmable. In terms of reflexivity, I remained consistently aware of my own prejudices, assumptions and beliefs and avoided these as much as possible in order to allow the data to speak for itself. Based on the factors discussed above this research should be regarded as trustworthy.

## **10. RECOMMENDATIONS**

One of the participants stated that it would be stupid to have the amount of knowledge concerning human behaviour that psychologists have and not use it to their advantage in their relationships. It is consequently regarded as wise to become aware of the competencies and contests that the psychologist participants in the qualitative research study described. Psychologists should also strive to sustain their existing competencies and diminish contests. This could be accomplished by, for example, using character strengths to translate these contests into competencies to the extent that such change is possible, given individual differences amongst people.

Although it is encouraging to note that the majority of psychologists are flourishing (93.9%), it should also be noted that well-being is not stable and must be intentionally cultivated. Flourishing psychologists should thus consistently plan around the continuation and affirmation of their high levels of well-being. Psychologists who are currently languishing have every reason to be concerned for their own well-being and positive health. However, because no level of well-being is static, these psychologists should be motivated to fortify their well-being, as ill-being has severe costs. Both flourishing and languishing psychologists should become aware of the guidelines that are available to achieve well-being and should make efforts to promote and protect their well-being via such a route.

The findings are best understood against the backdrop of the competencies that South African psychologists have in relation to their well-being. These competencies allow psychologists to both fortify and maintain their well-being to the extent of flourishing. Awareness of competencies and contests is important as managing these factors is directly related to high and low levels of well-being. In terms of resilience, it is possible that psychologists may have displayed higher scores on this measure if they were more aware of their resilience. Some of the psychologist participants were quite unaware of their own resilience and felt affirmed by the discovery of their own resilience during the interview process. They were also able to link their resilience to their well-being.

This study provided empirical evidence indicating that South African psychologists experience high levels of well-being, meaning, resilience and positive affect. Psychologists must therefore continue to observe the relationships between those results and perceived competencies, such as supportive relationships, self-care, meaning of work and job satisfaction, religion and spirituality, self-awareness and self-knowledge and satisfying interpersonal relationships. The high levels of correlations between the various scales and sub-scales used in this study confirm the inter-relationships between well-being, meaning, resilience and positive affect. This is useful from the perspective of theory building in positive psychology. In addition, these indicators should also purposefully be explored in relation to the protection and promotion of the well-being of South African psychologists. It is important that psychologists understand, based on the empirical findings presented here, that presence of meaning and positive affect influence each other, as do emotional, psychological and social well-being and positive affect, resilience and psychological well-being, presence of meaning and emotional, psychological and social well-being. It must also be understood that negative affect has been empirically shown to reciprocally negatively influence emotional, psychological and social well-being, as does search for meaning. Intentional planning based on the strengths and weaknesses of psychologists and the executing of those plans may be the only way of ensuring continuing high levels of well-being for South African psychologists.

The empirical study indicated that psychologists do not experience optimal levels of social well-being. It is therefore recommended that psychologists observe competencies such as boundaries and supportive relationships, while becoming aware of the expressed need for isolation and considering the value of isolation in relation to their overall well-being. Although psychologists at times isolate themselves to recuperate, this form of isolation is distinct from the isolation that is associated with burnout and pathology (Webb, 2011). The issue of isolation should be viewed in conjunction with the novel recommendations regarding effective management of negative spill-over that were made by participants. These recommendations involve practicing the setting of professional boundaries (which has already been identified as a competence towards higher levels of well-being for psychologists) to diminish the possibility of spill-over for psychologists. In addition, it was recommended that in order to avoid spilling-over in a negative manner psychologists should engage with people with whom they have trusted relationships and seek their support. Supportive relationships were also identified as a competency. Nonetheless, it is important to note that simply patching up weaknesses and fixing shortcomings will not elevate people to optimal levels of well-being or result in flourishing. In the absence of intentional efforts to protect and promote well-being, no increases in well-being can be expected. In addition, if psychological resources are merely maintained to the extent that

they manifest as ‘normal’ functioning (or moderate mental health and well-being), contests become important predictors of ill-being in that they may erode South African psychologists’ psychological capital.

It is thus clear that when competencies are known and applied, they are able to make a positive difference in psychologists’ experiences of well-being. Ultimately, psychologists as providers of care in the South African health sector must make the commitment suggested by Keyes (2010, p. 26), namely that “if we want better mental health, we must focus on positive mental health”. As flourishing is not the mere absence of disorder and difficulties (Peterson, & Park, 2006), findings indicate that flourishing contains the presence of both competencies and contests in psychologists’ careers and personal lives. Nonetheless, there are specific actions that lead to well-being and flourishing and these actions need to be actively pursued to ensure the well-being of South African psychologists.

## 11. LIMITATIONS

Although participants for the quantitative study were recruited nation-wide, were from different categories of registration and were absorbed in various work settings, the possibility of self-selection bias remains. The response rate was low (279 from 1 980) and the sample may not be representative of the South African psychologist population. Findings should therefore be generalised cautiously. Nonetheless, in comparison to other studies relating to psychologists in South Africa this study has a relatively high number of participants. Despite these limitations, the study provides valuable information relating to the levels of well-being of South African psychologists. The primary finding of the study is that South African psychologists experience high levels of well-being.

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### 13. TABLES

**TABLE 1**

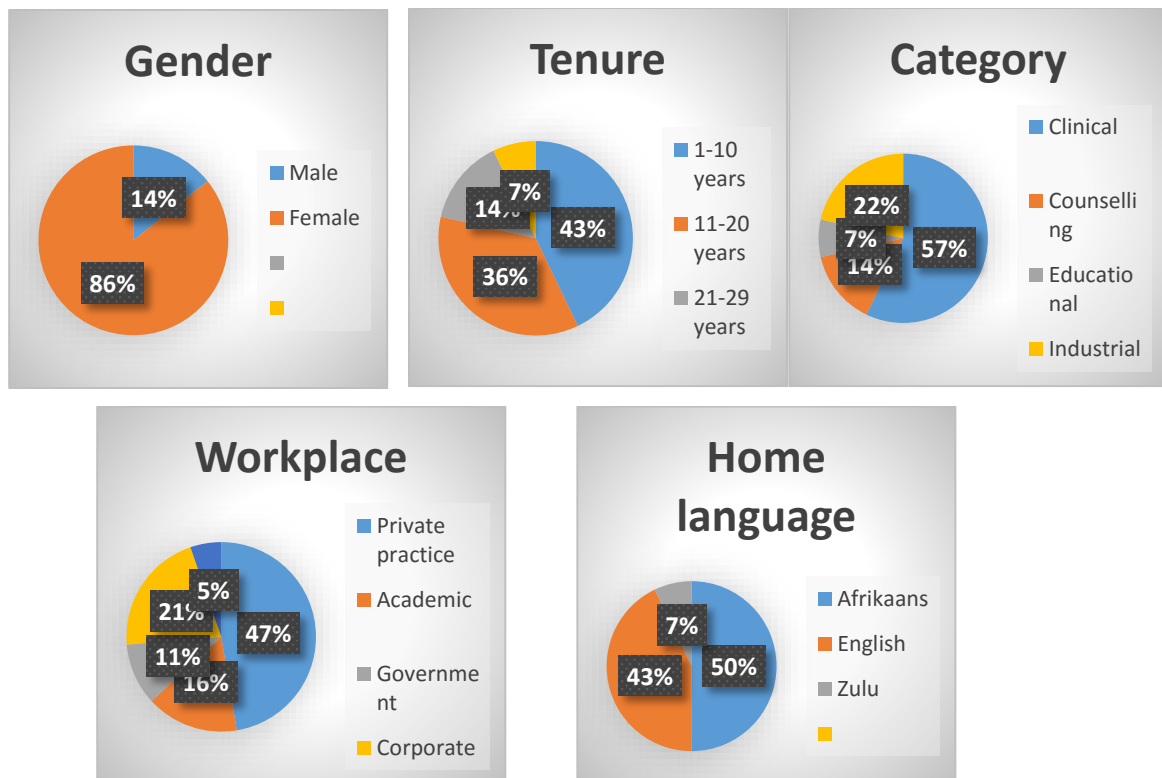
*The socio-demographic data of participants (N = 279) from the quantitative part of the study.*

<b>AGE</b>						
<b>20-30</b>	<b>30-40</b>	<b>40-50</b>	<b>50-60</b>	<b>60-70</b>		
19	59	74	55	43		
7.6%	23.6%	29.6%	22%	17.2%		
<b>QUALIFICATIONS</b>						
<b>MA</b>		<b>PhD</b>				
187		68				
73.3%		26.7%				
<b>GENDER</b>						
<b>FEMALE</b>		<b>MALE</b>				
182		72				
71.7%		28.3%				
<b>CATEGORY OF PROFESSIONAL REGISTRATION</b>						
<b>CLINICAL</b>	<b>COUNSELLING</b>	<b>EDUCATIONAL</b>	<b>INDUSTRIAL</b>			
91	68	44	44			
36.8%	27.5%	17.8%	17.8%			
<b>YEARS PRACTICING AS PSYCHOLOGIST</b>						
<b>0-5</b>	<b>6-10</b>	<b>11-15</b>	<b>16-20</b>	<b>21-25</b>	<b>26-30</b>	<b>31 and more</b>
43	50	47	36	30	24	25

16.9%	19.6%	18.4%	14.1%	11.8%	9.4%	9.8%		
<b>PROVINCE</b>								
<b>Gau- teng</b>	<b>Lim- po-po</b>	<b>Mpuma- langa</b>	<b>Western Cape</b>	<b>North- west</b>	<b>Eastern Cape</b>	<b>Kwazu- lu Natal</b>	<b>North- ern Cape</b>	<b>Free State</b>
104	5	2	73	6	23	25	0	14
41.3%	2.0%	0.8%	29.0%	2.4%	9.1%	9.9%	0%	5.6%
<b>WORK SETTING</b>								
<b>Private practice</b>	<b>Govern- ment</b>	<b>EAP</b>	<b>NPO</b>	<b>Academic institution</b>	<b>Corporate</b>	<b>Other</b>		
120	25	3	7	20	24	5		
58.8%	12.3%	1.5%	3.4%	9.8%	11.8%	2.5%		
<b>DAILY WORK HOURS</b>								
<b>0-2</b>	<b>3-5</b>	<b>6-8</b>	<b>9-11</b>	<b>12 and more</b>				
11	43	117	65	15				
4.4%	17.1%	46.6%	25.9%	6.0%				

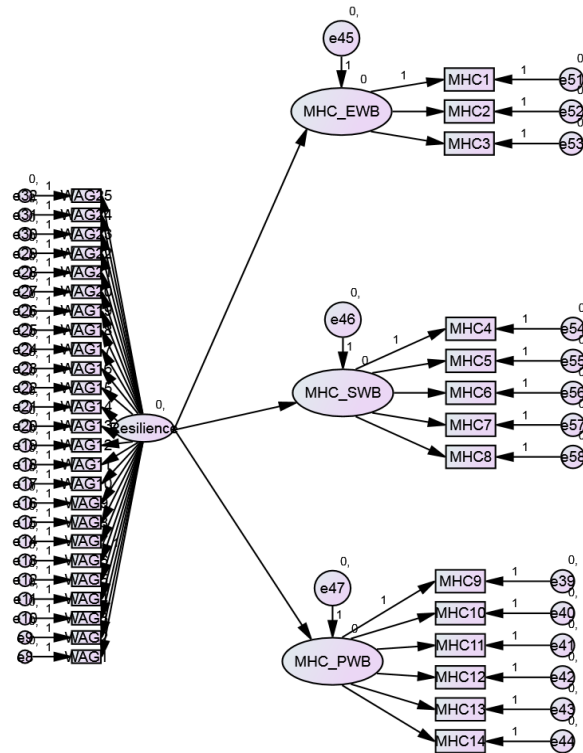
**TABLE 2**

*The socio-demographic data of participants from the qualitative part of the study.*



**TABLE 3**

*Comparative Fit Index (CFI), Root Mean Square Error of Approximation (RMSEA) and Goodness of fit.*



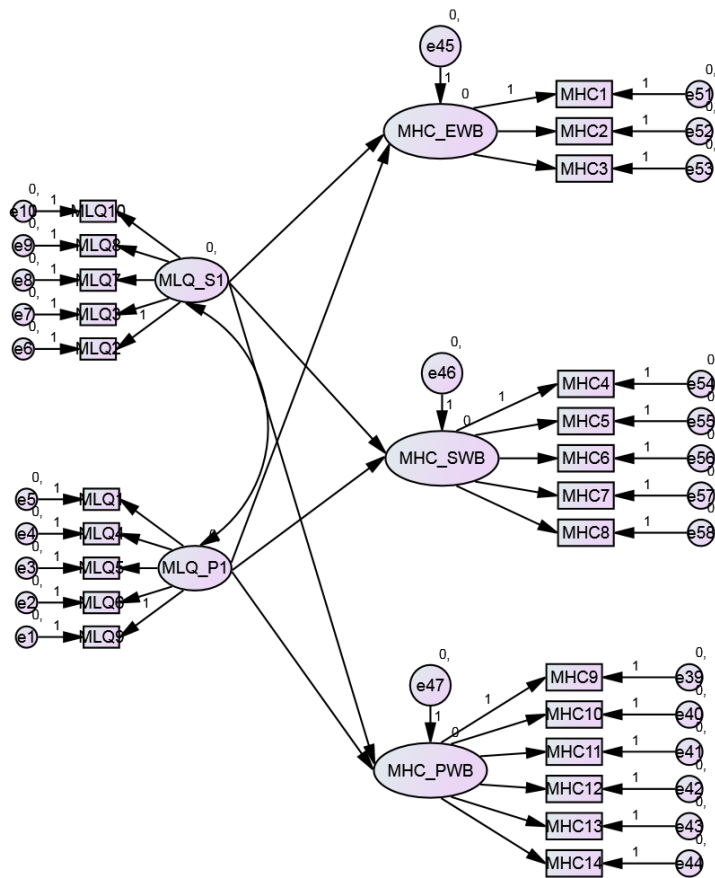
**Standardized Regression Weights: (Group number 1 - Default model)**

	Estimate
MHC_EWB <--- Resilienc	.303
MHC_SWB <--- Resilienc	.304
MHC_PWB <--- Resilienc	.410

Model	NPAR	CMIN	DF	P	CMIN/DF
Default model	120	1942.607	699	.000	2.779

Model	NFI Delta1	RFI rho1	IFI Delta2	TLI rho2	CFI
Default model	.671	.633	.761	.729	.757
Independence model	.000	.000	.000	.000	.000

Model	RMSEA	LO 90	HI 90	PCLOSE
Default model	.080	.076	.084	.000



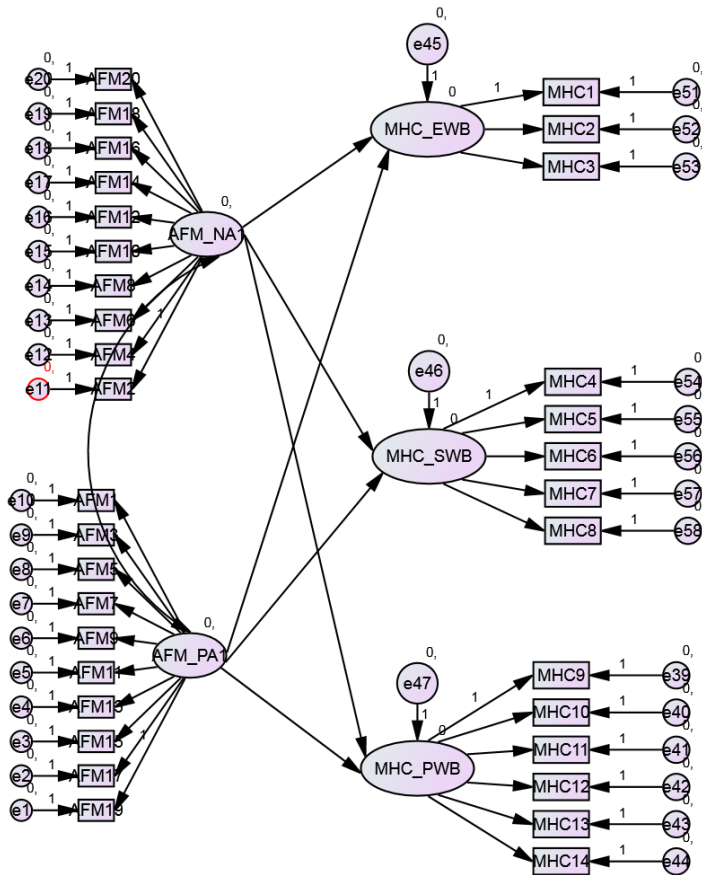
**Standardized Regression Weights: (Group number 1 - Default model)**

	Estimate
MHC_EWB <--- MLQ_S1	.004
MHC_SWB <--- MLQ_S1	.144
MHC_PWB <--- MLQ_S1	-.023
MHC_EWB <--- MLQ_P1	.693
MHC_SWB <--- MLQ_P1	.780
MHC_PWB <--- MLQ_P1	.768

Model	NPAR	CMIN	DF	P	CMIN/DF
Default model	79	598.507	245	.000	2.443

Model	NFI	RFI	IFI	TLI	CFI
	Delta1	rho1	Delta2	rho2	
Default model	.837	.800	.897	.872	.895

Model	RMSEA	LO 90	HI 90	PCLOSE
Default model	.072	.065	.079	.000



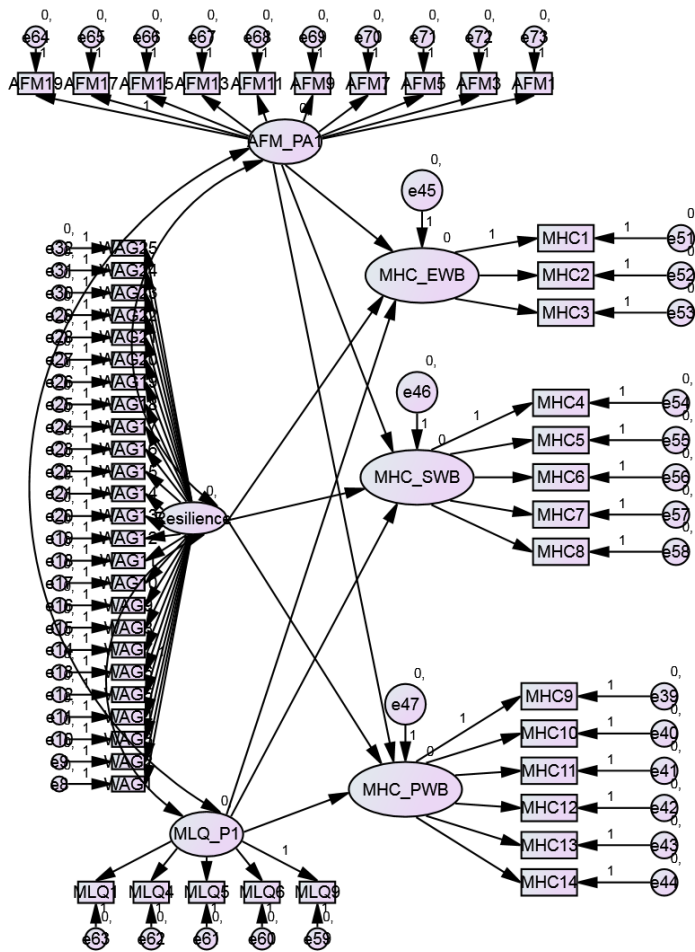
**Standardized Regression Weights: (Group number 1 - Default model)**

	Estimate
MHC_EWB <--- AFM_NA1	.110
MHC_SWB <--- AFM_NA1	.291
MHC_PWB <--- AFM_NA1	.202
MHC_EWB <--- AFM_PA1	.900
MHC_SWB <--- AFM_PA1	1.039
MHC_PWB <--- AFM_PA1	.992

Model	NPAR	CMIN	DF	P	CMIN/DF
Default model	109	1097.224	520	.000	2.110

Model	NFI	RFI	IFI	TLI	CFI
	Delta1	rho1	Delta2	rho2	

Model	NFI	RFI	IFI	TLI	CFI
	Delta1	rho1	Delta2	rho2	
Default model	.714	.673	.826	.797	.822



**Standardized Regression Weights: (Group number 1 - Default model)**

	Estimate
MHC_EWB <--- Resilience	-.069
MHC_SWB <--- Resilience	-.052
MHC_PWB <--- Resilience	.059
MHC_EWB <--- AFM_PA1	.672
MHC_SWB <--- AFM_PA1	.525
MHC_PWB <--- AFM_PA1	.503
MHC_EWB <--- MLQ_P1	.165
MHC_SWB <--- MLQ_P1	.320
MHC_PWB <--- MLQ_P1	.333

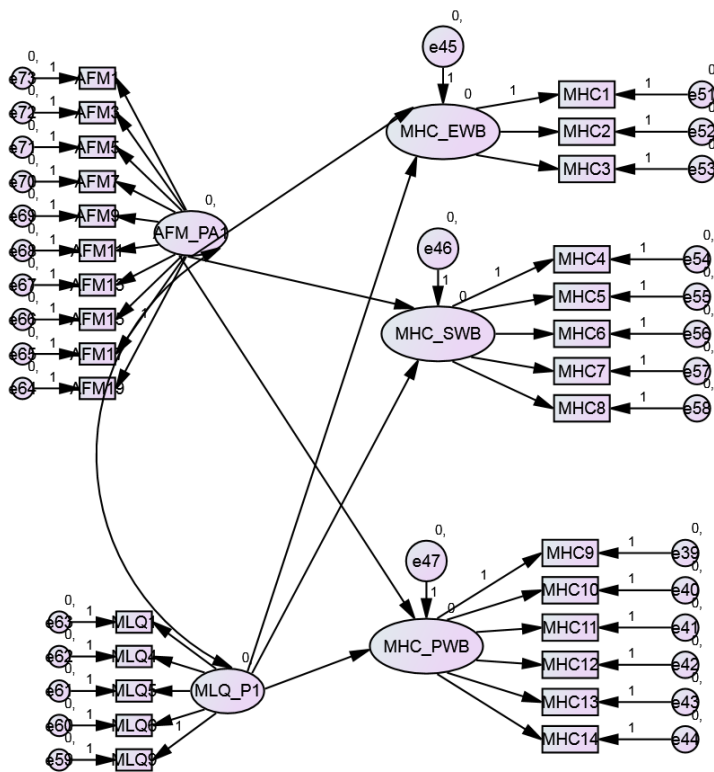
**Correlations: (Group number 1 - Default model)**

	Estimate
AFM_PA1 <--> Resilience	.448
AFM_PA1 <--> MLQ_P1	.774
Resilience <--> MLQ_P1	.331

Model	NPAR	CMIN	DF	P	CMIN/DF
Default model	174	3288.329	1365	.000	2.409

Model	NFI	RFI	IFI	TLI	CFI
	Delta1	rho1	Delta2	rho2	
Default model	.656	.626	.766	.741	.762

Model	RMSEA	LO 90	HI 90	PCLOSE
Default model	.071	.068	.074	.000

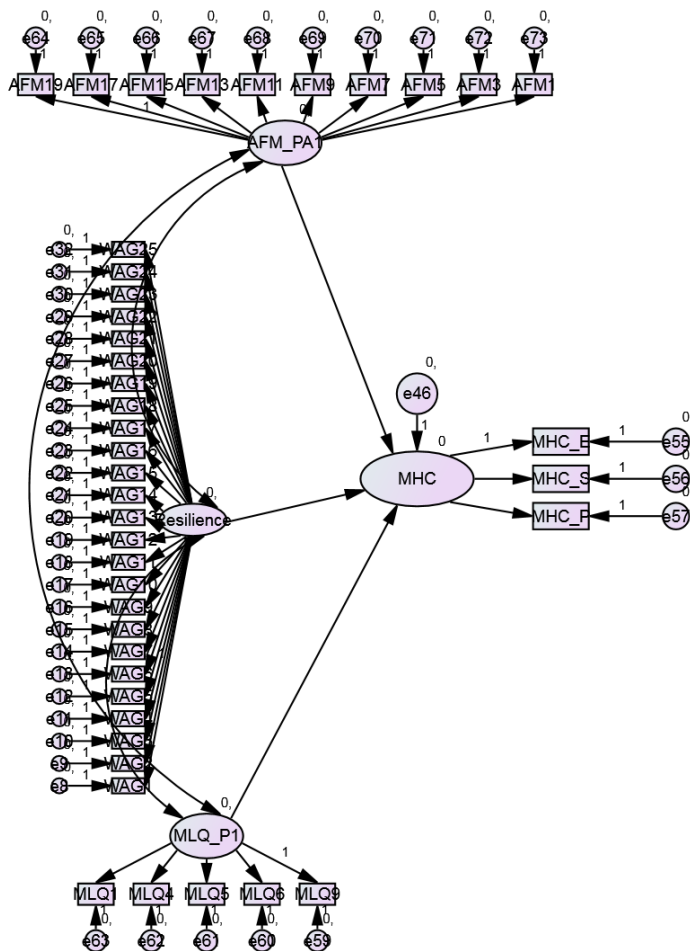


**Standardized Regression Weights: (Group number 1 - Default model)**

	Estimate
MHC_EWB <--- AFM_PA1	.636
MHC_SWB <--- AFM_PA1	.495
MHC_PWB <--- AFM_PA1	.525
MHC_EWB <--- MLQ_P1	.170
MHC_SWB <--- MLQ_P1	.327
MHC_PWB <--- MLQ_P1	.336

Model	NFI Delta1	RFI rho1	IFI Delta2	TLI rho2	CFI
Default model	.774	.734	.852	.823	.849

Model	RMSEA	LO 90	HI 90	PCLOSE
Default model	.072	.066	.078	.000



**Standardized Regression Weights: (Group number 1 - Default model)**

	Estimate
MHC <--- Resilience	.011
MHC <--- AFM_PA1	.591
MHC <--- MLQ_P1	.301

Model	NPAR	CMIN	DF	P	CMIN/DF
Default model	135	2289.730	854	.000	2.681

Default model	.705	.673	.792	.767	.789
---------------	------	------	------	------	------

Model	RMSEA	LO 90	HI 90	PCLOSE
Default model	.078	.074	.082	.000

**TABLE 4**

*Descriptive statistics and alpha coefficients of the measuring instruments*

Measure	Mean	SD	Range of scores		$\alpha$
			Mini- mum	Maxi- mum	
<b>MHC-SF_E</b>	<b>14.62</b>	<b>2.12</b>	<b>6.0</b>	<b>18.0</b>	<b>0.78</b>
<b>MHC-SF_S</b>	<b>21.06</b>	<b>3.73</b>	<b>9.0</b>	<b>30.0</b>	<b>0.67</b>
<b>MHC-SF_P</b>	<b>30.02</b>	<b>3.81</b>	<b>13.50</b>	<b>35.0</b>	<b>0.78</b>
<b>MHC-SF_T</b>	<b>65.70</b>	<b>8.09</b>	<b>28.50</b>	<b>84.0</b>	<b>0.85</b>
<b>MLQ_P</b>	<b>29.83</b>	<b>5.12</b>	<b>5.0</b>	<b>35.0</b>	<b>0.85</b>
<b>MLQ_S</b>	<b>20.85</b>	<b>8.57</b>	<b>5.0</b>	<b>35.0</b>	<b>0.84</b>
<b>MLQ_T</b>	<b>50.69</b>	<b>8.93</b>	<b>14.0</b>	<b>70.0</b>	<b>0.72</b>
<b>AFM_P</b>	<b>39.43</b>	<b>5.31</b>	<b>20.0</b>	<b>50.0</b>	<b>0.85</b>
<b>AFM_N</b>	<b>16.58</b>	<b>5.09</b>	<b>10.0</b>	<b>36.0</b>	<b>0.82</b>
<b>RS</b>	<b>145.72</b>	<b>20.39</b>	<b>27.0</b>	<b>175.0</b>	<b>0.94</b>

Note: MHC\_E=Mental Health Continuum Short Form Emotional well-being; MHC\_S=Mental Health Continuum Short Form Social well-being; MHC\_P=Mental Health Continuum Short Form Psychological well-being; MHC\_T=Mental Health Continuum Total; MLQ\_P=Meaning in Questionnaire presence of

meaning; MLQ\_S=Meaning in Life Questionnaire search for meaning; MLQ\_T=Meaning in Life Questionnaire Total; AFM\_N=Affectometer negative affect; AFM\_P=Affectometer positive affect; AFM\_T=Affectometer Total; RS=Resilience Scale.

**TABLE 5**

*Correlations*

		Correlations										
		MHC_EWB	MHC_SWB	MHC_PWB	MHC_Tot	MLQ_P	MLQ_S	MLQ_Tot	afm_pa	afm_na	afm_pnb	RS
MLQ_P	Correlation Coefficient	.470**	.381**	.476**	.555**	1,000	-.251**	.187**	.611**	-.531**	.628**	.495**
	Sig. (2-tailed)	.000	.000	.000	.000		.000	.002	.000	.000	.000	.000
	N	274	274	274	274	276	276	276	275	275	275	276
MLQ_S	Correlation Coefficient	-.088	-.019	-.137*	-.121*	-.251**	1,000	.849**	-.101	.237**	-.186**	-.155**
	Sig. (2-tailed)	.147	.753	.023	.045	.000		.000	.094	.000	.002	.010
	N	274	274	274	274	276	276	276	275	275	275	276
MLQ_Tot	Correlation Coefficient	.138	.182**	.045	.134	.187**	.849**	1,000	.177**	-.016	.099	.066
	Sig. (2-tailed)	.022	.003	.459	.026	.002	.000		.003	.790	.102	.274
	N	274	274	274	274	276	276	276	275	275	275	276
afm_pa	Correlation Coefficient	.500**	.422**	.491**	.568**	.611**	-.101	.177**	1,000	-.649**	.906**	.532**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.094	.003		.000	.000	.000
	N	276	276	276	276	275	275	275	278	278	278	277
afm_na	Correlation Coefficient	-.467**	-.416**	-.419**	-.527**	-.531**	.237**	-.016	-.649**	1,000	-.899**	-.439**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.000	.790	.000		.000	.000
	N	276	276	276	276	275	275	275	278	278	278	277
afm_pnb	Correlation Coefficient	.521**	.451**	.494**	.593**	.628**	-.186**	.099	.906**	-.899**	1,000	.524**
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.002	.102	.000	.000		.000
	N	276	276	276	276	275	275	275	278	278	278	277
RS	Correlation Coefficient	.380**	.333**	.504**	.520**	.495**	-.155**	.066	.532**	-.439**	.524**	1,000
	Sig. (2-tailed)	.000	.000	.000	.000	.000	.010	.274	.000	.000	.000	
	N	276	276	276	276	276	276	276	277	277	277	278

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

Note: MHC\_EWB=Mental Health Continuum Short Form Emotional well-being; MHC\_SWB=Mental Health Continuum Short Form Social well-being; MHC\_PWB=Mental Health Continuum Short Form Psychological well-being; MHC\_Tot=Mental Health Continuum Total; MLQP=Meaning in Questionnaire presence of meaning; MLQS=Meaning in Life Questionnaire search for meaning; MLQ\_Tot=Meaning in Life Questionnaire Total; afm\_na=Affectometer negative affect; afm\_pa=Affectometer positive affect; afm\_pnb=Affectometer affect balance; RS=Resilience Scale.

**THE WELL-BEING OF SOUTH AFRICAN PSYCHOLOGISTS:  
A MIXED METHOD STUDY**

**SECTION 4: ARTICLE 3: GUIDELINES FOR ENHANCING THE  
WELL-BEING OF SOUTH AFRICAN PSYCHOLOGISTS**

Submitted to *Acta Academica*

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Acta Academica is an academic journal dedicated to scholarship in the humanities. The journal publishes scholarly articles that examine society, culture and politics past and present from a critical Social theory perspective. The journal is also interested in scholarly work that examines how the humanities in the 21st century are responding to the double imperative of theorising the world and changing it. The journal appears four times a year and two of its issues are thematically focused.

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##### Practical considerations

Word length of manuscripts should be 5000---8000 words including notes and references with an abstract of up to 150 words and five key words. Authors should supply a biography of 50---100 words. A coversheet should accompany the manuscript providing full name, institutional address, email address, telephone and fax numbers --- also the address where proofs and offprints should be sent if different from the above. Authors should allow three months for consideration of their paper, but upon acceptance, they will be asked to make any necessary corrections and submit a final hard copy as well as an electronic copy. Titles and section headings should be clear and brief. Lengthy quotations (exceeding 40 words) should be displayed, indented, in the text. Essential notes should be indicated by superscript numbers in the text and collected on a single page at the end of the text.

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Articles: Coetzee JM (1991) The mind of apartheid: Geoffrey Cronje (1907---). *Social Dynamics: A journal of African studies* 17(1): 1---35. Articles in books: Dubow S (1987) Race, civilisation and culture: the elaboration of segregationist discourse in the inter-war years. In: Marks S and Stanley T (eds.) *The Politics of Race, Class and Nationalism in Twentieth Century South Africa*. London: Longman Inc, pp. 71---94.

# **GUIDELINES FOR ENHANCING THE WELL-BEING OF SOUTH AFRICAN PSYCHOLOGISTS**

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## **Abstract**

Guidelines are offered to design a well-being programme aimed at protecting and promoting South African psychologists' well-being. The socio-economic situation in South Africa results in psychologists living and working in communities characterised by crime, poverty, disease and numerous social ills. Against this backdrop, guidelines for the enhancement of psychologists' well-being are necessary. Furthermore, there is a scarcity of research concerning the well-being of psychologists and this study thus addresses a gap in the existing literature. This study emphasises that well-being does not occur automatically, but has to be strategically cultivated. We emphasise that well-being does not occur automatically, but has to be strategically cultivated. The researcher investigated well-being constructs namely meaning, resilience and positive affect of South African psychologists and valuable themes were identified indicating that specific skills and competencies, such as self-care, mindfulness, loving-kindness and self-compassion, are crucial aspects to the enhancement of well-being. It is suggested that enhancing

well-being and experiencing flourishing, can assist people in moving beyond mere existence to experiencing a well-lived life.

**Keywords:** Guidelines, positive psychology, qualitative research, South African psychologists, well-being

## 1. INTRODUCTION

Guidelines towards sustainable well-being embrace the standpoint that feeling good and functioning well “requires acting on life, not merely taking it in” (Flora 2009: 1). Guidelines as planned strategies are important when considering the occupational hazards such as anxiety, depression (Jordaan, Spangenberg, Watson & Fouché 2007), distress, burnout and vicarious trauma (Barnett, Baker, Elman & Schoener 2007) that typify the field of psychology. The continuous exposure to difficulties and threats to positive human health and functionality necessitate guidelines that can act as buffers (Webb 2011). The activating of virtuous cycles (Williams and Penman 2011) and inspired living (see ‘flow; in Csikszentmihalyi 1990) offer golden opportunities for people to flourish.

The question in well-being research has changed from why people become ill, to how people can experience a good and full life despite life problems (Sharabi, Levi & Margalit 2012). The current research study addresses this specific question. Well-being is an important predictor of health and longevity over and above being associated with optimism, happiness, good relationships (Stranges *et al.* 2014), meaning in life, mindfulness, achievement, flexibility and life balance (Kashdan and Steger 2011). Well-being is regarded as the most significant concept in positive psychology and also as the most significant concept in the context of professional psychology (Sanjuán 2011).

The high or upper end of the mental health continuum, termed flourishing, refers to high levels of well-being and positive functioning that includes psychological and social well-being (Keyes 2002). Flourishing adults possess high levels of emotional well-being and positive functioning, are filled with emotional vitality and function well psychologically and socially (Keyes and Lopez 2002).

People with high levels of emotional well-being may live longer (Danner, Snowdon & Friesen 2001) and are more productive, dependable and creative (Diener and Ryan 2009). The experience of psychological well-being and positive functioning are central to experiencing a ‘good’ or ‘full’ life (Keyes 2005). In order to attain well-being, people have to be socially adequate as all people need connections with others (Keyes, 1998, 2007). Social well-being is achieved when people regard society as meaningful and understandable and able to grow, when

they have a sense of belonging and of being accepted and are mostly accepting of society and when they perceive themselves as contributing to society (Keyes, 1998, 2002).

This article is structured as follows: Firstly, the rationale and conceptual background for motivating the development of guidelines to assist South African psychologists' well-being are explained. This includes a discussion of the motivation to protect and promote well-being in psychologists and a brief description of the guidelines. It also includes a discussion of Keyes' model of complete mental health. In the second section guidelines are offered to enhance well-being. These guidelines are presented with reference to the aim, content and directions for implementation. Throughout the study the guidelines are described as a 'well-being programme' and not an intervention, as these guidelines do not constitute a therapeutic intervention.

## **2. RATIONALE AND CONCEPTUAL BACKGROUND**

Psychologists' well-being is crucial because it is the duty of health care professionals to always be concerned about the well-being of those to whom they provide a service, even if this is to their own detriment and in conflict with their self-interest (Health Professions Council of South Africa (HPCSA) 2014). Good health care practitioners are people who display life-long dedication to their profession and act in the best interest of their fellow human beings and society at large (HPCSA 2014). Investment in the well-being of health professionals is crucial, as their professional contribution is vital to the effective provision of health services (Van Den Berg 2013).

Psychologists have been referred to as happiness facilitators (Van Zyl, Deacon & Rothmann 2010) and work with people in terms of their well-being and improved mental health (Young 2013). Psychologists may thus be considered to be custodians of clients' well-being. It would be difficult to both make the sacrifices called for by the HPCSA and assist with others' well-being if psychologists do not experience optimal levels of well-being themselves. It is therefore important to provide guidelines for South African psychologists to sustain and enhance their well-being and this makes the present research necessary and important. Psychologists' well-being sustains their professional competence (Wise, Hersh & Gibson 2012). Competence is a requirement for psychologists to be able to practice (Health professions Act No. 56 of 1974) and it is therefore both desirable and necessary to offer guidelines to purposefully enhance the well-being of psychologists. The complete state of health and well-being of psychologists is therefore important both in terms of their own functioning and the well-being of their clients and needs to be protected and promoted.

Occupational hazards for psychologists include vicarious traumatisation (Johnson *et al.*

2011; Maltzman 2011), discouragement, depression, anxiety, emotional depletion, disrupted relationships (Johnson and Barnett 2011; Smith and Moss 2009), demanding work, isolation (Webb 2011), burn-out (Roothman 2010), emotional distress (Malinowski 2013), alcohol and substance abuse (Smith and Moss 2009) and suicidal ideation (Johnson and Barnett 2011). Standard stressors for psychologists include long work hours, time constraints and simply being a psychologist (Schwartz-Mette 2009). This situation was confirmed in a study of South African psychologists, where it was found that 56.3% of participants reported above average anxiety levels and 54.2 % were mildly depressed. The research was concluded with a suggestion that South African psychologists fail to manage their emotional stress and experienced depressive and anxiety symptoms (Jordaan *et al* 2007).

Social, economic and political problems are endemic to South Africa, while there exists a lack of qualified health care professionals, with a mere 0.32 psychologists per 100 000 people in the population (World Health Organisation (WHO) 2007). In addition, mental health care budgets are disproportionately low in comparison to the high prevalence of mental disorders in South Africa (Burns 2011). While the availability of psychologists as a resource in the South African health care sector is rather low, mental illness is very prevalent in South Africa, with an estimated 16.5% of the population requiring mental health services, of whom a mere 25% actually receive mental health care (Petersen *et al.* 2009). This information clearly needs to be taken into account considering the impact that it may have on psychologists' workload and functioning.

Many researchers have investigated the spill-over effect between people's work and personal lives (Benefiel *et al.* 2014; De Simone 2014; Rothmann 2013). Although psychologists implement strategies such as professional boundaries to prevent spill-over, certain types of spill-over still occur. One example of such spill-over is "grief spillover" where their work emotions intruded on their personal lives' (Breen *et al.* 2014:61). In contrast,

*"Meaningful work ... gives a sense of enjoyment at the workplace but it also has a spill-over effect on other domains of employees, which includes their human relationships ... there is high possibility that when employees become happy with their work, they rarely go in frustration and stress and enjoy warm, satisfying, and trusting relationships with others"* (Sharma and Rastogi 2012:70).

This may be especially true for psychologists, as they bring the tools of their trade, namely themselves, to each of their life roles (Burks and Robbins 2011). Psychotherapy works in two directions: while psychologists affect their clients they are also affected by their clients (Webb 2011), which may impact psychologists' well-being.

Keyes (2006) found that complete mental health protects people against physical disease. The maintenance and promotion of mental health is therefore as important as the prevention and treatment of mental illness. In addition to considering the health benefits of well-being, it is also important to intentionally enhance well-being towards flourishing. According to Keyes (2010) well-being can be promoted and protected via the strengthening of psychological capacity and by paying attention to possible threats to health. When such efforts are undertaken, it may ensure the experience of psychologists' well-being, as well as impact the level of service delivery to clients. Enhancing the well-being of psychologists will therefore contribute positively to the mental health sector in South Africa.

Well-being interventions are informed by various theoretical models and a number of these models are henceforth mentioned. The Relational Frame Theory (Hayes 2001) contains interventions such as practicing gratitude, acts of kindness, optimism, acceptance and commitment therapy, behavioural and cognitive therapy and mindfulness. These interventions have all been found to enhance well-being via the route of positive emotions (Stafford-Brown and Pakenham 2012). The broaden-and-build theory (Fredrickson 2001) informs numerous interventions and positive emotions have a positive effect on people's well-being as a result of agency thinking, optimism, autonomy and personal growth (Schueller 2012). The important contribution of this theory is the finding that positive emotions stimulate enduring benefits in well-being (Faulk, Gloria & Steinhardt 2012). Applying this theory allows for creative problem-solving and the building of cognitive and social resources (Algoe, Gable & Maisel 2010) while cultivating more and other positive emotions that in turn lead to positive work outcomes (Lyubomirsky, King & Diener 2005). Through the broadening of thought-action options people systematically develop lasting and durable personal resources. This process also accommodates the reversing of negative emotions. Self-Determination Theory (Deci and Ryan 2008), which focuses on pursuing goals, cultivating mindfulness and awareness and autonomy, also has the potential to create positive well-being outcomes. Seligman's (2011) Authentic Happiness Theory states that growing in well-being occurs through the pathways of pleasure, engagement and meaning. Gilbert (2005) developed the Theory of Compassion Development, which assumes that people can develop various capacities. For example, if people are taught loving-kindness meditation practice, the ability to feel safe with oneself and others is developed and this improves well-being. The Theory of Person Environment Fit (French, Caplan & Harrison 1982) suggests that the presence of appropriate requests between an organisation and a person stimulate well-being. The theory emphasises people's ability to acquire and maintain resources, which is a process characterised by adaptation, coping and well-being (Avey *et al.* 2010). The Theory of Control of Emotions (Gross 2006) indicates that emotional control based on a sense of

coherence, optimism and positive self-esteem, may positively impact well-being, whilst positive emotions also contribute to job satisfaction. The Self-worth Theory (Covington and Beery 1976) suggests that maintaining and promoting self-worth is an important human need and provides a context for coping behaviours to combat career stressors and enhancing well-being (Parker *et al.* 2012). The Hope Theory (Snyder *et al.* 1991) regards hope as a goal-directed process that includes agency, motivation towards goals and having pathways for achieving those goals. Hope is associated with helping professionals' successful coping with career difficulties (Larsen, Stege & Flesaker 2013). The Architecture of Sustainable Change Theory (Lyubomirsky, Sheldon and Schkade 2005) focuses on intentional activity, which offers people a sense of control and impacts happiness and enhances well-being. Keyes' (2002) model of complete mental health and flourishing regards flourishing as the 'gold standard' for measuring well-being and indicates that the goal of positive psychology is to increase higher levels of well-being towards flourishing (Keyes 2002). Each of these theories offers valuable insights that can, when integrated, offer potentially positive interventions. The Values in Action Model of Peterson and Seligman (2004) holds that using their signature strengths helps people achieve their goals, which helps satisfy their psychological needs and leads to greater well-being (Linley *et al.* 2010; Van Schalkwyk and Wissing 2013). The reasons for protecting and promoting the well-being of South African psychologists are discussed below.

### **3. THE NEED TO PROTECT AND PROMOTE SOUTH AFRICAN PSYCHOLOGISTS' WELL-BEING**

The American Psychological Association (APA) (2010) indicated that psychologists need measures to protect them against occupational stress. However, despite the clear need for such measures, this need is often ignored (APA 2010; Canning 2011). The paucity of research concerning the ways in which psychologists protect and promote their well-being was identified over a decade ago by Norcross (2002) and remains a distressing gap in the literature.

In addition to the lack of protective guidelines in existing South African research, the unique characteristics of the South African population increases the importance of such research. There is a high prevalence of psychological disorders in South Africa and the situation is exacerbated by factors such as a large proportion of society being poor, marginalised and disrupted, especially children, women, the elderly, refugees and people with disabilities (Lund *et al.* 2011). (It should be noted that this does not suggest that all clients who receive therapy from psychologists are poor, marginalised or disrupted). Research results relative to a group of psychologists in private practice in South Africa found that these psychologists work long and inconvenient hours, have an unstable income, work with difficult cases such as homicide and

suicide and are frequently faced with clients' exhausted medical aids. These issues may cause psychologists to feel exhausted, burnt out, isolated and emotionally drained (De Lange 2010).

The recommendations of the APA (2010) for psychologists towards self-care include awareness in order to avoid becoming overwhelmed by the challenges posed by their profession. These challenges could lead to lower levels of well-being, such as languishing. Psychologists are also encouraged to identify mechanisms to reduce stress and foster proper self-care (APA 2010). In South Africa, the well-being of psychologists has been disregarded to the extent that the word 'self-care' does not even appear in the Health Professions Act (1974) that regulates psychologists' professional behaviour, nor in the HPCSA policy for intern psychologists (HPCSA 2010). Despite the official status of self-care in South Africa, existing literature leaves no doubt regarding the necessity of self-care (Brucato and Neimeyer 2009; Wise *et al.* 2012; Wise and Gibson 2012). Although many psychologists dedicate themselves to caring for others, it is questionable whether they are able to create a sustainable balance between client care and self-care (Wise *et al.* 2012) with a view to experiencing well-being. This matter is of crucial importance, since self-care was identified as one of the indicators for psychologists' sustainable well-being (Hitge and Van Schalkwyk submitted for review-a). Designing a well-being programme for South African psychologists can also assist in promoting and protecting the well-being of these healthcare professionals through facilitating psychologists to apply specific skills, such as practicing of character strengths, career sustaining behaviours and self-care, mindfulness, loving-kindness and self-compassion, with due consideration of the relevant context.

Obviously, theoretical principles should be used as the foundation for guidelines and the development of well-being programmes to assist psychologists towards experiencing high levels of well-being. Well-being is much more than mere survival and therefore flourishing (high levels of well-being) should be pursued when sustainable well-being is considered (Keyes 2002). It is also essential for psychologists to intentionally choose a self-care plan, although they must also be adaptable and understand that the same plan may not sustain a person over time and under all circumstances (Wise *et al.* 2012). Keys to unlock successful implementation of a well-being programme should also be considered (Lyubomirsky 2007). The focus on well-being and intentional activities (Wise *et al.* 2012) make positive psychology an ideal paradigm for the development of guidelines for enhancing South African psychologists' well-being. Existing South African well-being research emphasises the importance of contextual research and these guidelines are thus formulated specifically for South African psychologists.

#### **4. POSITIVE PSYCHOLOGY AND WELL-BEING**

Research in positive psychology consistently indicates that activities that make people happy in the moment and in small amounts, such as shopping, good food and earning a living, do not equate to fulfilment in the long run (Ryan and Deci 2000). These activities could be typical examples of the hedonic perspective on well-being. In order to develop and sustain longer term happiness people have to engage in acts of intentionally affirming life that create happiness, while they make an effort to cultivate positive emotions and character strengths (Lyubomirsky, King & Diener 2005; Peterson and Seligman 2004; Seligman 2011). These meaningful endeavours are associated with the eudaimonic perspective. Positive psychology poses the question of how well-being can be enhanced and how difficulties can be survived (Sin and Lyubomirsky 2009). This problem represents the central question of this research: How to enhance the well-being of South African psychologists, while finding viable solutions for the problems that they experience. Pooler (2011:441) described professional flourishing as an event “that happens at the intersection of being satisfied with one’s job ... and having a healthy balance between work and life. Self-care undergirds professional flourishing”.

#### **5. KEYES’ MODEL AND FLOURISHING**

Keyes (2002, 2005) conceptualised positive mental health as complete health indicated by the absence of psychopathology as well as the presence of flourishing. Mere freedom from pathology is a far cry from flourishing, and therefore sustaining and promoting well-being and positivity is necessary (Keyes 2006). Flourishing denotes motion towards accomplishing the best of a person’s possibilities in life (Keyes 2007) and refers to high levels of emotional, psychological and social well-being as well as optimal positive functioning. This implies overcoming of life problems, while thriving despite such problems and this is exactly what is required for the guidelines of the current study. For Keyes (2002) flourishing is almost a guarantee of living life to the full, rather than just surviving. Flourishing people feel good and do well (Keyes 2007).

Mental health is operationalised as existing on a continuum from high to low. High levels of well-being are referred to as flourishing, moderate mental health is in the middle of the continuum and languishing indicates low levels of well-being (Keyes 2005). Factors that are positively related to flourishing are having a good education, male gender (Keyes 2002) and being an older adult (Keyes and Simoes 2012).

Flourishing manifests in high levels of well-being, emotional energy, high self-regard, positive psychological and social functioning, doing well in the workplace and experiencing physical well-being (Keyes 2007). The concept of flourishing includes eudaimonic and hedonic

perspectives on well-being (Keyes 2002, 2007). According to Keyes (2006) people who wish to flourish must develop their own capacities and resources.

## **6. STRENGTHS AS PSYCHOLOGICAL RESOURCES**

Knowing and living out signature strengths (the strengths that define a person) give people a sense of meaning, especially when these strengths are used to the benefit of a cause, or something bigger than the self (Seligman 2011). When people engage in a process of detecting and knowing their own strengths, they function better, feel satisfied with life, have better insight into themselves, have more meaningful relationships, have more self-respect (Guse 2010) and are invigorated to use these new-found strengths (Peterson and Seligman 2004). Character strengths are key to the flourishing of individuals and communities (Park, Peterson & Seligman 2006).

The use of character strengths in novel ways may increase well-being, self-esteem, vitality (Seligman 2002) and positive affect (Wood *et al.*, 2011) and reduce depressive symptoms and stress (Mitchell *et al.* 2009; Seligman *et al.* 2005). People who use their strengths in the work environment feel engaged and happy at work (Harter, Schmidt & Keyes 2002). Character strengths affect the manner in which people are able to adapt after major adversities such as a life-threatening accident, attack, or illness (Peterson *et al.* 2008). Strengths also have the ability to increase resilience, protect people against psychological disorders and other adversities and promote mental health (Park and Peterson 2009; Van Schalkwyk and Wissing 2013). The use of character strengths is fulfilling and relates to people's sense of self, identity, authenticity (Proctor *et al.* 2011), well-being, good life and flourishing (Avey *et al.* 2012). Table 1 provides an indication of all the strengths and virtues that form part of Peterson and Seligman's (2004) Values in Action Model. The table also specifies the strengths that were identified by a group of South African psychologists as being particularly beneficial in their pursuit and promotion of well-being (Hitge & Van Schalkwyk submitted for publication-a).

<Table 1 approximate placing>

## **7. SUSTAINING AND FORTIFYING THE SOCIAL WELL-BEING OF SOUTH AFRICAN PSYCHOLOGISTS**

Social well-being was empirically identified as the weakest aspect of South African psychologists' well-being, when compared to emotional and psychological well-being (Hitge & Van Schalkwyk submitted for publication-b). This should not be demoralising as there is "evidence, via a randomised controlled trial using participants from the general population, that positive interventions enable people to deliberately increase their SWB" (Giannopoulos and

Vella–Brodrick 2011:104). It may therefore be possible to increase social well-being just as it is possible to increase subjective well-being. The need to belong is a human characteristic common to all cultures, although cultural differences exist with regard to relationships (Baumeister and Leary 1995). All people have the abiding need for connections with others (Ryff 1995). Social well-being relates to the public and social aspects of well-being (Peter *et al.* 2011) and consists of five aspects. The first aspect is social integration, which implies that people think that they have things in common with others in their social world. It may be difficult for psychologists to experience this aspect due to their ethical obligations with regards to the confidentiality of their clients which prevents them from sharing information that may impact them with others.

The second aspect of social well-being is social contribution. People who make a social contribution believe that they are important, valued and effective members of society. The third aspect of social well-being is social acceptance, which is characterised by trust in others, seeing people as kind and generally holding favorable views of humanity. Psychologists may struggle with this aspect of social well-being because they may at times be threatened by clients and may experience the worst aspects of humanity through their work and this may challenge these beliefs. The fourth aspect of social well-being is social coherence. People with a high level of social coherence care about the world and are able to understand the way things work in this world. The fifth aspect of social well-being is social actualisation (Keyes 1998, 2007). Individuals with high social actualisation are hopeful about improvements in society (Peter *et al.* 2011). Social well-being is thus achieved when people regard society as meaningful and understandable and able to grow, when they have a sense of belonging and being accepted and are mostly accepting of society and when they perceive themselves as contributing to society (Keyes 1998, 2002).

The amount of time people spend interacting socially has a significant impact on well-being (O'Reilly 2013). However, psychologists have indicated that they sometimes need to isolate themselves from people to retain their emotional balance. Seeking social support is an important predictor of social well-being (Willers *et al.* 2013). Hitge and Van Schalkwyk (submitted for publication-a) identified supportive relationships as a competency of psychologists. When competencies are known and applied they are able to make a positive difference in psychologists' experiences of well-being. According to Van Schalkwyk (2009) the development of social competence should become a priority in South Africa, considering the diversity of the population. Increased social well-being as it specifically relates to South Africa should be understood in accordance with the cultural conception of '*Ubuntu*', meaning that a person is a human being through other human beings. It is suggested that a strengths perspective may assist psychologists in increasing their social well-being. According to Simmons and

Lehmann (2013) a strengths perspective emphasises abilities, social networks, positive attributes, knowledge, skills, talents and resources to help protect and promote social well-being. These authors also suggested that the implementation of a strengths perspective is able to assist with the revitalisation and encouragement of social well-being. This same approach should be implemented for the fortification of the social well-being of South African psychologists. Social well-being (whether flourishing, moderate or languishing) is not a static state. It is therefore important to acknowledge that Van Schalkwyk (2009) provided empirical evidence that the social well-being of a group of South African adolescents increased after exposure to a strengths programme. These findings support the value of strengths in increasing social well-being. Given that there are ways of enhancing social well-being, the question is only whether people want to experience social well-being and are able to act intentionally in relation to this desire.

## **8. GUIDELINES TO ENHANCE SOUTH AFRICAN PSYCHOLOGISTS' WELL-BEING: A WELL-BEING PROGRAMME**

In this section guidelines are offered with reference to the aim and possible structure and general procedure for the implementation of well-being programmes.

### **8.1 Aim of a well-being programme**

The guidelines discussed in this section aim to assist in the development of a well-being programme that will protect and promote the positive health and functionality of South African psychologists as guided by the notion of flourishing (highest and optimal level of well-being). Such a programme should focus on the intentional and systematic fortification of psychological strengths and those facets identified as a particularly good fit 'package' for psychologists. Guidelines for the design of such a well-being programme are discussed below.

### **8.2 A well-being programme**

The development of a well-being programme will be directed by the principle of flourishing, which indicates high levels of well-being (Van Schalkwyk and Wissing 2013). Since meaning, resilience and positive affect are associated with flourishing people, these indicators are viewed as resources for well-being (Seligman 2011). These resources can manifest in various ways, including the use of signature strengths and self-care behaviours (Pooler 2011). These indicators are integral to overall well-being and represent the potential and processes towards experiencing high levels of well-being and resilient coping (Ryff 2014). Flourishing people acknowledge and are willing to master the psychological tools and processes that lead to high levels of well-being. Well-being is never static and healthy functioning does not occur automatically or as an instinctive process and therefore intentional efforts are needed to enhance

healthy levels of functioning and feeling (Damasio 2006; Goleman 2013). Programmes that acknowledge that people have limitations in relation to time and resources often achieve most in terms of their results. A well-being programme should therefore make use of ordinary daily processes and normal daily living experiences of psychologists in the pursuit of health. A well-being programme should also include the role of contexts and domains, such as the home and work environments (Cornum, Matthews & Seligman 2011; Peterson, Park & Castro 2011).

The design of the well-being programme must take into account the most important components already identified in existing literature, as well as the research findings of Hitge and Van Schalkwyk (submitted for publication-a and b) regarding the nature and incidence of South African psychologists' well-being. Self-care is regarded as foundational to professional flourishing (Pooler 2011) and should thus be utilised as an optimiser towards well-being. The constant practicing of self-care behaviours has been found to be central to South African psychologists' well-being (Hitge and Van Schalkwyk submitted for publication-a). These behaviours include taking time away from work, vacations, participating in physical exercise, being involved with people socially, being engaged in enjoyable hobbies, seeking supervision and maintaining an overall healthy lifestyle. Self-care involves executing strategies to ensure longevity and well-being. Self-care is thus an important aspect of encouraging, sustaining, protecting and promoting the well-being of South African psychologists. Self-care is discussed below.

### **8.2.1 The self-care of psychologists**

Self-care can be described as “activities that individuals initiate and perform on their own behalf in maintaining life, health, and well-being” (Dodd 2007:4). These intentional activities contribute to well-being, because they enhance self-awareness, self-efficacy, confidence, meaning in life and adaptability (Ablett and Jones 2007; Bush 2009; Hassed *et al.* 2008). Paradoxically stress can diminish people's ability to perform self-care, although protection of well-being, especially during such difficult times, through undertaking self-care is extremely important (Moskowitz *et al.* 2012). In other words, although health-promoting behaviours such as self-care are sometimes disregarded during times of difficulties and immense workload, the protection of well-being and health is even more crucial and precious during these times.

Positive career-sustaining behaviours are one example of how well-being can be achieved in the context of self-care. These behaviours relate to activities such as taking regular breaks from work, getting optimal amounts of rest and exercise and eating healthily (Bamonti *et al.* 2014). Another approach to self-care is through mindfulness interventions, such as mindfulness-based stress reduction, which is used to reduce anxiety, depression and stress (Chiesa and

Serretti 2009; Williams and Penman 2011). Practicing self-care through mindfulness leads to the fortification of resilience (Foureur *et al.* 2013). Loving-kindness meditation cultivates feelings of kindness and care towards the self and others and is another instrument that has the ability to foster self-care via mindfulness (Boellinghaus *et al.* 2013). The most important aspect of self-care is its ability to both bring about positive changes in an individual and to counter adverse work content and work context (McDonald *et al.* 2013). In relation to the design of a well-being programme, guidelines relating to self-care need to take cognisance of self-compassion, mindfulness and loving-kindness. These concepts are discussed below.

### **8.2.2 Self-compassion**

Rybak (2013) regarded the fortification of well-being as resulting from the utilisation of self-compassion, self-awareness and mindfulness. Henriques, Kleinman and Asselin (2014) strongly link self-compassion with well-being. Self-compassion is about understanding and acknowledging that life poses problems and facing these problems rather than fleeing from them. It also involves the understanding that all people have problems and that this unites people (Germer and Neff 2013). Having self-compassion enables people to treat themselves kindly instead of harshly and this assists them in maintaining balance in the midst of life problems (Neff and McGehee 2010). An example of this in the context of psychologists in South Africa could be that a client does not pay the psychologist. Through applying self-compassion, the psychologist would attribute the non-payment to the client's financial situation and would understand that such a situation happens to all psychologists at some point in time. The psychologist would not regard the non-payment as an indication that a useless service was rendered. Self-compassion allows people to also treat themselves kindly when they make mistakes (McNulty and Fincham 2012; Williams and Penman 2011). There are numerous reasons why practicing self-compassion is important, including the fact that self-compassion has the ability to improve personal power and interpersonal relationships (Neff and Beretvas 2012). Self-compassion also facilitates resilience by offering an adaptive stance relative to adversity (Hollis-Walker and Colosimo 2011) and assists people in achieving improved mental health (Barnard and Curry 2011; Neff, Rude & Kirkpatrick 2007). Self-compassion is also related to positive affect (Neff *et al.* 2007). An important point about self-compassion is that it assists in self-acceptance, which allows people (also psychologists) to process difficult emotions effectively (Barnard and Curry 2011). All people can learn self-compassion provided they are prepared to develop the skills associated with self-compassion (Neff 2011). Ways of achieving self-compassion include meditation, self-soothing touch, rational awareness of self-criticism, awareness of difficult feelings such as shame and low self-worth and rather engaging in positive self-talk, practicing loving-kindness

phrases, focusing on meaning in life, transforming pain in relationships and embracing life by savouring pleasant experiences (Germer and Neff 2013). Mindfulness interventions lead to an increase in self-compassion (Rimes and Wingrove 2011; Williams and Penman 2011) and are discussed below.

### **8.2.3 Mindfulness**

Sin and Lyubomirsky (2009) regard mindfulness as a positive psychology practice that promotes well-being. Mindfulness is related to character strengths via its affective qualities, such as practicing gratitude, that lead to increased brain activity (Kabat-Zin 2005; Fredrickson 2009). The regular practice of gratitude is linked to improved levels of subjective well-being (Wood Froh & Geraghty 2010) and physical health (Fredrickson 2009). Mindfulness is about awareness and mental processes, observing on a sensory level, responding to what is present in the moment, being non-evaluative about thoughts and emotions, while recognising the presence of sensations, cognitions and emotions without being overwhelmed (Baer, Lykins & Peters 2006). Mindfulness relates to bare attention (Mace 2008) and in this sense it offers a focus on well-being (Goleman 2013). Mindfulness has many benefits, including enhancing health and well-being (Baer *et al.* 2012; Carruthers and Hood 2011; Fagley and Adler 2012); protecting people against depression, stress and anxiety (Brown, Ryan & Creswell 2007; Wood *et al.* 2008); having a calming and grounding effect on people (Huppert and Johnson 2010); having a positive impact on psychological (Hofmann *et al.* 2010), neurobiological (Hölzel *et al.* 2010) and social well-being; increasing happiness and positive emotions (Jislin-Goldberg, Tanay & Bernstein 2012; Seligman, Parks & Steen 2004); and allowing people to acknowledge goodness in the world (Shapiro and Carlson 2009).

Mindfulness is regarded by numerous researchers as the “core” of resilience (Foureur *et al.* 2013:125; Rybak 2013). Resilience is a much needed character strength in the face of the adversities (Fredrickson 2013) that psychologists may face in their careers (Phillips 2011). Mindfulness is specifically beneficial for psychologists in that compassion can be increased by using mindfulness and this can lead to improved relationships with clients and colleagues that could ultimately result in higher levels of job satisfaction (Davis 2009) and client satisfaction. Mindfulness practices can also assist psychologists in focusing less on life and career difficulties, which can both improve their life satisfaction and their joy and meaning in life (Siegel 2010; Wise *et al.* 2012). Mindfulness is consequently personally and professionally important for psychologists (Shapiro and Carlson 2009) because it can increase positive work outcomes (Grepmaier *et al.* 2007; Stafford-Brown and Pakenham 2012). Enhanced counselling skills and

relationships can also occur as a result of therapist mindfulness (Aggs and Bambling 2010; Richards, Campenni & Muse-Burke 2010).

Mindfulness interventions include mindfulness-based stress reduction, mindfulness-based cognitive therapy (Foureur *et al.* 2013), therapeutic lifestyle changes (Walsh 2011) and acceptance and commitment therapy (Hayes *et al.* 2006). Typical mindfulness activities include being aware in the here-and-now, rhythmic breathing, observation, acceptance and non-judgement practice, grounding and defusion (Stafford-Brown and Pakenham 2012). Such activities should be easy to integrate into the daily living of psychologists and do not require excessive resources in the form of time or money. In terms of offering guidelines for the well-being of South African psychologists, it is empowering to know that mindfulness can be learnt and is accessible to everyone (Brown *et al.* 2007). However, mindfulness does not specifically develop self-compassion and compassion for others. Loving-kindness is therefore also necessary for the development of self-care (Boellinghaus, Jones & Hutton 2013).

#### **8.2.4 Loving-kindness**

Fredrickson *et al.* (2008) described loving-kindness meditation as a quiet, seated activity, where a person initially focuses on breathing and then shifts the focus to opening the heart to warm and positive emotions to the self and then expanding these emotions to loved ones and then further expanding those feelings even more broadly. In loving-kindness meditation a sequence of phrases are repeated, such as “may I be happy, or healthy, or peaceful” (Baer *et al.* 2012). In the context of such meditations, it becomes easier for people to allow the painful content of their lives to surface into awareness, as this awareness is coupled with the knowledge that, when a person is kind to themselves, the pain is bearable (Germer and Neff 2013) and an opportunity is created to maintain their emotional balance within adversity (Rybak 2013).

Loving-kindness leads to well-being and compassion, making it an ideal endeavour to include in self-care (Boellinghaus *et al.* 2013; Cohn and Fredrickson 2010). Loving-kindness cultivates positive emotions (Fredrickson *et al.* 2008), which have a positive influence on self-acceptance, feelings of mastery and meaning in life (Xanthopoulou *et al.* 2012) and promote well-being (Ryff 2014). Loving-kindness promotes feelings of warmth, care and kindness, both to the person who practices it and to people who come into contact with such a person (Baer *et al.* 2012). Research by Carson *et al.* (2005) provided empirical evidence that loving-kindness reduces pain, anger and psychological distress. According to Fredrickson *et al.* (2008:1060) loving-kindness meditation is “one positive emotion induction that keeps on giving, long after the identifiable event of meditation practice”. These findings contradict the so-called hedonic treadmill, which states that despite changes for good or bad in people’s happiness levels they

quickly adapt to any level of happiness and then return to a fixed emotional set-point. Loving-kindness, as meditation and self-compassion, is a valuable skill that can be learned and strengthened (Salzberg 2009) and should be recognised as having the ability to assist in developing and maintaining higher levels of well-being.

The above points were identified by Hitge and Van Schalkwyk (submitted for publication-a) during interviews with South African psychologists and were supported by existing literature. These points thus constitute the ‘musts’ in terms of contextual well-being that need to be considered when designing a well-being programme. In summary, the content of a programme to promote and protect South African psychologists’ well-being should therefore include the identification and fortification of signature strengths as well as strengths in general; it should also nurture the social well-being of South African psychologists as this is an identified weakness relative to total well-being (Hitge and Van Schalkwyk submitted for publication-a); and it must include self-care practices, such as career-sustaining behaviours, meditation, self-compassion and loving-kindness. These self-care practices have been used successfully in previous interventions aimed at improving well-being and as such should be included in the guidelines for the promotion of psychologists’ well-being.

### **8.3 Implementation of a well-being programme**

The reason for designing a well-being programme for South African psychologists is to promote and protect the well-being of these healthcare professionals, who play a crucial role in the South African health sector. This programme will assist psychologists in applying specific skills (such as practicing of character strengths, career-sustaining behaviours and self-care, mindfulness, loving-kindness and self-compassion) with due consideration of the contexts in which they find themselves. A programme needs to be conceptualised, but it also needs to be implemented. In other words, an active execution of the formulated strategy is necessary. Thus, the well-being programme represents a synthesis between understanding and application of well-being in an effort to promote sustainable positive functioning and flourishing.

### **8.4 Structure of the well-being programme**

Well-being programmes should be part of the daily programme of potential participants. It is therefore suggested that the programme be accredited as a continuous professional development activity with the HPCSA, because psychologists are in any event required to attend such activities. It is suggested that four sessions of four hours each occur. Thereafter, one hour sessions based on the mindfulness programme of Williams and Penman (2011) should be conducted on a weekly basis with a view to bolstering well-being. A final session of two hours

will be conducted to consolidate learning and experiences into future activities to continue to promote and protect well-being.

**Session 1:** Understanding South African psychologists' standing in relation to well-being and understanding why well-being is necessary. Exposing psychologists to theories of well-being. The session is enhanced by adding an acceptance and commitment therapy informed stress management intervention.

**Session 2:** Determining the psychologists' current levels of well-being through the assessment of resilience, meaning, positive affect and character strengths and the assessment of other areas of their functioning. The session utilises a variety of positive psychology interventions including writing gratitude letters, practicing optimistic thinking, laughter and humour.

**Session 3:** Considering personal strengths and well-being indicators and deciding on promotion and protection of specific areas of concern as well as focusing on general well-being. Psychologists will be exposed to meditation, loving-kindness and self-compassion and the daily practice of self-care will be advocated.

**Session 4:** Obtaining feedback relative to the experience of practicing self-care skills. Exposure to more positive psychology interventions such as replaying positive experiences, appreciation of beauty and movement. The session will also include exercises to embrace signature strengths and brainstorming and practicing new ways of applying these strengths.

**Session 5 to 12:** These sessions will be utilised to practice various meditations, while also breaking down habits that may be self-limiting in terms of possibly involving negative thinking patterns. Other interventions such as supervision groups, communities of practice or mentoring of psychologists will be explored as valuable in fostering and maintaining well-being.

**Session 13:** This session will be utilised to consolidate learning and experiences into future activities to continue to promote and protect well-being. At this point, it will be possible to make recommendations to the HPCSA and the professional board serving psychologists with a view to a potential national roll-out of a well-being programme.

## 9. CONCLUSION

The guidelines are offered with the aim of embracing and integrating them based on the view that "self-care, well-being, and even happiness do not have to be targeted as goals to be attained but rather simply as how a fulfilling and meaningful life is to be lived" (Wise *et al.* 2012: 492). These guidelines constitute an attempt to avoid focusing on what is negative and problematic regarding the work of psychologists, such as burnout and compassion fatigue (Di

Benedetto and Swadling 2014; Barnett *et al.* 2007; Figley 2002). Instead, these guidelines focus on well-being as a motivation to address impairment and other problems and present a motivation for psychologists to adopt the well-being continuum, which focuses on the positive and negative dimensions of life and will enable them to “spiral up via practice of enhanced self-care” (Wise *et al.* 2012: 487). Current research emphasises self-care, self-compassion, mindfulness and loving-kindness as possible strategies that psychologists could use to develop and fortify well-being (Boellinghaus *et al.* 2013; McNulty and Fincham 2012; Wise *et al.* 2012). It is encouraging that the South African psychologists also identified these practices as factors related to their well-being (Hitge and van Schalkwyk submitted for publication-a).

The reward of practicing these guidelines will be happiness, together with depth and deliberation. Practicing these guidelines may result in a more meaningful life in which people use their best strengths both in the service of their own and others’ well-being. Deciding to use these guidelines may require a willingness to be flexible and to grow increasingly towards acting on life, as opposed to merely consuming wellness.

In closing, I offer quotations gathered from South African psychologists (Hitge and Van Schalkwyk submitted for publication-a). These quotations have personal meaning for me and remind me of what psychologists believe contributes to their well-being.

*I love the fact that as psychologists ... we have the privilege of sitting with ... stories and journeys that a lot of other people in the world will never know ... that privilege of being able to be in that session and to walk that journey with that client.*

*I enjoy that I can bring some of what I've learned and continually learn and continually receive from clients and bring that into my own personal relationships.*

*I think over the years you learn how to, when you close the door, you close the door, so that you don't spill and if you do spill, you have a handful of people that you trust and that you can talk to.*

*I think you have to make like a concerted effort in order to attain a level of well-being ... a large element of it is ... living out of purpose in a way ... being authentic ... having gravitas ...*

*Give ourselves a pat on the shoulder and say, you know what, you doing well, it's, it's not an easy thing, life is not easy, there's lots of negatives that are happening in your life and around you even, but you know ... you still okay ... how blessed you are ... that contributes to your well-being as well, just ... realizing there are times when you won't be happy, accept that, there were times when you'll be happy, accept that as well, just accepting that you know life is, is a mixed bag ... that gives*

*me hope.*

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**11. TABLE 1: Strengths and virtues**

Virtue	Strengths	Present in study (Hitge & Van Schalkwyk a-submitted for publication)
Wisdom and knowledge	Creativity Curiosity Open-Mindedness Love of Learning Perspective	√ √ √ √ √
Courage	Bravery Persistence Integrity Zest	√ √ Integrity was not specifically mentioned, but is inherent to the ethics of psychologists √
Humanity	Love Kindness Social Intelligence	√ √ No participant indicated that they were socially intelligent, but from examples mentioned it was clear that they display social intelligence
Justice	Citizenship Fairness Leadership	√ √ Leadership was not specifically mentioned but is implied in the work of psychologists
Temperance	Forgiveness & Mercy  Humility & Modesty Prudence Self-Regulation	Forgiveness and mercy was not specifically mentioned but should not be understood as though psychologists do not have this strength  √ √ √
Transcendence	Appreciation of Beauty Gratitude Hope Humour Spirituality	√ √ √ √ √ √

# **THE WELL-BEING OF SOUTH AFRICAN PSYCHOLOGISTS: A MIXED METHOD STUDY**

## **SECTION 5: CONCLUSIONS, RECOMMENDATIONS, IMPLICATIONS AND LIMITATIONS**

### **1. INTRODUCTION**

This section provides a summary of the three articles contained in this manuscript along with the conclusions of each of the articles. The first aim of the study was to obtain a qualitative account of the well-being of a group of South African psychologists and to determine what competencies and contests they experience in relation to their well-being. The findings indicated that participants experienced competencies with respect to well-being despite the presence of difficulties inherent to the profession of psychology. These difficulties manifested as contests for the participants. In addition to their subjective perceptions of well-being, the participants primarily ascribed their well-being in relation to their experiences of meaning, positive affect and resilience.

The second aim of the study was to investigate the incidence of well-being of South African psychologists in terms of their flourishing or languishing. This part of the study also included measures of the presence or search for meaning, resilience and the presence of positive or negative affect. A concurrent mixed method study was conducted and quantitative and qualitative data was gathered simultaneously. Findings indicated that 93.9% of participants experienced flourishing, whilst 6.1% experienced languishing. In terms of resilience, participants' mean score indicated that they experience moderately high levels of resilience. More participants experienced presence of meaning in life than experienced searching for meaning in life. These mean scores indicate that the participants regarded their lives as having valued meaning. The scores also indicate that the participants were satisfied with what gives their lives meaning. This score is also indicative of high levels of optimism and positive self-esteem. Regarding affect, more participants experienced positive affect than those who experienced negative affect.

In conjunction with existing literature the findings from these two studies provided the backdrop for the development of targeted interventions in the form of guidelines aimed at promoting and protecting the well-being of South African psychologists. The development of these guidelines was the final aim of the study. Although psychologists seem to experience high levels of well-being, well-being is not static (Rickard & Vella-Brodrick, 2014) and sustainable measures must thus be found to ensure the continuation of these high levels of well-being.

In the final part of this section recommendations are offered in relation to both the research process and the subject matter, namely the well-being of South African psychologists. This section closes with a discussion of the limitations of the study.

## **2. POSITIVE PSYCHOLOGY IN THE SOUTH AFRICAN CONTEXT**

This study was undertaken from the positive psychology approach, which emphasises what is working in life and explores what could work even better by promoting the idea of flourishing and thriving. Positive psychology is an alluring research field that has made great advances since its conception (Wissing, 2013a). A challenge faced by this study was the issue of relevance in the South African context. Kagee (2014) stated that people cannot use positivity to gain employment, health and the most basic provisions for living. Therefore, according to Kagee (2014) there is doubt regarding the usefulness of positive psychology in the South African context. Despite Kagee's (2014) argument that positive psychology as a movement has little to offer in the unequal social sphere of South African society, this study found that psychologists, as participants in the current study, are also affected directly or indirectly by the societal problems of South Africa. Psychologists are affected by being victims of crime, by non-payment, by secondary trauma and simply by having insufficient means to address the multitude of social problems. However, it is argued that positive psychology is specifically apt in the South African context because, when considering the continuum of well-being (Keyes, 2002, 2005) that recognises ill-being, but also recognises the benefits of focusing on what is right and good, positive psychology allows for the cultivation of flourishing in South African psychologists. The concept of working with what is right became an anchor in this study, which aimed to provide guidelines for buffering psychologists against adversity and make appropriate recommendations to South African psychologists about the enhancement of their well-being.

It is also important to note that earnest efforts are being made to change the lives of ordinary South Africans for the better, without any political agendas or material benefit for those involved in research and the implementations of these research findings. The South African well-being compendium edited by Wissing (2013b) highlights efforts to improve education, health (including HIV), the workplace, family life, adversity and challenges across the life span and in rural and urban society. Such research contributions benefit the participants and society at large.

This research is guided by the positive psychology approach and argues that although positive psychology may not be able to alleviate poverty or crime, it can provide a set of lenses through which our society can be viewed and which may allow people to experience positive affect, well-being and meaning in life and display resilience despite dire circumstances. When psychologists working in this society are able to experience well-being, meaning, positive affect

and resilience, they are then able to model these behaviours for clients. This may be empowering on an individual and societal level. It should also be noted that positive psychology does not presume to be able to fix decades' old social ills that have been politically inherited. Positive psychology does not aim to be everything to everybody. Psychologists' primary task in this society remains the support and empowerment of clients, building strengths and treating those with psychological disorders. Practicing gratitude skills in this society does not imply turning a blind eye on poverty and crime. Instead, it asks questions regarding what is still available and how these resources can be used for personal and community benefit.

### **3. REFLECTING ON THE RESEARCH APPROACH, DESIGN AND CONCLUSIONS**

The over-arching aim of this study was to obtain evidence-based information that could be used to develop guidelines for enhancing South African psychologists' well-being. Through facilitating interventions for groups or individuals psychologists are able to play a positive role in the health care sector of South Africa. South African psychologists are often expected to flourish under fire (Ryff, & Singer, 2003) given the dire social circumstances of the country. South African psychologists may have to provide services to traumatised people while feeling traumatised themselves and provide services to people in a context where violence and other societal problems are not only read about in newspapers but are experienced by the people seeking psychological services. Psychologists also have to continue to be professional in situations where they may have to make recommendations about retrenchments and may be called upon to support both retrenched and remaining staff. In the face of all these difficulties, psychologists must retain sufficient well-being to sustain them in their careers on a daily basis. Such flourishing is only possible when well-being is a lived reality and it is this reality that the current study sought to promote. It should be noted that according to Keyes (2005) moderate well-being is simply a step on the road towards ill-being and possible impairment. Only flourishing allows people to engage optimally with life. Much research effort has also been directed at investigating and explaining ill-being such as burnout, isolation, stress and vicarious trauma in psychologists. However, very little research has focused on the well-being of South African psychologists. These psychologists may have forgotten to apply the important principles of positive psychology to themselves in terms of relevant well-being research.

The research design was a concurrent mixed method study that utilised the benefits of both qualitative and quantitative strategies to allow for rich and meaningful research outcomes. The aim of the first article was to use qualitative research strategies to determine the competencies and contexts experienced by South African psychologists in relation to their well-being. Those competencies and contexts provided important information that was valuable in the development

of guidelines for enhancing South African psychologists' well-being. The second article used a concurrent mixed method design where quantitative and qualitative data were gathered simultaneously without emphasising either of the sets of data. The aim of the article was to investigate the incidence and manifestation of well-being in South African psychologists. The third article aimed to provide guidelines for the well-being of South African psychologists. The main conclusions of the study are presented briefly below.

### **Section 2, Article 1: Exploring the nature of a group of South African psychologists' well-being: Competencies and contests**

Unstructured interviews were conducted with fourteen research participants from the Gauteng region of South Africa. A rigorous process of data gathering and data analysis occurred, resulting in the identification of four main themes and a number of sub-themes. The four main themes were work content and work context, relational functioning, self-care practices and personal resources. In addition to these themes a number of important matters were identified. Psychologists seemed to be able to manage the pressures of their careers when they practiced appropriate self-care. They also displayed resilient coping and well-being when they were mindful of time and their choices and when they actively planned and incorporated boundaries and work/life balance as self-protective well-being measures.

The work content and work context offered numerous challenges and competencies, but it was clear that the contests offered by work could mostly be overcome. For example, physical work resources such as the inadequate maintenance of buildings were experienced as a contest because they do not create a pleasant work environment. Other matters relevant to resources that were identified as contests included lack of personal safety and of resources and working materials such as printers. These factors all had the ability to impact psychologists' well-being. Simultaneously, some psychologists mentioned the forest-like appearance of the gardens at their workplaces and how this was conducive both to the well-being of the psychologists and the well-being of their clients. Other psychologists enjoyed the beauty of their workplaces and derived joy and a source of well-being from this beauty. Work content, for instance psychometric testing, forensic work, clinical work, short and long term work and work in various different settings such as government, or private practice, also had an impact on psychologists. Issues relating to the strain of upholding stringent ethical codes and recognising self-care as an ethical imperative, were also mentioned as matters that could impact psychologists. Learning, when not already overburdened, rejuvenated psychologists and created an opportunity to regain balance and network with colleagues. However, when psychologists were already overworked, additional learning became a burden. The number of work hours also impacted psychologists; particularly in the government sector there seemed to consistently be too few psychologists to serve the

public, leading to excessive workload and negatively impacting well-being. This situation was similar in academic institutions and in Non-Government Organisations (NGOs). Psychologists in private practice may also see large numbers of clients in order to earn sufficient income, if they do not they may have to deal with the stress of not meeting budgetary commitments. Relationships with colleagues were raised as important in various contexts. Supervision seemed to play an important role in psychologists' well-being. Contact with professional peers, both socially and professionally, was regarded as an optimal source of well-being.

Relationships outside of the work context were extremely important and, when these relationships were supportive and characterised by loving-kindness, they fortified psychologists' well-being. However, when loved ones did not understand psychologists' need for isolation and for not being social and expected them to remain psychologists in informal settings these relationships seemed to impact psychologists' well-being negatively.

Job satisfaction, self-knowledge, self-awareness and spirituality were consistent sources of support of psychologists' well-being, although paradoxes do exist. In terms of religion in the wider context of spirituality, psychologists are expected to be non-judgemental regarding issues of religion and belief and therefore religion is not supposed to be a part of psychologists' work. However, some psychologists regard this as a crucial element in their provision of services.

Personal resources such as managing emotions, utilising character strengths and dealing with one's own personality and attributes influence the well-being of psychologists. Positive emotions assist psychologists in dealing with some of the difficulties of their work, whereas negative emotions have the opposite effect. Character strengths are very valuable to psychologists, in that these strengths assist psychologists in being resilient and hopeful in the face of career, personal and societal problems. Personality and fixed constructs such as introversion and extroversion have an impact not only on careers, but also on the daily living and being of psychologists. However, when the flexibility of character strengths is combined with their availability, flexible options for non-automated and optimal behaviour become available. These findings suggest that psychologists experience similar problems to people in other careers. However, psychologists need to assist other people with their problems while simultaneously trying to manage their own difficulties. Certain indicators, namely boundaries, experiencing work as meaningful and having job satisfaction, relational connectedness, recognising personal needs and planning self-care activities, personal responsibility for self-care, religion and spirituality, self-awareness that includes self-knowledge and character strengths act as competencies and are indicative of fully functioning persons. These indicators should be intentionally protected and nourished so that they are able to contribute to psychologists' experiencing of high levels of well-being.

There are also indicators that enhance well-being when they are present, but when they are absent or out of balance they could become threats for well-being. An example is relationships, which act as a competence when they are supportive but if they place excessive demands on psychologists they could pose a threat and be a contest. The clarification of indicators that could damage personal, relational or social well-being is also valuable. Those indicators that comprise contests, or both competencies and contests are ethical boundaries, workload, dealing with own and other people's problems, lack of physical resources, having to counteract the impact of general attitudes and beliefs about psychologists, receiving feedback, various and diverse relationships, scope of practice, learning and training, the impact of interventions, support systems, emotional functioning and individual traits. However, it should be noted that these indicators may change as certain contests, such as lack of resources at work, could, through the application of positive emotions and character strengths, become a strength via applying creativity.

It is furthermore important to acknowledge that it is not the profession of a psychologist that will experience any particular level of well-being, but the person of the psychologist. Most people's lives include many domains, such as work, family and friends. There is always the possibility of a spill-over effect between various life domains and psychologists' competencies will assist in achieving higher levels of well-being, rather than in exclusively improving their well-being in their profession. The participants made novel recommendations regarding the effective management of negative spill-over. They suggested that practicing setting of professional boundaries (which was identified as a competence towards higher levels of well-being for psychologists) diminished the possibility of spill-over for psychologists. It was also recommended that instead of spilling over in a negative manner psychologists should rather engage with people with whom they have trusted relationships and seek their support, whilst remaining professional in terms of matters such as confidentiality. Supportive relationships were identified as a competency. It is thus clear that when competencies are known and applied, they are able to make a positive difference in psychologists' experiences of well-being. The participants also expressed that psychologists sometimes need to isolate themselves to recuperate. This need is distinct from the isolation that is associated with burnout and pathology (Webb, 2011). Literature could not be found to confirm the potential positive effect of isolation on psychologists, and this therefore constitutes novel information.

The diversity of the themes and sub-themes contained in section 2 of this study clearly shows that well-being is not a simple matter, but involves many facets. As flourishing is not the mere absence of disorder and difficulties (Peterson & Park, 2006) findings indicate that flourishing pertains to the presence of both competencies and contests in psychologists' careers

and personal lives. However, there are specific actions that lead to well-being and flourishing. These include choosing flourishing as an option, being true to one's own core values, engaging in positive relationships, reading, gardening, facing adversities with awareness, acknowledging emotions while working through them, having boundaries such as knowing the extent of therapeutic responsibility, choosing to be happy and being real or authentic. This serves as a practical, although partial, answer to the question as to why certain people flourish and others do not. It is clear that there is no single prescribed pathway for flourishing and that some actions that lead to one person's flourishing would not be useful for another person.

Fredrickson and Losada's (2005) description of the characteristics of flourishing people, was apparent in the accounts of the participants in this study, especially when they focused on happiness and positive affect, job and life satisfaction, flow experiences and personal growth, often in the aftermath of adversity. These accounts were also powerful reminders of the fact that psychologists' private and professional lives are not distinct. For example, one participant mentioned how flow was achieved through engaging in the activity of horse-riding in her personal life and how the experience of flow related to well-being that was then transferred both to social and work spheres. Another participant alluded to the engagement experienced when doing work that is gratifying and how that filters through to personal life spheres. The participants also described experiences of flourishing in relation to achieving goals and realising intellectual and/or moral virtues and fulfilling specific capabilities, such as being selected to study to become a psychologist and completing these studies and the associated internship. Achieving goals seems to leave people with a profound sense of purpose and meaning in life, whilst simultaneously creating excitement and positive emotions.

Seligman (2011) considered engagement, relationships, meaning, accomplishment and positive emotions to be the set of ingredients that comprise the golden highway towards flourishing. The participants consistently mentioned these ingredients, to the extent that some of them were identified as themes (relationships), some as sub-themes (positive emotions and meaning) and others were identified as issues of importance.

The participants also indicated that various strengths of character and virtues have the capacity to build well-being and ultimately flourishing. This is in accordance with Strümpfer's (2006) notion that there are strengths that have the ability to negotiate and resile life demands and difficulties and that assist in accomplishing flourishing. One of the participants phrased this particularly eloquently:

*it's almost like the, the platform from which you then, or the, the, the, the diving plank from which you can then dive into the pool of life um, and the higher that plank is off the ground, and with higher I just mean the stronger it is, the more*

*spins you can make in the air to make it worthwhile.*

The findings of this study indicate that most psychologists succeed in incorporating well-being information into their daily practices and the vivid narrative accounts provided real examples of flourishing lives.

It is important to be aware of the competencies and contests that psychologists experience on their path towards well-being as these competencies and contests may imply pathways for positive functioning (improved competencies) or vulnerabilities (contests) for sustainable well-being. Given that no condition of health is static, the competencies should be viewed as the 'green lights' with which to engage enthusiastically, whilst the contests pose 'red lights' that cause alarm for psychologists' well-being. This perspective re-captures the thinking of Allan, Steger and Shin (2013), Rickard and Vella-Brodrick (2014) and Strümpfer (2013). Moreover, previous research suggests that flourishing is not a 'quick fix' for the attainment or sustaining of well-being. Instead, flourishing requires serious effort and intentional actions. Under such circumstances people are able to become active agents of their own well-being. These intentional efforts entail utilising important resources such as social support, habits, savouring, motivation, effort and commitment (Lyubomirsky, 2007; Lyubomirsky & Layous, 2013; Sin & Lyubomirsky; 2009).

One of the additional findings from the qualitative study was that psychologists are committed to their work and their clients. This is particularly noteworthy, because the psychologists did not consider the profession as being pleasant or convenient and suggested that the decision to become a psychologist should be taken with much contemplation. Instead, psychologists described having patients who closely reflect their own life challenges, making it difficult to contain their private lives during sessions. Being involved with people on such a deep level can be an emotionally draining experience. This is especially challenging when psychologists then want time for themselves and away from people when they leave work and this may impact personal relationships. It is sometimes difficult not to tell someone about a traumatic incident, but the limits of confidentiality mean that psychologists are bound to keep information to themselves. It simply requires a lot of a person to listen to other people's sorrows constantly. Psychologists have a mindset of wanting to help others and have pure and honourable intentions, but these are not always met with similarly noble intentions on the side of clients. There are many discrepancies relative to the profession of psychology, for instance, there are questions regarding how much psychologists should care for people, because being too soft will inhibit their ability to function. This raises questions regarding how the commitment to the profession of psychology is justified. Participants in the current study indicated that experiencing the healing of others and witnessing their triumph over life problems are very rewarding in their

own right. Psychologists also tend to bring to their personal relationships what they learn in their professional capacity, a situation to which people in other professions may not have similar access. Their insight into human behaviours allows some psychologists to predict toxicity in relationships and to steer away from such connections in their private lives. Some participants indicated that they felt of particular value and added meaning to the therapeutic process by being part of a clinical team. The field of psychology is diverse and offers many opportunities. Some psychologists regarded being trained and gaining experience as a psychologist as a journey that creates opportunities for increased introspection, awareness, insight and wisdom. For some psychologists the profession constitutes a calling, as they became psychologists with the intention of making a difference and investing themselves in something larger than themselves, namely the well-being of others. However, some psychologists do not regard the career as a calling because they receive remuneration for their work, but they nevertheless consider the meaning that they derive from their work as central to their well-being. Some participants stated that the work of a psychologist is demanding on a very personal level and requires passion and commitment and should therefore be regarded as more than a job and should consequently be regarded as a calling.

In light of the findings described above and due to the broader context of South African society, which includes high levels of disease, crime, substance abuse and poverty, it is especially important for psychologists working in this context to experience well-being and maintain their well-being. One of the participants noted that if psychologists do not experience wholeness and well-being themselves then it will be impossible for them to help others achieve well-being. If psychologists do not experience well-being it will be very difficult for them to function well as therapists. In contrast, when psychologists experience high levels of well-being manifested in flourishing, they become highly valuable both to themselves and to others. The second article aimed to further explore South African psychologists' well-being with a view to eventually developing guidelines for sustaining psychologists' well-being.

### **Section 3, Article 2: South African psychologists and well-being: A mixed method study**

There is a dearth of research relating to South African psychologists. This study made use of both qualitative and quantitative approaches to answer the research question and to address this gap in the existing literature. The article addressed two research questions: To what extent do South African psychologists experience well-being, meaning, resilience and positive affect (quantitative study)? What are the nature and experiences of South African psychologists with regards to well-being, meaning, resilience and positive affect (qualitative study)?

The empirical study yielded several key findings. Findings pertaining to well-being indicated that 93.9% of South African psychologists experienced flourishing, whilst only 6.1%

experienced languishing. The qualitative data supported the quantitative findings and contributed significantly to the investigation of South African psychologists' well-being, through providing in-depth understanding of their experiences of meaning, resilience and positive affect. The finding that most South African psychologists are flourishing is best understood against the backdrop of the competencies that South African psychologists have in relation to their well-being. It seems possible that these competencies are both fortifying and maintaining their well-being to the extent of flourishing. A particularly important competency is the taking of personal responsibility for well-being and understanding that flourishing is a choice. The high levels of well-being evidenced in the quantitative data are also explained by the presence and utilisation of character strengths that was indicated in the qualitative data. The experience of job satisfaction and meaning derived from work also appear to make an important contribution to the flourishing state of well-being of South African psychologists. The participants provided qualitative accounts of how supportive relationships assisted them in experiencing flourishing. They also considered self-care and being committed to self-care as advantageous in relation to their well-being.

Given the paucity of research concerning the well-being of psychologists it is difficult to compare these findings to existing literature. Nonetheless, De Lange's (2010) narrative research relative to psychologists in private practice also found that well-being could be promoted and protected if psychologists make use of appropriate boundaries, self-care, supervision and continuous professional development. The quantitative findings can only be compared to general population levels of well-being, as figures specific to psychologists do not exist. Peter, Roberts and Dengate (2011) found 24.2% flourishing and 8.7% languishing amongst Canadian students while Rugira, Nienaber and Wissing (2013) investigated a sample of Tanzanian students and found that 72.7% were flourishing, while 3.5% were languishing. Amongst a group of South African adolescents exposed to a strengths building intervention, flourishing increased from 49% to 68% after exposure to the programme, whilst languishing decreased from 21% to 5% (Van Schalkwyk, & Wissing, 2013). An investigation of a population of South African health care professionals (nurses) conducted by Koen, Van Eeden, Wissing and Koen (2013) found a 45% prevalence of flourishing and a 4% prevalence of languishing. The findings of the current study indicate higher levels of flourishing than those measured amongst other populations and it may therefore be fair to assume that South African psychologists as a population experience high levels of flourishing.

Participants in this study scored higher on presence of meaning (29.83 mean score) than on search for meaning (20.85 mean score). In the qualitative component of the research numerous sources of meaning were identified, including good interpersonal relationships, job

satisfaction and having a sense of making a contribution to the well-being of others. Some participants went as far as stating that if the profession ceases to provide them with meaning, they will strongly consider leaving the profession. These participants thus believed that the presence of meaning is a vital part of the profession of psychology. The qualitative and quantitative findings supported each other and were not contradictory in any way. A previous South African study investigating meaning in life reported results that are contrary to the results of the present research. This study, conducted by Temane, Khumalo, and Wissing (2014), made use of a student sample and found higher mean scores for search for meaning, rather than for presence of meaning. These results can be explained due to the fact that younger people tend to score higher on search for meaning than older people (Brassai, Piko, & Steger, 2012).

Participants' mean score of 146 for resilience indicated that their resilience was moderately high. This was supported by the qualitative findings, as the psychologist participants considered resilience to be a basic ingredient necessary both for surviving the difficulties of the profession and for promoting well-being. It is speculated that psychologists may have displayed higher scores on this measure if they were more aware of their resilience. Some of the psychologist participants were unaware of their own resilience and felt affirmed by the interview process as it helped them discover their resilience and they realised that their resilience served them well in terms of their well-being. Only one other South African study was found that measured the resilience of health care professionals (nurses) using the Resilience Scale (Koen et al., 2013). This study reported a slightly lower mean score of 137.2 in comparison to the current study. This comparison to existing research suggests that South African psychologists' high levels of well-being might be partially linked to their relatively high levels of resilience.

With respect to the measurement of positive affect, it was noted that participants displayed higher levels of positive than of negative affect. This high prevalence of positive affect was echoed in the qualitative findings, where the participants described purposefully focusing on elements of their work that provide them with positive and joyous feelings. When psychologists are able to focus on the positive aspects of their work, they are often rewarded with positivity and meaning. In the face of situations such as trauma or suicide, negative emotions may accompany the event and some client situations are so desperate that this may result in psychologists responding with helplessness and hopelessness. At other times, situations such as a breakthrough by a client can bring tremendous joy and positive emotions. The findings correlate with those of other studies, such as a study by Wissing et al. (2010), which recorded a higher score for positive affect (36.04) than for negative affect (27.42) in a sample of 738 Setswana speaking African volunteers. Although these findings are similar to the current findings, the variance between positive and negative affect was much higher in the current study (mean scores

of 39.43 and 16.58 were recorded). Studies by Van Schalkwyk (2009) and Thekiso, Botha, Wissing and Kruger (2013) also reported higher positive than negative affect in samples of adolescents and farmworkers respectively, where mean scores of 36.31 and 36.4 were recorded for positive affect and mean scores of 22.60 and 29.0 respectively were recorded for negative affect. The findings of the current study correspond sufficiently with previous research to suggest that psychologists display high levels of positive affect in relation to other populations.

Significant positive correlations between the various scales and sub-scales (MHC-SF, MLQ, RS and AFM 2) indicate that the underlying constructs have features in common on an empirical level. These underlying features are, for the purposes of this study, conceptualised as well-being. The high level of correlation between the various sub-scales of the MHC-SF is indicative of the sub-scales' influence on each other, and is also embodied in the following quotation from the qualitative part of the research:

*I always find meaning in being able to add to other people's well-being ... whether it is in a group setting, working with a team, helping them resolve issues, um or even here at work, optimising the system um, getting, making you know, making people feel engaged and happy to be here um, that for me is meaningful.*

This quotation clearly illustrates the relationship between well-being and meaning and suggests an implicit relationship between those constructs and positive affect and resilience. De Bruin and Du Plessis (2015) confirmed the strong correlation between the MHC-SF sub-scales alluded to in this research, as did Koen et al. (2013).

Strong relationships were also noted between the MLQ and the AFM (0.75) and between the MHC-SF sub-scale of emotional well-being and the AFM 2 (0.50). The following quotation alludes to the relationship between affect and meaning detailed in the quantitative results: *"You feel so good, it is very emotionally rewarding, you don't even care, even if you don't get the financial rewards, it's okay you've got the, the, the you know the emotional rewards, which are much more important, they keep you feeling well"*. Strong correlations were found between positive affect and all the sub-scales of the MHC-SF (0.50, 0.42, 0.49 and 0.57), whilst negative relationships were found between negative affect and all the MHC-SF sub-scales (-0.47, -0.42, -0.42 and -0.53). There are strong correlations between positive affect balance and all the sub-scales of the MHC-SF (0.52, 0.45, 0.49 and 0.59). This provides empirical support for the relationship between positive affect and well-being (psychologically, emotionally and socially).

There is a moderately strong correlation between resilience and the MHC-SF emotional and social well-being sub-scales (0.38 and 0.33), but a strong correlation with the MHC-SF psychological well-being sub-scale (0.50 and 0.52) and total well-being sub-scale. These findings confirm that resilience and especially psychological well-being are related. Similar

findings were reported in a study with a sample of nurses (Koen et al., 2013). In the qualitative component of this study the relationship between resilience and well-being was described as being connected through affect: *“for me well-being is mostly about ... feeling good ... the emotional things that, that give me meaning you know that make me feel good that contribute so much to my well-being and my resilience”*. Presence of meaning is strongly correlated with all of the MHC-SF sub-scales (0.47, 0.38, 0.48 and 0.56), whereas the search for meaning shows a negligible correlation with the various MHC-SF sub-scales (-0.89, -0.14 and -0.12). This differs from the findings reported by Temane et al. (2014) but the differences can be explained in terms of the participants’ youthfulness in that particular study. More research is necessary to investigate these correlations.

With respect to the MHC-SF social, emotional and psychological well-being sub-scales, it is important to note that the 0.7 measure of acceptability was not achieved for social well-being (0.67). In terms of the relatively low score found for the social well-being of psychologists, it must be considered that the score, although lower than the suggested value of 0.7, may still be accepted in cases where psychological constructs are measured (Kline, 2010) such as is the case in the current study. Nonetheless, participants’ qualitative accounts do shed light on possible reasons for the relatively low score on social well-being and it can also be understood from the perspective that the participants regarded relationships as having the potential to be either a competence or a contest.

It is important that psychologists maintain high levels of psychological well-being as low levels of psychological well-being represents a risk factor for psychiatric illness such as depression (Joseph, & Wood, 2010). Psychological well-being provides people with motivation to live and provides purpose in life, which is linked to lower levels of depression and lower levels of suicide ideation (which was identified as one of the problems relative to the profession of psychology in existing literature) (Wang, Lightsey, Pietruszka, Uruk & Wells, 2007). High levels of psychological well-being may contribute to well-being in the workplace by improving job performance (Biggio, & Cortese, 2013). Psychological well-being correlates with personality traits such as openness to experience and extraversion and is predictive of the propensity towards personal growth (Keyes, Kendler, Myers, & Martin, 2014) and allows people to have a (psychologically) good life (Dahlsgaard, Peterson, & Seligman, 2005). Positive relationships have been found between optimism and psychological well-being and negative relationships have been found between pessimism and psychological well-being (Augusto-Landa, Pulido-Martos, & Lopez-Zafra, 2011). This is of crucial importance for psychologists as optimism and hope were regarded as important character strengths and competencies related to both professional and personal well-being. Having hope also implies that they have the willpower and

pathways to make the best of their work situations (Amunkete, & Rothmann, 2015). High levels of psychological well-being have been empirically linked to higher levels of physical health, including factors such as reduced mortality (Zautra, Arewasikporn, & Davis, 2010) and lowered risk for Alzheimer's disease, stroke and myocardial infarction (Ryff, 2014). Psychological well-being is one of the pathways suggested by Seligman (2002) to pursue happiness via meaning as it allows people to transcend themselves and thus provides people with a perception of their lives being purposeful and significant (Steger, 2009). According to Wissing and Temane (2008) psychological well-being is characterised by positive cognitive, emotional, conative, interpersonal, social and spiritual experiences and is also linked to the absence of mental and physical ill-being symptoms. The implications for psychotherapy are vast and direct therapeutic interventions to cognitive restructuring, the role of spirituality and constructive coping, while relying on emerging aspects of psychological well-being (Walker-Williams, Van Eeden, & Van Der Merwe, 2013).

Although existing literature suggests that social isolation is correlated with low levels of psychological well-being (Páez, Martínez-Sánchez, Mendiburo, Bobowik, & Sevillano, 2013), this was not evident in this study. Although social well-being was the lowest indicator of well-being in the quantitative study, many of the participants in the qualitative part of the study suggested that isolation provided a space for self-regulation and maintaining their balance. This suggests a discrepancy between existing research and the current study that warrants future research attention.

Given the relatively low score of psychologists on social well-being it should be noted that simply patching up weaknesses and fixing shortcomings will not elevate people to optimal levels of well-being and will not lead to flourishing. No increases in well-being can be expected in the absence of intentional efforts to protect and promote well-being. Also, if psychological resources are merely maintained to the extent that they maintain 'normal' functioning or moderate mental health and well-being, than contests become important predictors of ill-being in that they may erode psychologists' psychological capital. Ultimately, psychologists as mental health care providers in the South African health sector must commit to Keyes' (2010, p. 26) ideal, which suggests that "if we want better mental health, we must focus on positive mental health". Keyes (2010) questioned how more people could achieve and maintain flourishing mental health. He suggested that if governments were expecting immediate answers to this question, such an expectation would be unfair and unrealistic. According to Keyes (2010), financial support and time are needed to establish positive mental health across populations. This answer may suit the United States of America (USA), but may not resolve the same question in South Africa due to this country's socio-economic realities (Kagee, 2014). It is therefore

important that psychologists embrace and develop competencies that have the potential to protect and promote their well-being. These competencies must be used not only to bolster well-being but also to transform contexts both in their private and professional lives.

The researcher hypothesised that the findings of the quantitative part of the research would be similar to previous findings reported for other populations, such as adults in the USA and an adult sample in South Africa. Based on the results of these studies, it was hypothesised that about 20% of all psychologists would experience flourishing. However, the quantitative study showed that most participants (93.9%) were experiencing high levels of mental health manifesting in flourishing (high levels of well-being). Psychologists also displayed high levels of resilience, presence of meaning and positive affect, combined with low levels of negative affect and search for meaning. These findings are indicative of both feeling happy and functioning well. Based on Keyes' model of well-being and the mental health continuum and distinguishing between emotional, social and psychological well-being, the findings of the current study indicate that the participants do experience flourishing, as manifested in high levels of well-being, meaning in life, resilience and positive affect. These results are encouraging, as they suggest that psychologists in South Africa 'practice what they preach' and are able to avoid burnout and other career typical problems referred to in the literature on psychologists and instead experience high levels of well-being. This well-being is expressed as resilience when 'flourishing under fire' and positive affect as emotional health and the experience of meaningful existence. The aim of the final article was to provide guidelines to sustain these high levels of well-being.

#### **Section 4, Article 3: Guidelines to enhance South African psychologists' well-being.**

The goal of this article was to present guidelines to protect and promote the well-being of South African psychologists. In other words, the guidelines were designed to help psychologists who are experiencing flourishing to intentionally fortify their flourishing and to help psychologists who are not flourishing to deliberately raise the bar towards optimal well-being. Given the fact that the results of the quantitative study indicated that most psychologists are already flourishing, questions could be raised regarding the necessity of the guidelines. However the guidelines are necessary because well-being is not stagnant or fixed and therefore constant and consistent effort is required to maintain and improve current levels of well-being and functioning. It is also a basic premise of positive psychology that well-being does not happen automatically or instinctively, but instead must be pursued intentionally. These guidelines offer possibilities for well-being strategies and keys towards effective application. Guidelines were specifically developed based on the information obtained from the current research project and focused on several well-being behaviours, which are indicated below.

- Ensure a good work/life balance. This includes an awareness of warning signals indicating imbalances between work and other life domains. A good balance requires differentiation in terms of professional and personal identity. Awareness is a spiritual activity and therefore spirituality is also a well-being behaviour (see the point below).
- Practice spirituality. This includes mindfulness, self-awareness and self-knowledge, reflection, savouring and feeling content, and acceptance of self and others. These behaviours are highly relevant to virtues and character strengths, which are also well-being behaviours.
- Character strengths and virtues. Investigate and then invest in character strengths as an active strategy to enhance well-being. Become knowledgeable about types of strengths such as heart strengths and mind strengths and continue to build strengths in order to increase well-being and flourishing.
- Career development. Do not allow work life to become stagnant, but instead, practice career development with a view to obtain work satisfaction and meaning through work.
- Self-care behaviours. Constantly practice self-care behaviours. These could include taking time away from work, taking vacations, participating in physical exercise, being involved with people socially, practising enjoyable hobbies, seeking supervision and maintaining an overall healthy life style.

The above guidelines should be integrated into the lives of psychologists and should be practiced in order to act as a potential buffer against the risks of the profession, such as burnout and exhaustion. These guidelines may also assist psychologists in their professional functioning. Van Schalkwyk (2009, p. 137) placed the responsibility for well-being squarely on the shoulders of each individual, and stated that “the decisive factor is the ability ... to translate these strengths into ... daily living via ordinary processes ... to be active co-producers of their own plus their communities’ lives, instead of merely being ‘products’ of unwell societies”.

#### **4. IMPLICATIONS OF FINDINGS**

Firstly, it was important to produce research that is related to psychologists in South Africa as very little research attention has focused on this area. This research project also contributes to the very small body of international literature concerning psychologists’ well-being and as such adds to a body of knowledge that may help to provide information for specifically targeted interventions or well-being programmes designed to improve psychologists’ well-being. The findings indicate that most South African psychologists do experience flourishing despite inherent obstacles in the profession of psychology. It is suggested that over and above the guidelines that were presented, intervention strategies are developed to sustain

psychologists' high levels of well-being, meaning, resilience and positive affect. Competencies and contexts relative to psychologists' well-being were formulated in this research and future intervention strategies should focus on these aspects in order to allow psychologists to protect their personal resources. Identifying these indicators of well-being for psychologists does not suggest that all psychologists experience well-being in the same way. However, these indicators do provide some information regarding the way in which South African psychologists experience flourishing and this information can be used to navigate the regulation and enhancement of personal and relational functioning, as well as being translated into collective resources for well-being. For example, the results suggest that psychologists must plan to achieve well-being and must recognise the importance of positivity on a daily basis when working with clients in inordinate (Strümpfer, 2006) and demanding contexts.

Psychologists' existing competencies will serve them well in terms of their vitality, self-efficacy, optimism and resilience, even when work is sometimes experienced as overwhelming and difficult. It is important to create opportunities for psychologists to utilise and develop their competencies with respect to well-being, as this will continue to contribute to their experience of meaning in their work and is linked to job satisfaction. Well-being is associated with many positive outcomes both for individuals and greater society (Seligman, 2011) and may act as a buffer against adversity. Seligman (1998) had a vision for positive psychology to find and measure character strengths so that these strengths can be further developed in pursuit of a good life. Various strengths were identified through the qualitative research portion of this study and these strengths were furthermore incorporated into the guidelines to enhance psychologists' well-being. Seligman (2011) also proposed that positive experiences and emotions should be promoted and this was embodied by the investigation of South African psychologists' competencies and the resulting guidelines. Lastly, Seligman (2011) identified the need for the creation of more positive communities that will embody and promote strengths and this research may contribute to this goal.

The implications of the identified contexts are also important because positive psychology does not simply imply problem free living. Practical situations will continue to require strong resilience. Considering the potential negative impact of contexts in relation to psychologists' well-being it is extremely important that the identified competencies are embraced as buffers against ill-being. The following competencies are particularly important: Ensuring that the work remains meaningful and that job satisfaction is experienced; experiencing relational connectedness; taking personal responsibility for self-care; practicing religion and/or spirituality; promoting self-awareness and self-knowledge; and knowing and applying character strengths. The limitations of the study are discussed below.

## **5. LIMITATIONS OF THIS RESEARCH**

Obtaining information for the quantitative part of the research by posting questionnaires to 1 980 potential participants was a cumbersome, expensive and unrewarding process. A South African Post Office strike caused questionnaires to be delivered late, received late and even possibly destroyed. The relatively low response rate means that it cannot be assumed that the quantitative findings can be generalised to the general population of psychologists. It is possible that the high level of flourishing noted amongst participants may be due to the participants wanting to extend themselves and contribute to some form of greater good and as such may not truly be an indication of high levels of flourishing amongst South African psychologists.

It may have been valuable to have specifically compared the qualitative and quantitative results of the same sets of participants. However, this would have had anonymity complications. It would have been particularly valuable to have developed and implemented a well-being intervention for psychologists as part of this study and it would be meaningful if such research does occur in future. With respect to the qualitative findings, researcher subjectivity may have coloured the manner in which the interviews were conducted, thereby affecting the outcomes.

## **6. RECOMMENDATIONS**

It is important to remember that the primary goal of positive psychology, as a shift towards a more proactive approach is necessary to protect and promote flourishing amongst South African psychologists. The identification and practice of psychological strengths could be the key to establishing a fortogenic approach designed to facilitate higher levels of overall well-being instead of simply the absence of pathology. This research identified several competencies and contexts that influence South African psychologists' well-being and used these competencies and contexts to develop guidelines to promote psychologists' well-being. The challenge for psychologists is to activate a process whereby their well-being is protected and promoted. The guidelines offer a way to cope with ill-being, but are especially intended to facilitate a psychofortological process towards sustainable flourishing amongst psychologists. Translating theory and research into practice is particularly challenging for South African psychologists as they are faced with numerous challenges relating to the self, work and the South African context. A programme is presented, firstly for psychologists (a universal intervention) and secondly, a more targeted intervention regarding "flourishing under fire" and clinical practice. The designers of such a programme could partner with the Department of Health in terms of wider application and protection of South African psychologists' well-being as a resource to the South African health sector. It may also be valuable to develop a targeted intervention to specifically aid psychologists presenting with 'flourishing under fire' in clinical practice to bolster their overall

well-being. General recommendations relative to working as psychologists, relate to proactively sustaining high levels of well-being, meaning in life, resilience and positive affect. High levels of well-being can be practically realised by making self-sustaining choices relative to work content and work context. These choices include decisions relating to working hours, setting boundaries, being ethical in practice, sustaining professional knowledge, maintaining good work/life balance, and creating job satisfaction through the experience of contributing to a greater good or through other forms of meaning making. In terms of relational functioning it is important to note that South African psychologists did not have very high levels of social well-being. The participants in the qualitative part of the study highlighted the crucial role of balanced relationships and the need to solicit positive support systems. It is thus recommended that South African psychologists apply themselves to caring for themselves as much as they care for others by being responsible about self-care and by practicing self and career sustaining behaviours such as religious and spiritual practices, self-awareness and self-knowledge, loving-kindness and mindfulness. Psychologists are masters, via their training and experience, in the field of personal resources and must be mindful of their own personalities and how their traits may impact their well-being in their unique situations. Psychologists should use their character strengths and positive emotions to make gains towards their own well-being. The development of psychologists' own well-being is likely to serve the well-being of clients and the South African health sector. The contribution of this study is discussed below.

## **7. CONTRIBUTION**

This study contributed to gaps in the existing literature regarding the experiences of psychologists and the well-being of South African psychologists. The study provided a balanced perspective on psychologists' well-being by observing well-being from both qualitative and quantitative perspectives. In addition, contests as well as competencies were investigated relative to psychologists' well-being. This was the first study to involve all categories of registration, namely clinical, counselling, educational and industrial psychologists, and a variety of work settings, including government, private practice and NGOs. The guidelines offered in relation to psychologists' well-being are regarded as an important contribution in assisting psychologists in promoting and protecting their well-being. Finally, the quantitative research yielded various correlations amongst measures of well-being, meaning, resilience and positive affect. If these strong relationships are investigated further in future research this may help to develop well-being theory as well as the broader field of positive psychology. Importantly, attempts were made to ensure that the study remained culturally and contextually relevant, rather than adopting westernised assumptions in the South African context.

## 8. IN CLOSING

It has been a privilege to be inducted into positive psychology as a science. It became apparent to me that positive psychology is much more than a paradigm in the field of psychology, but indeed a personal approach to the self, the world and others. I believe that God summoned this study as a beacon and I hope it will have influence and in its dissemination affect lives as it has affected mine. My gratitude to my study leader who, in every respect, embodies a flourishing life and positivity.

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## **11. APPENDICES**

### **A. CONSENT FORM FOR QUALITATIVE RESEARCH**

#### **Well-being of psychologists in South Africa: A mixed method study.**

##### **CONSENT TO BE A RESEARCH PARTICIPANT**

*I am Erika Hitge from the North-West University researching the well-being of South African psychologists and would like to invite you to give consent and participate in this study, because the participation of psychologists is necessary to execute this research. Your informed consent to participate in this study is an ethical requirement and it relates to your protection as a human participant in research. To follow is information about the study so that you can make an informed decision about participation.*

#### **1. PURPOSE OF THE STUDY**

The purpose of this study is to:

- Determine the extent to which South African psychologists experience well-being, meaning, resilience and positive affect;
- Explore the experiences of South African psychologists relative to well-being, meaning, resilience and positive affect;
- Offer guidelines to assist with achieving and sustaining the well-being of psychologists in South Africa and
- Develop a well-being workshop for psychologists based on the results of this study.

#### **2. PROCEDURE**

Based on a referral by your supervisor you have been selected as a participant for an unstructured interview as part of the qualitative component of this study. The interview will take place at your offices. The interview will relate to your experiences of well-being, meaning, resilience and positive affect and is scheduled to be one hour of duration. I will capture the interview on a tape recorder for purposes of transcription. Participants will receive copies of the transcripts and coded interviews to assist the researcher in determining whether the codes appropriately explained the participants' experience of well-being.

The following questions will be asked during the interview:

An open-ended question, namely "What does it mean for you to experience well-being as a psychologist?" will be explored. You will also be requested to recount experiences that were meaningful to you and contributed to your well-being, as well as experiences in relation to resilience and positive affect. The following questions will be asked in this respect:

- "Can you describe a time or times that you experienced meaning as a psychologist?" and
- "Can you describe a time or times that you experienced resilience as a psychologist?" and

□ “Can you describe a time or times that you experienced positive affect as a psychologist?”

Participating in an interview regarding your own well-being may cause emotional discomfort -to that extent, you may withdraw from the interview at any given point.

### **3. RISKS/DISCOMFORTS**

There is almost always risks involved when participating in research that pertains to personality and in this case, psychologists' well-being, in that there is a possibility that people may not experience the level of well-being that they may have perceived themselves as experiencing and that may cause emotional discomfort. The researcher will provide participants who continue to experience such discomfort with an opportunity for debriefing by providing referral to three possible psychologists. Such requests can only be made within three months after participating in the research.

Some of your privacy might be lost during this study, but your name will never be made known and your data will be handled as confidential as possible. No individual identifiers will be used in any publications resulting from this study and only the team of researchers will work with the information that you shared. All sensitive information will be protected by locking it up and storing it on a password protected computer.

### **4. BENEFITS**

Participating in the qualitative component of the study will provide you with an opportunity to practice introspection regarding the nature of your well-being and how you sustain it. All participants are invited to attend a workshop that will be developed for psychologists based on the results of this study. The workshop will be known as "Guidelines for psychologists to achieve and sustain well-being". This workshop will be scheduled for 23 September 2016. The workshop will be held in the school Hall of Emmarentia Primary School, c/o Umgeni and Hill Street, Emmarentia, Johannesburg. Transport to and from the venue will be the responsibility of the participant. The workshop will start at 9:00 and continue till 16.00. Lunch, tea and coffee will be supplied. This will be a once-off opportunity and it will be entirely up to each participant to attend or not.

Due to the possible benefit you may experience as a result of participating in the research, along with attending the workshop, there is an opportunity for your current and future clients to benefit from your greater awareness and possible development of higher levels of well-being.

There will be no cost to you as a result of your participation in this study.

### **5. PAYMENT**

You will receive no payment for participation. You will nonetheless have an opportunity to attend a workshop where lunch, tea and coffee will be supplied.

## **6. QUESTIONS**

You are welcome to ask any questions to the researcher or the project head before you decide to give consent. You are welcome to contact Erika Hitge (researcher) at 011 646 7195 or 082 366 3374 or Dr Izanette van Schalkwyk (project head) at 021 864 3593 or 072 367 7739 if you have any further questions concerning your consent, or the Health Research Ethical Committee of the Faculty of Health Sciences of the North-West University at 018 299 2092.

## **7. FEEDBACK OF FINDINGS**

The findings of the research will be placed on the following website:<http://www.psychologycpd.co.za>

## **B. CONSENT FORM FOR QUANTITATIVE RESEARCH**

### **CONSENT TO BE A RESEARCH PARTICIPANT**

*I am Erika Hitge from the North-West University researching the well-being of South African psychologists and would like to invite you to give consent and participate in this study, because the participation of psychologists is necessary to execute this research. Your informed consent is an ethical requirement and it relates to your protection as a human participant in research. To follow is information about the study so that you can make an informed decision about participation.*

### **1. PURPOSE OF THE STUDY**

The purpose of this study is to:

- Offer guidelines to assist with achieving and sustaining the well-being of psychologists in South Africa;
- Determine the extent to which South African psychologists experience wellbeing, meaning, resilience and positive affect;
- Explore the experiences of South African psychologists relative to well-being, meaning, resilience and positive affect and
- Develop a well-being workshop for psychologists based on the results of this study.

## **2. PROCEDURE**

If you agree to participate in this study you will be requested to respond to the questionnaire as honestly as possible and post the completed questionnaire back to Erika Hitge-envelope supplied.

Completing the questionnaire may take between 20-30 minutes of your time. Each participant will receive a unique number so that anonymity and confidentiality is ensured.

## **3. RISKS/DISCOMFORTS**

There is almost always risks involved when participating in research that pertains to personality and in this case, psychologists' well-being, in that there is a possibility that people may not experience the level of well-being that they may have perceived themselves as experiencing and that may cause emotional discomfort. The researcher will provide participants who continue to experience such discomfort with an opportunity for debriefing by providing referral to three possible psychologists. Such requests can only be made within three months after participating in the research.

Some of your privacy might be lost during this study but your name will never be made known and your data will be handled as confidential as possible. No individual identifiers will be used in any publications resulting from this study and only the team of researchers will work with the information that you shared. All sensitive information will be protected by locking it up and storing it on a password protected computer.

## **4. BENEFITS**

Participating in the quantitative component of the study will provide you with results in terms of your well-being, resilience, meaning and positive affect, which may serve you well in terms of personal growth through being aware of these results. Participation will allow you a space for introspection regarding the nature of your well-being and how you sustain it. All participants are invited to attend a workshop that will be developed for psychologists based on the results of this study. The workshop will be known as "Guidelines for psychologists to achieve and sustain well-being". This workshop will be scheduled for 23 September 2016. The workshop will be held in the school Hall of Emmarentia Primary School, c/o Umgeni and Hill Street, Emmarentia, Johannesburg. Transport to and from the venue will be the responsibility of the participant. The workshop will start at 9:00 and continue till 16.00. Lunch, tea and coffee will be supplied. This will be a once-off opportunity and it will be entirely up to each participant to attend or not. Due to the possible benefit you may experience as a result of participating in the research, along with attending the workshop, there is an opportunity for your current and future clients to benefit from

your greater awareness and possible development of higher levels of well-being. There will be no cost to you as a result of your participation in this study.

## **5. PAYMENT**

You will receive no payment for participation. You will nonetheless have an opportunity to attend a workshop where lunch, tea and coffee will be supplied.

## **6. QUESTIONS**

You are welcome to ask any questions to the researcher or the project head before you decide to give consent. You are welcome to contact Erika Hitge (researcher) at 011 646 7195 or 082 366 3374 or Dr Izanette van Schalkwyk (project head) at 021 864 3593 or 072 367 7739 if you have any further questions concerning your consent, or the Health Research Ethical Committee of the Faculty of Health Sciences of the North-West University at 018 299 2092.

## **7. FEEDBACK OF FINDINGS**

The findings of the research will be placed on the following website: <http://www.psychologycpd.co.za>

Individual scores as well as findings pertaining to the questionnaires will be posted on the website using the unique numbers that have been allocated to each participant. I will be sharing the findings with you as soon as it is available. Please keep a record of your unique number, as you will need it to access your individual scores pertaining to the questionnaires.

## **CONSENT FORM**

### **PARTICIPATION IN THIS RESEARCH IS VOLUNTARY.**

You are free to decline to be in this study, or to withdraw at any point even after you have signed the form to give consent without any consequences.

Should you be willing to participate you are requested to sign below:

I hereby voluntarily consent to participate in the above mentioned study. I am not coerced in any way to participate and I understand that I can withdraw at any time should I feel uncomfortable during the study. I also understand that my name will not be disclosed to anybody who is not part of the study and that the information will be kept confidential and not linked to my name at any stage. I also understand what I might benefit from participation as well as what might be the possible risks and should I need further discussions someone will be available.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the participant

**Biographical information:**

*Please complete the following biographical details by circling the relevant numbers on the right of the table.*

**Age**

20-30	1
30-40	2
40-50	3
50-60	4
60-70	5

**Qualifications**

Master's Degree	1
PhD	2

**Gender**

Male	1
Female	2

**Category of professional registration**

Clinical	1
Counselling	2
Educational	3
Industrial	5

**Number of years practicing as psychologist**

0-5	1
6-10	2
11-15	3
16-20	4
21-25	5
26-30	6
31 and more	7

**Province where you work**

Gauteng	1
Limpopo	2
Mpumulanga	3
Western Cape	4
Northwest	5
Eastern Cape	6
Kwazulu Natal	7
Northern Cape	8
Free State	9

**Work setting**

Private practice	1
Government sector	2
EAP	3
NGO	4
Academic institution	5
Corporate	6
Other (specify)	7

**Amount of official work per day**

0-2 hours	1
3-5 hours	2
6-8 hours	3
9-11 hours	4
12 hours and more	5

## Mental Health Continuum Short Form (Keyes, 2005)

Please read the following questions. To their right, please indicate “almost every day”, “every day”, “never” and “maybe once or twice” with a **x** to indicate symptoms of emotional well-being during the past month. Write the most relevant response.

How often during the past month did you feel...					
	Question	Every day	Almost every day	Never	Maybe once or twice
1	Happy				
2	Interested in life				
3	Satisfied				
4	That you had something important to contribute to society				
5	That you belonged to a community like a social group, or your neighbourhood				
6	That our society is becoming a better place for people like you				
7	That people are basically good				
8	That the way our society works made sense to you				
9	That you liked most parts of your personality				
10	Good at managing the responsibilities of your daily life				
11	That you had warm and trusting relationships with others				
12	That you had experiences that challenged you to grow and become a better person				
13	Confident to think or express your own ideas and opinions				
14	That your life has a sense of direction or meaning to it				

**The Wagnild resilience scale** (Wagnild & Young, 1993)

Please read the following statements. To the right of each you will find seven numbers, ranging from "1" (Strongly Disagree) on the left to "7" (Strongly Agree) on the right. Mark with a **x** the number which best indicates your feelings about that statement. For example, if you strongly disagree with a statement, make a **x** cross at "1". If you are neutral, make a **x** cross at "4", and if you strongly agree, make a **x** cross at "7", etc. Please answer every question.

	<b>Question</b>	<b>Strongly disagree</b>							<b>Strongly agree</b>
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	
1	When I make plans, I follow through with them.								
2	I usually manage one way or another.								
3	I am able to depend on myself more than anyone else.								
4	Keeping interested in things is important to me.								
5	I can be on my own if I have to.								
6	I feel proud that I have accomplished things in life.								
7	I usually take things in stride.								
8	I am friends with myself.								
9	I feel that I can handle many things at a time.								
10	I am determined.								
11	I seldom wonder what the point of it all is.								
12	I take things one day at a time.								

13	I can get through difficult times because I've experienced difficulty before.								
14	I have self-discipline.								
15	I keep interested in things.								
16	I can usually find something to laugh about.								
17	My belief in myself gets me through hard times.								
18	In an emergency, I'm someone people can generally rely on.								
19	I can usually look at a situation in a number of ways.								
20	Sometimes I make myself do things whether I want to or not.								
21	My life has meaning.								
22	I do not dwell on things that I can't do anything about.								
23	When I'm in a difficult situation, I can usually find my way out of it.								
24	I have enough energy to do what I have to do.								
25	It's okay if there are people who don't like me.								

**MLQ (Meaningfulness in life Questionnaire)** (Steger, Frazier, Oishi, & Kaler, 2006)

Please take a moment to think about what makes your life feel important to you. Please respond to the following statements as truthfully and accurately as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers. Please answer according to the scale below:

	<b>Question</b>	<b>Absolutely untrue</b>	<b>Mostly untrue</b>	<b>Somewhat untrue</b>	<b>Can't Say true or false</b>	<b>Somewhat true</b>	<b>Mostly true</b>	<b>Absolutely true</b>
		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
1	I understand my life's meaning.							
2	I am looking for something that makes my life feel meaningful.							
3	I am always looking to find my life's purpose.							
4	My life has a clear sense of purpose.							
5	I have a good sense of what makes my life meaningful.							
6	I have discovered a satisfying life purpose.							
7	I am always searching for something that makes my life feel significant.							
8	I am seeking a purpose or mission for my							

	life.							
9	My life has no clear purpose.							
10	I am searching for meaning in my life.							

**Affectometer (AFM)** (Kammann, & Flett, 1983)

This inventory consists of 20 sentence items. Read each sentence and decide how often the feeling was present over the past few weeks, according to the following graded response scale. Please mark your answer next to each statement as it applies to you. Please answer every statement.

		Not at all	Occasionally	Some of the time	Often	All the time
	Question	1	2	3	4	5
1	My life is on the right track.					
2	I wish I could change some part of my life.					
3	My future looks good.					
4	I feel as though the best years of my life are over.					
5	I like myself.					
6	I feel there must be something wrong with me.					
7	I can handle any problems that come up.					

8	I feel like a failure.					
9	I feel loved and trusted					
10	I seem to be left alone when I don't want to be.					
11	I feel close to people around me.					
12	I have lost interest in other people and don't care about them					
13	I feel I can do whatever I want to.					
14	My life seems stuck in a rut.					
15	I have energy to spare					
16	I can't be bothered doing anything.					
17	I smile and laugh a lot.					
18	Nothing seems very much fun anymore.					
19	I think clearly and creatively.					
20	My thoughts go around in useless circles.					

Thank you for having completed the questionnaire.

Your unique number that you can use to access feedback pertaining to this research on <http://www.psychologycpd.co.za> is \_\_\_\_\_ . Please keep this number safe as the

researcher cannot supply it to you later as the researcher will have no record thereof relative to your identity in order to protect your confidentiality and anonymity.

### C. EXAMPLES OF PART OF THE PROCESS OF THEMATIC ANALYSIS

<p>1.8          3 When I feel as if I am um, sort of being pulled back a bit and mainly what I do is I listen to, to what I need.</p>	<p>p.1          1. to live well very quietly</p>
<p>Don't see anyone          1. I've learned if I try to please everyone and I continue</p>	<p>1. to feel that there's nothing that I need</p>
<p>2. then I, then I will fall</p>	<p>2. that feeling of content</p>
<p>23. Isolates you a bit from friends and family</p>	
<p>4. -glass of wine</p>	
<p>4. -unwind</p>	
<p>5. -cycle</p>	<p>p.1, 14 running, 15. swimming</p>
<p>12.          1.25 put my needs first</p>	
<p>14          what I want          1.3 have a a good understanding of who I am and</p>	<p>I think it's really important um but that's about knowing who you are, if you, if you don't have that, you can't have self-acceptance          p.8/ 1.16-18</p>
<p>with, with a client.</p>	
<p>5. being ok with who I am makes it easier for me to be in session</p>	
<p>17</p>	



Spirituality, awareness, mindfulness, reflection, religion													
*	*	*	*	*	*	*	*	*	*	*	*	*	*
<p><b>Participant 1:</b> we are very self-aware of what's going on, and I think to deny that voice or to kind of push that voice aside when you know that there are certain needs or you lacking certain things, um would be to a major disadvantage</p> <p><b>Participant 2:</b> To live very quietly *I love beauty</p> <p><b>Participant 3:</b> we all supposed to support each other like I think spirituality is important</p> <p><b>Participant 4:</b> My faith, in God alone</p> <p><b>Participant 5:</b> learn to trust your instincts *it's important that we also just keep a check of where we are * it's got to do with my faith</p> <p><b>Participant 6:</b> the universe kind of sends you patients that so closely mirror the challenges that you experience in, in your own life...then it's very difficult to contain your own emotions and be therapeutically present for your patient, so it's not to contaminate it with your own emotions but to be aware of it *I experience flow when I'm there, I don't think of anything else than just being with my horse *I very much see myself as a wounded healer um so I, I cannot possibly identify or understand my patients' wounds if I'm not aware and mindful of my own *I think it's the mindful therapist that becomes despondent because you are so aware of the intricacies of doing this job *it's about being mindful exactly of what your role is and what you can achieve and what you can't achieve with a patient</p> <p><b>Participant 7:</b> I think when you're passionate and you love people and they know and they feel your passion for what you do, that sacred place between you is special and they...almost will get better...I'm sure God is that third partnership in this place anyway, you can feel it here...a lot of people comment on, just the presence in this room, but there is a presence in this room.</p> <p><b>Participant 9:</b> a very big one for me is um self-awareness, I'm always very self-aware of what I'm feeling when and what my needs is at, at different specific times and then I also make sure I take care of those needs and to fulfil them, and for me if I neglect it, I'll eventually feel it *self-acceptance I think for me again goes hand in hand with, hand in hand with self-awareness and then being able to accept what you're aware of, because if you, I mean if you, if you can't accept it and you kick against it, you will have internal conflict and um, that could affect your, your career for me and your wellbeing.</p> <p><b>Participant 10:</b> the awareness part of it, so being able to, to sort of analyse and undergo that process of introspection and reflection, to actually see what's going on there and being comfortable doing that</p> <p><b>Participant 11:</b> peace of mind...that experience of um, I'm calm, I'm relaxed, I'm okay, that is experience of wellbeing for me *reflect and find that balance between what you are doing and who you are as a person * self- awareness is 'n baie groot deel van dit (wellbeing)</p> <p><b>Participant 12:</b> as Psychologist and as a religious person, I'm in the business of behaviour change</p> <p><b>Participant 13:</b> reflect *having knowledge or an awareness of yourself...being quite self-aware what it is that you need in times of stress, so you know it is exercise or is it a certain hobby *self-awareness comes in...focus on, what are, what are one or two things that really makes you feel quite happy and confident *to be able to lecture...I derived a lot of satisfaction and flow...I'm extremely engaged, attentive, um enjoyed doing the, the research</p>													