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Study of Self-Compassion, Depression, Anxiety and Stress in male and female teachers in Government College of Delhi and Uttar Pradesh in India

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Abstract--- *The profession of teaching is considered as most prestigious among all. Learning either at school level or college level provides a good platform in development and success of an individual; teachers and faculties are the main pillar behind that success. The present research focuses on psychological aspect [self-compassion; depression, anxiety and stress (DAS)] of faculties in colleges and aims to (1) To find out the difference between male and female faculties on following variables: self-compassion; depression, anxiety and stress (DAS); (2) To find out relationship between self-compassion and DAS in male and female college teachers. The data was collected on 102 teachers from government colleges in Delhi and Meerut city in India through purposive sampling. The mean age range of the sample was 41.24 years. Data was collected with the help of Depression Anxiety and Stress (DAS) Scale (Lovibond and Lovibond , 1995) and Self Compassion Scale (Neff, 2003a). The results indicate that (1) there is no significant difference between male and female faculties on any variable, (2) there is a positive significant relationship among depression, anxiety and stress whereas no relationship between self-compassion and DAS in male college teachers. On the other hand, negative significant correlation between self-compassion and depression (-0.387, at .05 level) and positive significant relationship among depression, anxiety and stress in female college teachers was found.*

Key Words: *College teachers; Depression, Anxiety and Stress (DAS); Self-compassion.*

I. INTRODUCTION

Teaching as a profession can be traced back to the time of early human civilization existing in varying forms from "gurus" in "gurukul" to "masters and headmasters" in schools in India. Besides being a prestigious profession, teaching has many burdens too. With increasing pace of life, expectations from the teachers have increased manifold. Due to this, the teaching institution faces a threat to mental well-being of teachers. A less focused or absent-minded teacher can have important repercussions for the students that they teach. Relationship between poor mental health and destructive work-related outcomes has been established by many researchers. These outcomes can be absenteeism (Evers et al., 2014; Hussey et al., 2012; Jain et al., 2013), ill-health retirement (Kuoppala et al., 2011) and presenteeism, which refers to under-performance by employees at work due to sickness or any other problems (Beck et al., 2011; Harvey et al., 2011; Jain et al., 2013). When related to teaching institution, these can reveal themselves in the form of poor classroom management, which will have negative impact on student learning and lack of student achievement.

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Numerous international studies have found that teachers are at a relatively higher risk of developing common mental disorders and experience stress related to work as compared to other occupations (Eaton et al., 1990; Johnson et al., 2005; Stansfeld et al., 2011; Wieclaw et al., 2005). Health and Safety Executive figures collated since 2003 in Great Britain consistently show that compared to 1.2% for other professionals, teachers have a higher prevalence of self-reported stress and anxiety caused or made worse by work with the most recent prevalence being 2.3% averaged over 2009-2012 (Health and Safety Executive, 2014). Paying attention to the mental health of teachers is therefore important, to avoid long term deleterious outcomes on mental well-being of this population (Melchior et al., 2007). Further, teachers are expected to develop a supportive relationship in order to shape positive social and emotional behaviours (Gordon and Turner, 2001; Jennings and Greenberg, 2009), yet individuals experiencing stress and anxiety may experience difficulties in developing such relationships, particularly with students whose behaviour is challenging, but who may also be the most in need of support.

Lang et al. (2013) have found association between poor teacher-student relationships and childhood psychiatric disorder leading to exclusion from school three years later. Contrarily, positive teacher-student relationships predict lower student depression in future, and tranquilize associations between poverty and low classroom engagement (Hughes and Kwok, 2007; Kidger et al., 2012). Mental health of teachers therefore has implications for students' educational outcomes, along with their own social and emotional development. Thus, the construct of teachers' mental health is globally recognized; therefore the present paper focuses on factors related with teachers' mental health- self-compassion, Depression, Anxiety and Stress (DAS).

Self-Compassion

Compassion involves sensitivity to the experience of suffering, coupled with a deep desire to alleviate that suffering (Goetz, Keltner, and Simon-Thomas, 2010). This means that in order to experience compassion, one must first acknowledge pain. This involves shifting the frame of reference and viewing the world from another point of view.

Self-compassion is simply the compassion towards oneself, refers to how compassionate you are towards your own self. It is being patient, understanding and tolerant of one's own mistakes and shortcomings. Self-compassion entails treating oneself with kindness, recognizing shared humanity and being mindful while considering one's negative aspects and failures. It is also depicted in forbearance for endeavors and struggles that come along the way and offering earnest sympathy and regard to one.

Neff (2003) has defined self-compassion as being composed of 3 main components- self-kindnesses, a sense of common humanity, and mindfulness. These were drawn from various

different Buddhist teachers (e.g., Bennett-Goleman, 2001; Brach, 2003; Goldstein and Kornfield, 1987; Salzberg, 1997).

Components of Self-Compassion

- **Self-kindness-** Kindness directed inwards is self-kindness, means instead of berating and judging, a person shows unconditional acceptance and warmth towards oneself. Self-kindness is often expressed in internal dialogs with self. It entails relating to own mistakes and being tolerant of inadequacies. It also involves understanding that no one is perfect and it is irrational to run after perfection.
- **Common humanity-** Common humanity involves recognizing that life challenges and personal failures are part of life and is shared by everyone. When faced by a difficulty or failure, instead of thinking that this is unique to the one experiencing it, self-compassion recognizes that it is only human to encounter such situations and is normal. Feeling of isolation is eliminated by extending the belief that pain is experienced by everyone and is not abnormal in any way.
- **Mindfulness-** Mindfulness involves: being aware of present moment experience in a clear and balanced manner (Brown and Ryan, 2003); being "experientially open" to the reality of the present moment, allowing whatever thoughts, emotions and sensations enter awareness without decision, avoidance or repression (Bishop et al, 2004). To facilitate self-compassion, it is first necessary to recognize the presence of pain and suffering. Being mindfulness also means not being over identified (Neff, 2003) with negative thoughts or feelings.

Depression

Depression is an emotional response to distressing situations. It brings low mood, helplessness, low self-esteem, anxiety and other negative emotions and feelings along with it. The World Mental Health Survey conducted in 17 countries found that on an average about 1 in 20 people reported having an episode of depression in the previous year. Instances of depressive episode start at a young age (WHO, 2012).

A cross-sectional study, conducted by Hadi et al (2008) on 580 secondary school teachers, found that the prevalence of depression was 49.1%. Mostly teachers (21%) experienced mild level of depression. Factors such as decision latitude, psychological job demand and job insecurity were significantly associated with depression. It was also concluded that job related factors did not contribute to depression in secondary school teachers, therefore, non-job related factors should be explored in future researches.

Types of Depression: According to various available literatures, there can be two most common form of depression depending on the symptoms, ranging from relatively minor to very severe:

- Major Depression (Clinical Depression)- diagnosed when a person experiences symptoms most of the day, nearly every day for at least 2 weeks. Along with duration, these symptoms must also interfere with a person's ability to work, sleep, study, eat and enjoy life.
- Persistent Depressive Disorder (Dysthymia)- less severe form of depression where a person experiences symptoms of depression lasting for at least 2 years. Person diagnosed with Dysthymia, may have both, the episode of major depression and episodes with less severe symptoms.

Symptoms of Depression

- Persistent sad, anxious, or "empty" mood
- Feelings of hopelessness or pessimism
- Loss of interest in activities
- Feelings of guilt, worthlessness, or helplessness
- Decreased energy or fatigue
- Difficulty in concentrating, remembering, or making decisions
- Sleep disturbances
- Suicide attempts or ideations
- Restlessness or irritability

Causes of Depression

Depression is not caused by any one single factor; rather it is caused by the interaction of many factors. These factors can be grouped into two broad categories-

Biological Factors that increase vulnerability to depression are Genetic Factors, Hormones and Brain Chemicals (Neurotransmitters). Depression often has some genetic background; it is possible for an individual for having inherited vulnerability to the illness but not the illness itself. It has been found that during depression the brain goes through some changes and its certain parts are affected. There is some fluctuation in the production of some hormones which contribute to formation of depression. Neurotransmitters are chemical substances that exist between two nerve cells and help the cells to communicate with each other. It has been found that in depression, the activities of these chemicals reduce and disturbs certain areas of brain disrupting basic functions like sleep, appetite, sexual drive, and perhaps mood.

Psychological Factors are some thinking patterns, associated with depression. These patterns include: overstressing the negative, taking the responsibility for bad events but not for good events, having inflexible rules about how one should behave and thinking that others are thinking badly of him. Some losses like loss of a loved one, loss of job, monetary losses etc. can also trigger depression. Sometimes it happens that an individual set unrealistic goals for himself and

measures himself through his accomplishments. When he fails to do so, a sense of failure kicks in and worsen depression. A sudden stressful event or accumulation of such events and frequent or persistent stress can bring on depression. For e.g. unemployment, problem with spouses, financial difficulties, or major changes in life circumstances.

Although it is common for an individual to come across these feelings once or twice in his lifetime, it can only be diagnosed as depression if these feelings become persistent or have been experienced for a longer period of time.

Anxiety

As defined by American Psychological Association, "anxiety is an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure." According to Global Health Estimates by WHO (2017), 3.6% of the global population is suffering from anxiety disorders and are more common in females than in males (4.6%). In America, 7.7% female and 3.6% male population was found to be suffering from anxiety disorder. There was no substantial difference in prevalence of anxiety in age groups but there is an observable trend towards lower prevalence among older age groups. Further, a total of 264 million people globally are estimated to be suffering from anxiety disorder. This reflects an increase of 14.9% since 2015.

Symptoms of anxiety-there are some common signs and symptoms such as feeling very worried, tensed, nervous, panicky, irritable; experiencing thoughts like, "everything's going to go wrong", "I might die", not wanting to go out, sleep disturbance, pounding heart, sweating, churning tummy, etc.

Stress

Stress is an individual's response to change in circumstance or to a threatening situation. It can be viewed as a personal reaction to an external event/demand like delivering a speech or to an internal state of mind like worrying about the speech. In case of a difficult situation, an individual evaluates it mentally and decides what coping skills are to be employed. A survey commissioned by Mental Health Foundation (2018) on 4,619 adults in the UK found that almost 74% of people have at some point felt overwhelmed by stress that hard to cope. Another poll found that women (89%) report more stress than men (76%) in general as well as in workplace.

Types of Stress: Stress is of three types and each one of it has its own characteristics, symptoms and management techniques:

Acute Stress is the most common type of stress. It comes from everyday life pressures and struggles. This type of stress, when experienced in mild levels is thrilling and exciting; however,

long term exposure can be exhausting. It is short-term and does not have any long term effects on the body. Due to its apparent nature, it is easily recognizable. Symptoms of acute stress are:

- Emotional distress- anger or irritability, anxiety and depression are combined.
- Muscular problems which include back pain, jaw pain, tension headache, etc.
- Stomach, gut and bowel problems like heartburn, acid stomach, constipation, etc.
- Increased blood pressure, rapid heartbeat, sweaty palms, heart palpitations, dizziness, etc.

Episodic Acute Stress- Acute stress when encountered frequently, and in episodes, it becomes episodic acute stress. It happens mostly with people who show general reactions of over-arousal, short-tempered, irritable, anxious and tense. They're always in a hurry, and tend to be abrupt. Their irritability is often mistaken as hostility which further leads to deterioration of interpersonal relationships and social skills. Symptoms of episodic acute stress are: persistent tension headaches, hypertension, migraines, heart diseases and chest pain.

Chronic Stress is a long-term stress that can create havoc and chaos in life of the person suffering from it, he can feel miserable and stuck in his problem. The worst aspect of chronic stress is that people grow habitual to it. They perceive this stress as comfortable, part of their life and familiar. It can be fatal as it may lead to suicide, heart attack, violence, stroke and sometimes even cancer. It has long term repercussions on body of the person suffering from it.

Symptoms of stress can be classified into four categories: cognitive symptoms (memory problems, indecisiveness, inability to concentrate, anxiety, poor judgment etc.); physical symptoms (Headaches, nausea, skin breakouts, insomnia, diarrhea); emotional symptoms (restlessness, short temper, irritability, moodiness, impatience, agitation etc.); and behavioural symptoms (disturbed appetite, sleep disturbances, isolating oneself, procrastination, overreaction etc.).

Depression, anxiety and stress are inter-relating variables and can have major impact on sensitivity towards experience of suffering in college teachers. In the present paper, researcher wanted to study the difference between male and female faculties on Self-compassion Depression, Anxiety and Stress; as well as relationship between Self-compassion and DAS in teachers. Following are the objectives of the paper:

Objectives

1. To find out difference between male and female faculties on following variables:
    - Self-Compassion
    - Depression
    - Anxiety

- Stress

2. To find out the relationship between self-compassion and DAS in male and female college teachers separately.

Hypothesis

1. There will be significant difference between male and female faculty of government colleges on self-compassion, depression, anxiety and stress.

2.1 There will be significant relationship between following variables in male college faculty of government colleges

A) self-compassion and depression

B) self-compassion and anxiety

C) self-compassion and stress

D) depression, anxiety and stress

2.2 There will be significant relationship between following variables in female college faculty of government colleges

A) self-compassion and depression

B) self-compassion and anxiety

C) self-compassion and stress

D) depression, anxiety and stress

Methodology

Sample: Data was collected on 102 college faculties from government colleges in Delhi and Meerut cities of India through purposive sampling comprising of 51 males and 51 females. The age range of the sample was 22 to 70 years. Mean age of the male teachers was 42.23 and of females was 40.25.

Inclusion criteria

- The teachers must be working full time in a government.
- Teachers must be within 22 to 70 years of age.

Exclusion criteria

- Private college teachers and part-time teachers were excluded from the sample.
- Teachers below the age of 22 years and above 70 years of age.

Tools of the study: In the present study, two questionnaires- Depression, Anxiety and Stress (DAS Scale by Lovibond and Lovibond, 1995) and Self Compassion Scale (Neff, 2003a) were used to collect the data.

Self Compassion Scale (SCS): Self Compassion Scale (Neff, 2003a), is a self-report measurement consisting of 26 items. It was developed to explicitly represent thoughts, emotions

and behaviours associated with the various components of self-compassion. It consists of 6 sub-scales that measure how often people respond to feelings of inadequacy or suffering. Three sub-scales namely, self-kindness, common humanity and mindfulness are phrased in a positive direction whereas self-judgment, isolation and over-identification in a negative direction. Responses are given on a 5-point Likert's scale ranging from 1 "almost never" to 5 "always" with higher scores indicating higher levels of the construct measured. Internal consistency reliability for total scale was .92 and ranged from .75 to .81 for subscales. Test-retest reliability for the total scale was .92 and ranged from .80 to .88 for the subscales (Neff, 2016).

Depression, Anxiety and Stress Scales-42 (DASS-42): Since Depression, Anxiety and Stress are inter-related factors (many previous studies prove) therefore, a combined scale- DASS (Lovibond and Lovibond, 1995), was used in the present research. It consists 42 symptoms and divided into 3 sub-scales namely, depression, anxiety and stress. Each sub-scale consists of 14 items. Participants rated the extent to which they experienced each symptom over the previous week on four point Likert's scale ranging from 0 (did not apply to me at all) to 3 (applied to me very much, or most of the time). High internal consistency reliability (0.94, 0.88, and 0.93 for depression, anxiety, and stress respectively) and construct validity with indices of convergent validity (0.65 and 0.75) was found.

Procedure

Director/Principal of the colleges in Delhi and Meerut were approached to obtain permission for data collection and objective of the study was described to them. Having received permission, teachers were contacted in staff rooms and class rooms. They were made to sit around a table and the study was explained to them briefly. Before attempting the questionnaire, the participants were made clear that this was completely voluntary, confidential and anonymous and they can walk out of the study any time they wish. The survey began by asking basic descriptive questions including demographic details. And then the first scale, Self Compassion Scale was distributed and the instructions were read out according to the manual. After the completion of SCS, second scale (DASS) was distributed and the instructions were given as per scale. All the subjects were duly thanked for being a part of this research.

Scoring: Each questionnaire was scored separately according to the manual. For total Self-Compassion Score, scores of individual sub-scales are added together and used in the analysis. In DASS scale, scoring was done separately for each sub-scale and then used for analysis purpose.

Statistical Techniques Used: Mann Whitney U test was used to find out the difference between male and female college faculties on all the variables and Spearman Correlation was used to find out the relationship among the variables.

Result and Interpretation

Table 1 showing difference between Male and Female college teachers of Self-Compassion and DAS

Variables	Group	N	Mean Rank	Sum of Ranks	Mann Whitney U	p-value
Self-Compassion	Male Teachers	51	47.71	2433	1107	0.195
	Female Teachers	51	55.29	2820		
Depression	Male Teachers	51	54.77	2793.5	1133.5	0.261
	Female Teachers	51	48.23	2459.5		
Anxiety	Male Teachers	51	54.35	2772	1155	0.327
	Female Teachers	51	48.65	2481		
Stress	Male Teachers	51	48.16	2456	1130	0.252
	Female Teachers	51	54.84	2797		

According to table 1, no significant difference between males and females is observed on self-compassion (U=1107, p=.195). Although the difference is not significant, by comparing mean ranks, it can be said that female faculties (55.29) are more compassionate towards self than males (47.71). Similarly, no significant difference between the two groups is observed on depression, anxiety and stress as well. Although by comparing Mean ranks, depression and anxiety was found to be higher in men (54.77, 54.35) than in women (48.23, 48.65) while female show higher stress (54.84) than males (48.16).

Table 2 showing relationship among self-compassion and DAS in male teachers

Variables	Self-Compassion	Depression	Anxiety	Stress
Self-Compassion	1	-0.071	0.070	0.081
Depression	-0.071	1	0.719*	0.663*
Anxiety	0.07	0.719*	1	0.591*
Stress	0.081	0.663*	0.591*	1

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

According to table 2, no significant correlation was observed between self-compassion and depression, self-compassion and anxiety, self-compassion and stress in male faculty (r= -0.071, 0.07, 0.081 respectively insignificant at 0.05 level). Depression and anxiety in male teachers are positively correlated (0.719, significant at 0.05 level), and so are stress and depression (0.663, significant at 0.05 level). A positive correlation was also seen between stress

and anxiety (0.591, significant at 0.05 level). This means that an increase in any of the three variables will lead to increase in the other two variables or vice-versa.

Table 3 showing relationship among self-compassion and DAS in female teachers

Variables	Self compassion	Depression	Anxiety	Stress
Self compassion	1	-0.387*	-0.231	-0.14
Depression	-0.387*	1	0.257	0.596*
Anxiety	-0.231	0.257	1	0.365*
Stress	-0.14	0.596*	0.365*	1

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

According to table 3, in female teachers, there is a negative correlation between depression and self-compassion (-0.387, significant at 0.05 level). This means that increase in self-compassion will lead to a decrease in depression or vice-versa. No significant relationship between self-compassion and anxiety and self-compassion and stress was found (-0.231 and -0.14 insignificant at 0.05 levels). A positive correlation was also seen between depression and stress (0.596, significant at 0.05 level); and stress and anxiety (0.365, significant at 0.05 level) among this population. This signifies that an increase in any of these three variables will lead to increase in the other two or vice-versa.

Discussion

The purpose of the present study was to find difference between male and female college teachers on all variables as well as to find relationship among all variables in both the group. Hypothesis 1 stating "there will be significant difference between male and female faculty in Government College in Self-compassion, depression, anxiety and stress" is rejected as there was no significant difference found in any variable between male and female college faculties. The reason for this might be that availability of similar working conditions to both the genders. A study done on university teachers by Okpara et al., in 2005 found that gender differences do prevail in job satisfaction levels in college faculties. Where male faculty was more satisfied with pay, promotions, supervision, and overall job satisfaction; female faculty was found to be more satisfied with their work and co-workers. Feelings and emotions of an individual are affected by his workplace conditions and home environment. Since most of the faculties belonged to the same government college, the working conditions are more or less the same. Therefore, the impact of working conditions on both the genders is similar.

In government colleges, working conditions are not so high-quality and concerns have also been raised about the relationship between teachers and students. This relationship is often disruptive and unhealthy for development of the students. This trend is not limited to either

gender and is observed in male and female teachers equally. Both the groups share equal responsibilities at home as well and often divide the household chores among themselves. Another study conducted by Fontana and Abouserie (1993) on school teachers found that there is no significant difference between male and female school teachers in stress levels. Although these results are contrary to some of the previous researches depicting gender differences in self-compassion, depression, anxiety and stress. Based on the results of this present research it can be said that for government college faculties, the stressors are similar in nature and therefore, evoke similar stress responses among both the genders. A study conducted by Bluth et al. (2017), on age and gender differences in the associations of self-compassion and emotional well-being among adolescents, found that older females had the lowest self-compassion levels compared to younger females or all-age males.

Yarnell et al (2015) conducted a meta-analysis of gender differences in self-compassion and found that males had slightly higher levels of self-compassion than females. This difference was more prominent in samples consisting of a higher percentage of ethnic minorities. According to U.S. community survey (Kessler et al., 1994), women are significantly more likely than men to develop panic disorder (7.7% vs. 2.9%), GAD (6.6% vs. 3.6%), or PTSD (12.5% vs. 6.2%) during their lifetime.

Second objective was to find out the relationship among self-compassion, depression, anxiety and stress in male and female faculties. The results indicate that there is no significant relationship between self-compassion and depression, self-compassion and anxiety and self-compassion and stress in male college faculty; however, there was a significant positive correlation among depression, anxiety and stress. Therefore, hypotheses 2.1 A, B, C have been rejected. This indicates that self-compassion has no relationship with depression, anxiety and stress levels of male teachers. Contrary to these results, Ehret et al., (2015); Joeng and Turner, 2015; MacBeth and Gumley, (2013); Terry et al., (2013); Van Dam et al., (2010), found that negative associations exist between self-compassion and psychological symptoms, including depression, across multiple cultures (Yamaguchi et al., 2014). Self-compassion is correlated with low predictive levels of depressive symptoms (Raes, 2011; Terry et al., 2013). Bluth and Blanton (2015) also found that individuals who practice self-compassion experience fewer symptoms of depression and anxiety.

For female faculty, there is a significant negative correlation between self-compassion and depression. This means that an increase in self-compassion will result decrease in depression or vice-versa. Along with this, positive correlation was observed among depression, anxiety and stress for this group as well.

According to the results, hypotheses 2.2 B and C are rejected meaning that self-compassion level has no relation with anxiety and stress level. On the contrary, Gilbert and Irons (2005) proposes that self-compassion deactivates the threat system associated with stress and, in fact, activates the self-soothing system. The qualities of self-compassion are believed to create increased possibility for effective and successful coping with stress (Gilbert and Irons 2005). These contradictory findings might point to the cultural difference and difference of perception of stressful situation and compassion towards self. A study conducted by Schwanen (2015) on 120 individuals examined the relationship between self-compassion and social anxiety, found that social anxiety, fear of negative evaluation, and self-focused attention had a strong negative correlation with self-compassion.

Hypotheses 2.2 A, has been accepted indicating that self-compassion affects depression negatively among females. These results are in accordance with the findings of a study conducted by James et al. (2016) to find out associations among self-compassion, stress, and eating behaviour in 1478 college freshmen (936 females and 541 males). The results indicated significant negative correlation between self compassion and stress among females. A study conducted by Zhang et al., (2017) on African Americans to investigate the role of self-compassion in alleviating the effect of self-criticism on depressive symptoms found that self-criticism was positively associated with depressive symptoms and self-compassion was negatively correlated with depressive symptoms. Hypothesis 2.2 D has been accepted indicating that depression, anxiety and stress affect each other positively. These results are in accordance with an article authored by Dobson (1985) which states that the distinction between anxiety and depression may be more conceptually satisfying than empirically demonstrated.

Summary: Teaching is a profession of great value and responsibility. Teachers are responsible for delivering high quality education and skills to his/her pupil. Therefore, it is important to look after physical, mental, social and psychological well-being of an educator. The present study is able to establish a few things about the psychological aspects (self-compassion, depression, anxiety and stress) of faculties in college. Based on the results, it can be said that male and female college teachers are not differ on self-compassion, depression, anxiety and stress. Further, there is no relationship among all these variables in male teachers while negative correlation is found in depression and self-compassion in female. Study also proves that depression, anxiety and stress are positively related in both the gender.

Limitation and Recommendation: Similar to all research, the present study also have few limitations, like, small sample size and researcher could not focus on any one city and the sample was divided into two cities, Delhi and Meerut. Further, Sub-dimensions of self-compassion were

not taken separately. Despite the limitations, there is still scope for further research in this area with large sample in order to establish prevalence of self-compassion, depression, anxiety and stress in either gender and the relationship among these variables also needs to be examined thoroughly. Nevertheless, the present results can be applied to benefit college faculty and enhance their psychological well-being and performance at workplace.

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