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ABSTRACT

The pursuit of flourishing, or living a good life, is a common human endeavor with different meanings across individuals and contexts. What is needed is a further exploration of the relationship between flourishing and health, particularly chronic illness, which affects individuals across the life course and is affected by experiences of stress derived from social and structural vulnerability.

Drawing on data from the Soweto Syndemics study, including a locally derived stress scale and in-depth interviews, we explore the connections between flourishing and health for those living with multiple chronic illnesses in Soweto, South Africa within a syndemic of communicable and non-communicable disease. Rather than drawing on Western-centric notions of flourishing (which place emphasis on an individual's capabilities or capacities to thrive), we draw on previous ethnographic work on flourishing in Soweto, South Africa, which described how *ukuphumelela,* or "becoming victorious," as a social or communal affair. This conceptualization reflects local values and priorities for people's lives and the ways in which their lives are deeply intertwined with each other.

We contribute to a more robust understanding of flourishing in context, of how chronic illness is experienced, and of how the role of a patient is transcended in spaces where individuals are part of a social or faith community. As people living with chronic illness(es) actively pursue the good life, health care systems must consider these pursuits as valid parts of the human experience that also challenge narrow definitions of health.

1. Introduction

The pursuit of flourishing, or living a "good life," is a common human endeavor with different meanings across individuals and contexts. Studies of flourishing have recently proliferated, but with different epistemological frames (Parens and Johnston, 2019; VanderWeele, 2017; VanderWeele et al., 2022; Willen, 2022; Witten et al., 2019). Efforts are underway to study the range of flourishing, including what flourishing means in relation to social and structural conditions (Willen et al., 2022). What is needed is a further exploration of the relationship between flourishing and health, particularly chronic illness, which affects individuals across the life course and is affected by experiences of stress derived from social and structural vulnerability (Bosire, 2021; Mendenhall et al., 2014). The aim of this paper is to explore the connections between flourishing and health for those living with multiple chronic illnesses in Soweto, South Africa which are syndemic. This exploration will contribute to a better understanding of the relationship between flourishing and health, particularly in its use of a syndemic lens, which recognizes the complex connections between social context and well-being.

1.1. Flourishing in context

The concept of "flourishing" captures what gives rise to well-being,

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broadly construed to include happiness and life satisfaction, mental and physical health, meaning and purpose, and healthy social relationships (Card, 2019; Crisp, 2021). It is part of a move, begun in the 1990s, to shift the focus of health research from emphasizing the deficits – "assumed unhealthiness" (Bond, 2005, p. 40) – of indigenous populations (typically in relation to their white colonizers) to a strengths- and assets-based approach in health research (Brough et al., 2004; Bryant et al., 2021). However, understanding flourishing as an individualized concept is limiting in part because social dynamics and contexts are so central to the ways in which people express health.

Recent work has shown the need to connect flourishing with experiences of marginalization, exclusion, and injustice (Willen, 2022). While much is known about the relationships between structural vulnerabilities and ill-health (Quesada et al., 2011), less is understood about the potential role of flourishing, particularly in chronic disease management. More broadly, further research might show how conceptions of flourishing figure in efforts to improve mental and physical health (Willen, 2022) or how the stress of poverty or social isolation might hinder flourishing, and how these stressors affect chronic disease management. This insight may contribute to our wider understanding of health as a more expansive concept (and not merely the absence of disease), one that is intertwined with other aspects of human experience.

1.2. Flourishing, syndemics, and chronic illness(es)

Flourishing has been described as a "desired condition or state" that is entwined with but not dependent on health (Willen, 2022, p. 3). To understand these connections, it will be important to understand the potential implications of living with one or more chronic illnesses for a person's ability to flourish. As Willen (2022) argues, given that we know the connections between structural inequity and ill-health, it is also likely that the same structural conditions might be expected to also limit capacities to flourish, without overly determining those capacities. Material conditions may be necessary, but not sufficient, for flourishing (Cele et al., 2021; Willen et al., 2022, 2022).

While many have studied what it means to live and cope with one or more chronic illnesses (Manderson and Smith-Morris, 2010), fewer have examined chronic illness in the context of the ability to flourish (Trompetter et al., 2019). Flourishing – unlike "happiness," "well-being," or "quality of life" – may uniquely capture the role of vulnerability in daily life (Edgar and Pattison, 2016). In relation to health care, flourishing is shaped by vulnerability, which underpins illness and disease and hampers the pursuit of the good life (Edgar and Pattison, 2016, p. 161). Prior work has examined the role of vulnerability in one or more chronic illnesses (Bosire, 2021; Quesada et al., 2011), while less is known about the role of flourishing in the chronic illness experience.

Further, we can improve our understanding of flourishing by considering, in tandem, both the material circumstances that produce comorbidities and their potential to limit flourishing. For those experiencing poverty and deprivation, the routinized care needed for many chronic illnesses can become extremely difficult, if not near impossible, to access and manage (McGrath et al., 2014). Research on comorbidities, particularly in the area of syndemics, has shown how two or more diseases or health conditions cluster and interact within a specific population due to adverse social conditions (Singer et al., 2017; Singer and Clair, 2003; E. Mendenhall et al., 2022; Tsai et al., 2017). Put more plainly, "syndemics are synergistically interacting epidemics that occur in a particular context with shared drivers" (E. Mendenhall et al., 2022, p. 1359).

Scholarship on syndemics has changed the way we think about social conditions and their effects on disease clustering (Brewis et al., 2022; Kohrt and Carruth, 2022; Mendenhall, 2019; Weaver and Kaiser, 2022). A more contextualized and relational understanding of flourishing could contribute to how we address syndemics and manage chronic disease, by focusing attention not only on control of symptoms or adherence to treatment but also on meaningful support of capacities to flourish.

1.3. Ukuphumelela: "Becoming victorious" in Soweto

Given that flourishing is not operationalized or defined universally, ethnographic work on what flourishing means in context is a vital undertaking for this project. Cele et al. (2021) described an *emic*, or locally defined, kind of flourishing in Soweto: *ukuphumelela,* which indicates "becoming victorious" or succeeding in living a morally and materially satisfied life. It is an active process and journey toward flourishing, with key dimensions such as having determination and perseverance, good education and mentorship, having enough to cover basic needs, an element of "overcoming," prayer, faith, and trust in God, and *ubuntu,* or caring for others (e.g., "a person is a person because of other people") (Cele et al., 2021, p. 1). In this sense, it involves the resources that someone can muster to make meaning out of their lives and continue "becoming victorious" (Cele et al., 2021; Edgar and Pattison, 2016). In what follows, we apply the tenets of this conceptualization of flourishing to the lives of people living with chronic illness and various forms of social and financial stress in Soweto, South Africa in order to better understand the dynamism and relation of the concept to living with chronic illness.

2. Methodology

2.1. Research aim

Drawing on data from the Soweto Syndemics study (Cele et al., 2021; E. Mendenhall et al., 2022), we explore how flourishing may be contingent upon health and, more specifically, its connections with syndemics and through the management of one or more chronic illnesses. This paper draws on the role of social and family networks in an individual's ability to flourish. Cele et al. (2021) ethnographic work on flourishing in Soweto describes how *ukuphumelela,* or "becoming victorious," is a social or communal affair. This conceptualization reflects local values and priorities for people's lives, and how they are deeply intertwined with other people – *ubuntu* (or how "a person is a person because of other people") (Cele et al., 2021, p. 1).

2.2. Study context

This section shares details of the study context based on the existing literature. Soweto is a flourishing metropolis of around 1.7 million people near Johannesburg, South Africa, and is the largest "township" in the country. Soweto is characterized by a wealth of ethnic, linguistic, and cultural diversity among the families who have resided there for generations. Many families speak multiple languages, among them IsiZulu, IsiXhosa, Setswana, Sesotho, Xitsonga, English and Afrikaans. Various forms of religiosity are prevalent, with Evangelical and Pentecostal Christian traditions well represented. In economic terms, Soweto is relatively wealthy compared with other townships – reflecting its history of settlement and integration – although levels of wealth and income vary across neighborhoods in ways that are not always apparent.

The townships that were conglomerated together to make Soweto (i.e., the *So*uth *We*stern *To*wnships) were organized as an effort to build political resistance to apartheid. This organization occurred long after the gold rush of the late 19th century, which drew large numbers of miners to the Witwatersrand plateau and led to a massive increase in urban settlement in Johannesburg. This followed the White government's institution of the 1923 Urban Areas Act, which mandated mass racial segregation that forcibly displaced and resettled laborers into townships. In subsequent years, Soweto grew and remained a strong organizing center and played a central role in political resistance to apartheid and the cultivation of the new South Africa.

This political power is evident in part in Soweto's economic development and large Black African middle class. Locals refer to some areas within Soweto, such as Diepkloof Extension and Protea Glen, as *amasububs* (or suburbs) that formally resemble wealthier White areas, and to

areas such as Orlando, Meadowlands, and Zola, as *ekasi* (or townships) that resemble other such communities (Alexander et al., 2013). Lower income neighborhoods have visibly more impermanent features, such as tin roofs, shared public toilets, unpaved roads, and fewer trees. It is common to find several families living together in one fenced property, where one main house is occupied by the owner of the property and smaller rooms or shacks have been built in the back to house tenants (Crankshaw et al., 2000). Many families use such arrangements to generate extra income, although they have long been used to care for those with limited housing options (Crankshaw et al., 2000). Along with social and economic hardships, many Sowetans have faced health-related traumas, including elevated infections and deaths from AIDS (approximately one in five Black South African women, and one in 10 Black South African men, are HIV positive, compared with one in 20 "Coloured" people and one in 100 White people) (Simbayi et al., 2019), whilst navigating the repercussions of apartheid, police violence, ongoing crime, and structural inequalities.

In Soweto, increasing rates of chronic illness pose a major challenge to health systems (Mendenhall, 2014), with multiple, co-occurring morbidities such as HIV/AIDS, Type 2 diabetes, and hypertension having their common genesis in the historically contingent forces described above, constituting a syndemic (E. Mendenhall et al., 2022). A recent mixed-methods population-based study found that 36.4% reported hypertension, 6.6% reported Type 2 diabetes, and many had two (11.4%) or three (3.8%) medical conditions (E. Mendenhall et al., 2022). Moreover, this study demonstrated that social stress interacted in pernicious ways to affect people's quality of life, particularly those who were living with multiple medical conditions (E. Mendenhall et al., 2022). Indeed, the prevalence of non-communicable diseases has been increasing in low- and middle-income settings, consequently adding more pressure to the already strained healthcare systems as a result of HIV and other infectious diseases (Gilbert et al., 2022; Odland et al., 2020; Reynolds et al., 2022; Wong et al., 2021).

2.3. Data collection and analysis

The Soweto Syndemics study (E. Mendenhall et al., 2022) was a mixed-methods study of a syndemic, including a population-based quantitative survey ($N = 783$) (Phase 1) and in-depth, qualitative interviews with a subset of participants ($N = 88$) (Phase 2). This paper reports on findings from the 88 participants, including a stress scale from the survey and the in-depth interviews (Bosire et al., 2022; E. Mendenhall et al., 2022). Participants for Phase 1 were randomly sampled from the Soweto surveillance system. They were further invited to participate in Phase 2 interviews if they fell into one of four sub-groups, including individuals with 1) Type 2 diabetes, hypertension, and high stress, 2) Type 2 diabetes, hypertension, and low stress, 3) Type 2 diabetes and HIV infection, or 4) none of the categorized morbidities (e.g., the control group).

The Soweto Stress Scale, used in Phase 1 and previously developed by Mpondo et al. (2021), is a 21-item ethnographically derived and locally validated measure of social stress with strong internal consistency. It includes questions on context-relevant sources of potential stress such as: meeting basic needs, community and interpersonal violence, alcohol use, medical care and family illness, work, childhood experience, and feeling physical pain or discomfort. Each item is scored on Likert-type scale ranging from Never to Always. The total scale has a possible range of 21 to 105, with scores >35.25 denoting "high" stress.

During the Phase 2 interviews, participants were interviewed by a team of experienced researchers and were asked about life experiences, illness experiences, and stress. This paper also builds on Cele's interviews and fieldnotes which specifically explored aspects of flourishing amongst a further subset of thirty people invited from the original 88 interview participants (Cele et al., 2021). Participants were reimbursed for transportation costs and provided with meals. Interviews were conducted in IsiZulu and some mixed English with IsiZulu. This study went through ethics review and was approved by the University of Witwatersrand Institutional Review Board. All participants provided informed consent.

The lead author read the 88 transcripts and accompanying fieldnotes and deductively and inductively created a codebook. First, MS reviewed Cele's work on *ukuphumelela* (Cele et al., 2021) and utilized their definitions for identifying low and high flourishing. These were revised based on a reading of the transcripts and fieldnotes. High flourishing matched a participant having described living a "good life," the role of community/society in their flourishing and was still actively pursuing the "good life." Low flourishing was marked by descriptions about living a difficult life, pessimism and fatalism, and negative effects on their chronic disease management. MS then systematically coded the transcripts based on these categories.

3. Findings

We examined experiences of flourishing across groups (see Table 1) and how flourishing interrelates with experiences of chronic illness(es). Of the 88 study participants, 12 people, almost all from the control group, made no mention of flourishing in their interview and were not included in the final analysis. Our findings point to large differences in experiences of flourishing across and within groups. Participants in the "low" flourishing group had a mean Soweto Stress Scale score of 30.41 (standard deviation [SD], 11.38), while participants in the "high" flourishing group had a mean score of 26.59 (SD, 11.74). Previous work has demonstrated that being able to meet one's basic needs is an important part of flourishing, across contexts (Cele et al., 2021; Willen et al., 2022), though the stress scale captures a wider range of stressors.

Within the low stress and co-morbidities group, flourishing was evenly split between 54% who reported "high" flourishing and 46% who reported "low" flourishing. The high stress and co-morbidities group was vastly different in comparison, with nearly all (95%) participants describing low flourishing. This discrepancy points to a connection between experiences of stress and flourishing. It also underscores what constitutes a syndemic in Soweto, where multiple comorbidities (e.g., diabetes and hypertension) and material conditions are interconnected. Stress is likely to be central to the pathways underpinning this syndemic, though we explore narratives around stressors further in the following sections.

3.1. "Thinking too much," or how material conditions drive stress in the context of chronic disease management

Embedded in the participants' narratives, particularly among those in the high stress group, high stress was encapsulated in stories about being unable to meet basic needs or support their families and manage other family struggles in addition to managing often two or more chronic illnesses. Participants spoke about various forms of stress, including, for example, their adult child's substance use or their inability to hold a job. Among those who reported higher stress, especially basic needs and financial stress, their narratives were dominated by descriptions of managing their chronic illnesses and of challenges related

Table 1
Flourishing based on co-morbidities and level of stress.

Sub-Group	Low Flourishing	High Flourishing
Type 2 diabetes + Hypertension + High stress*	95% ($n = 18$)	5% ($n = 1$)
Type 2 diabetes + Hypertension + Low stress*	46% ($n = 6$)	54% ($n = 7$)
Type 2 Diabetes + HIV Infection	71% ($n = 5$)	29% ($n = 2$)
Control	27% ($n = 10$)	73% ($n = 27$)

* Stress was measured using the Soweto Stress Scale (Mpondo et al., 2021), with scores >35.25 denoting "high" stress.

to their material circumstances. The management of chronic disease like diabetes or hypertension requires a level of care and engagement with the health sector that both costs money and takes time.

Grace[1] has had numerous operations. Most recently, she had an operation on her hip after slipping and falling in her home. She faces chronic pain related to a prosthetic leg (right side) and a prosthetic foot (left side), which she received after she was involved in a truck accident as a child. She also has been diagnosed with diabetes and hypertension. She feels that she has been overmedicated throughout her life, but she tries to keep up with doctor's appointments and prescription refills. Grace needs physical support to go to the hospital and usually pays someone to take her but cannot always manage to do this. She feels like this is burdensome:

> "So when you start calling someone, then there is that thing that I get that if I was not sick, all this would not be happening. That is what I get. If I was able to do things for myself, then I would not be irritating anyone, and so that is when the stress starts."

Grace is unable to consistently rely on her family for support. The father of her child has various illnesses and her son has had trouble in school. Her younger brother regularly "gets into trouble" with the police, and every time her phone rings, Grace expects bad news. Her family is a major source of stress and of "thinking too much," which contributes to her inability to sleep soundly at night. Many participants talk about stress as "thinking too much," and may use these terms interchangeably.

For Grace and others in this study, stress was largely attributed to family problems and chronic disease management. Thabisa faced similar circumstances, with high levels of stress caused by sickness and her family's problems. Due to her diagnosis of diabetes, Thabisa felt that she was unable to look after her family as she wanted to. She enjoys spending time with her children and grandchildren, but her second-born child is a great source of stress.

> "Very much, okay [my daughter] moved back home and when she did, I wanted her to get someone better; but she got a man who has no job and who turned out to be HIV positive, and since she left with that man and they stay in a shack, and she left me with her young child. Her first born was left behind; okay in actual fact she's never raised any of her kids; she has three kids, two of them are girls and she never raised the kids of her first-born child [e.g., Thabisa's great-grandchildren]; since she left her marital home and moved in with that man of hers, the person who struggles is me with her children and even her grandchildren. She left me with a crèche of children [e.g., many children] and she doesn't come to see them."

In addition to managing illness, Thabisa also had to care for her young grandchildren after her daughter "ran away with her children's social grants." Thabisa had to return to the South African Social Security Agency (SASSA) to access the children's social grant funds, and this process took time. Thabisa also described how this process compounded the stress caused by her uncontrolled diabetes, because she did not fully understand what it was or how to take care of herself when she was first diagnosed. These financial and medical stressors were layered on top of her diagnosed depression, for which she is also receiving treatment.

While family dynamics and chronic disease management were two key causes of stress among participants in the study, these challenges were exacerbated by the adverse material circumstances of their lives. Free medication and health services were critical not only to chronic disease management but also for ensuring that they did not go into debt or experience stress over medical payments. However, when they sought care from government facilities, participants received compromised care of poor quality. At government facilities, many received information about chronic illness but did not receive any kind of counselling which some suggest may have helped them better cope with their diagnosis.

Soweto is an area with several different neighborhoods, some more disadvantaged than others. For those in the more deprived areas, economic opportunity was limited, and lack of employment was an understandable cause of both high stress and low flourishing.

> "I do get stressed; sometimes you find that I owe people money because at home there's no one that's employed. So, you'll find me stressed sometimes, that's why I want to go and work so that I can bring in extra money. When I'm stressed, I can't deal with anything or anyone, even my heart is in pain. Yes, I sometimes don't even know what we'll have for supper that night, you know." – John

John was frequently stressed by his living situation and his inability to make ends meet. Because he is unemployed, he has to live with family in order to survive, but his family is also a source of stress. He tries to find ways to mitigate his stress, from exercising to sharing his problems with friends, though he is embarrassed about sharing too many issues and does not want his friends to know the full extent of his living situation and lack of employment.

3.2. How chronic illness and stress can shape flourishing

Lower levels of stress were related to how participants described the realization of their life goals, even for those living with chronic illness, as well as self-drive in overcoming or conquering challenges. These are both vital to flourishing. Most individuals in the low stress group were identified as "high" flourishing. In this group, chronic illness, stress, and flourishing were interrelated in clear ways. While many may have faced less stress resulting from having more financial security, other aspects of their lives like social support promoted their overall well-being and flourishing. Participants also connected their flourishing to experiences of chronic illness. For example, when they spoke about how "when you are happy, there is no way your BP can be high." For those living with hypertension, low stress and a positive outlook was critical to ensuring that they could manage this chronic condition. In this sense, stress and material conditions can become inscribed onto bodies.

Bishop was born and raised in the Meadowlands area of Soweto. He described having deep community support in the area. He moved to Diepkloof in 2000, after getting married and starting a family. Life was better in Meadowlands, mostly because in Diepkloof, Bishop had to stop working after having a stroke ten years ago. He related this to the stress he experienced at work.

> "Yes, and he [Bishop's boss] found that we weren't even sleeping on the job, we were just sitting talking to each other, and so he was fighting with us about why we were inside the shop because he wanted us to sit outside in the cold; so we told him that outside it's cold and there are no cars to attend to and besides we're watching out for the cars as we sit inside. An argument then broke out and that's when I started having heart palpitations; so, I'm sure that that's what caused my heart problems, and I became too absent minded."

He is now a pastor of a church, where his duties keep him very busy, however because of his health issues he is unable to work and "lives off money," or social support. While he still lives with chronic illnesses, including Diabetes and hypertension, he talks about himself as flourishing because he was able to overcome these difficulties. While he may not have gotten his "fair share" in life, he feels valued in society as he is someone who prays a lot and is often called upon by families when someone needs prayer. This is sense of living a "good life" is also marked by the progress in his health. He spoke about once being extremely ill but now being able to walk on his own because of prayer and faith in God.

Others in the high flourishing category spoke about the active pursuit of a "good life," whatever they defined that to be. Anele (early 50 s) describes herself as a "fresh granny *ohambela phezulu*" (literally, a fresh

[1] All names used throughout this paper are pseudonyms to de-identify participants.

granny walking high or rather, "a lively old woman who can walk with her head held high"). She grew up in Orlando East, but stays in Tshepisong. She has a higher level of energy, which she compares to her previous "rough life." She described her illnesses as both a blessing and a driver of stress, though she can manage her stress level. This is because though her illness causes her stress, it also causes her to seek God, enhancing her connection to Him. Anele used to drink regularly in her youth, but she turned to prayer to help her remain abstinent. In 2013, she developed a distaste for alcohol – which she attributes to prayer – and instead she began having cravings for Iron Brew soda.

> "I started drinking so much because I had money. I drank one day and I spoke to myself and God, I said heavenly father, I don't like the person I have become, but there is a problem, I really cannot do anything to make the situation better, please come to my rescue and that was it. The following day he did that for me, I woke up and went where we drink and I ordered a beer but couldn't drink it. I got a Sparletta Iron Brew and that was it, that was when I stopped drinking completely and went back to church."

She was diagnosed with Diabetes and hypertension several years later, in 2017, but credits her faith as a reason for living a good life. At health care centers, she feels that she only receives help when younger health care workers are there. She thinks that older people her age bring stress into the workplace and provide poor services to patients because of that. However, she is also accepting of her situation and her chronic illnesses, which she describes as "enriching my life spiritually." She speaks about "accepting" her circumstances and she knows that this is a life-long situation.

For those who indicated a lower level of flourishing, such as Thandie, chronic disease management was often seen as a barrier to working toward a "good life." Thandie was diagnosed with high blood pressure and diabetes. While she was able to manage diabetes better, she still had negative side effects from taking metformin and so insulin injections were preferred. She said that:

> "My illnesses do cause me stress… I had high blood [*pressure*] and I was told that I will have diabetes for the rest of my life, there is nothing to cure it and that the only thing that I have to do is to take my treatment, I must also check what I eat. We eat little things [unable to access healthy diets], we don't have many things to eat."

Thandie connects her chronic illness experiences to stress, though she differentiates between hypertension and diabetes which affect her stress levels differently. While she is given instructions by doctors to carefully watch her eating habits, she also remarks that this is difficult given the material circumstances of her life. Her husband also has hypertension and so while they support each other with treatment and medication reminders, it also makes their lives more difficult as he had an amputation previously after being diagnosed with skin cancer. This points to the importance not only of a supportive family, but a wider faith community which she credits as a vital source of support.

3.3. *Flourishing and social connections: family, faith, and community (ubuntu)*

Participants who were categorized as "high" flourishing generally have a positive outlook on life, are accepting of their situation, and demonstrated a level of self-introspection during the interviews. They spoke about moving toward something that they viewed as "good," which may be defined in relation to their community or society in general. Their narratives often circle back to notions of relationality, to family, faith, and community. Giving back to the community or society in general contributes to their sense of flourishing.

Those without chronic illness ($n = 47$) manage stress in different ways, including socializing and spending time with friends or family. Others, especially those who were flourishing, did not understand stress or what it feels like to be stressed. Mandla described stress as having challenges in life, though he is able to move on from them quickly. He describes an active pursuit of a "good life," through his entrepreneurship and his small business. Despite facing financial challenges, he considers his family to be his most important source of support.

> "Ja, if maybe I'm sick at that time, ja I will find support in the house, my mom maybe will ask to make food for me, then I say yes she must make me food (brief silence) I get a lot of support, at some point they even do my laundry when it's dirty they wash it, uh, (brief silence) when I'm studying they help me if there's something they need to help me with."

While Mandla did not see his Muslim faith as affecting his view on health, his support from family was critical. He described episodes of illness during which he received support from family members, for example sharing food or sharing traditional remedies. His-grandmother is a traditional healer and she taught him about the medicinal use of various plants. His-family gets along well, and this contributes to his narrative of living a good life.

For others, connections to a faith community were a cornerstone of their ability to flourish as this was their main source of support. This was particularly true for some participants who did not have a positive relationship with their family. Sipho, for example, spoke little about his family but focused on the role of his church in his life. He regularly attends a Zion Christian Church (ZCC). Whenever he doesn't feel well, he goes to the ZCC and speaks to a prophet who helps him. He has been attending church since he was young. He views illness in relation to his faith and describes being able to avoid sickness, because his beliefs "benefit my body." He also speaks about stress in relation to his lack of employment.

> "You see stress… (brief silence) you can have stress because it pushes you, like maybe you have to support your child, you have to look after your parents and also where you live; like you have to pay rent or bond; so that's my biggest stress, lack of money but really, really I'm not against money, I'm only against living without money."

Whenever he feels stressed about his unemployment, he attends the ZCC where they have what he describes as a tea or a drink that helps to reduce problems (Bosire et al., 2022). This faith community provides healing on a different level, which he differentiates from bodily healing: "So my belief is that, I only go to the hospital to look for bandages but my healing comes from the ZCC." In Sipho's narrative, healing, being well, and living the good life are centered around his relationship with his church.

Lili's narrative centers around her connections to community, to her workplace community, her faith community, and to her broader neighborhood. She was born and raised in a small town in Limpopo, but now lives in Protea South where she feels that there is a lot of crime. She has been going to church since 1993, since she first came to Soweto, and describes her faith and family as important drivers of her "good" life. Lili is also able to speak to her family about any problems:

> "I'm not someone who'll say this thing stressed me out or whatever; if there's something we all share it in the house, and we all talk about it so it's not something that you always think about, no."

She also found social support through her work as a cleaner in Soweto. She often tries to help others, especially her neighbors in the community. She ascribes flourishing to having a good job and being able to meet basic needs. Beyond these material circumstances, she also feels as if she matters in her community especially through her relationships with other women.

Another aspect of flourishing is connections to the wider community and giving back to that community, or what has been described as *Ubuntu* in relation to flourishing (Cele et al., 2021). Elna grew up in Pimville Zone 2 and spent her childhood between different friend and family households. She now lives in Protea, a new suburb in Soweto, where she works in a factory. Her relationships with her family are very

important and she is raising her daughter to grow up to be determined to achieve her full potential in life, an attitude which is reflective of Elna's pursuit of a good life.

> "I always say there is no island of a person, as a person you need people to lean on, so with my family, I wouldn't say I can rely on them financially but just knowing I have a mother eases everything, just knowing I have a younger sister makes me feel like I will be okay."

She also regards flourishing as relational to giving back to the community. She is now in a better financial position, especially compared to her childhood, and she wants to share this good fortune with those around her. In turn, she finds her community to be an invaluable source of support.

4. Discussion

Our findings speak directly to the question of "who has the opportunity to lead a flourishing life, who does not, and why?" (Willen et al., 2022, p. 1), while drawing out connections with experiences of chronic illness(es) and stress. The dominant literature on flourishing often divorces the "good life" from the circumstances in which people live and thus may miss the "why" part of this question. This methodological oversight also risks obfuscating the material constraints of daily life while ignoring the deeply held importance of social connections and the possibilities that open up when one is embedded in a community of people. To better understand these possibilities, we can learn from the context of people's lives in Soweto. As Cele et al. (2021) have shown, an *emic* understanding of flourishing (*ukuphumelela*) reveals its social contingency. Not only is flourishing a dynamic process, but it is also not exclusively a "solo endeavor" (Cele et al., 2021, p. 8) *contra* its common representation in the literature.

These findings then reveal that those with multiple chronic illnesses and experiences of stress across the life course face serious constraints to pursuing "the good life." The lived experiences of Soweto residents in this paper further reveal how flourishing and chronic illness are tied together through social and emotional dynamics in the body (Lock, 1993; Manderson and Kokanovic, 2009; Wexler et al., 2006). For some living with chronic illness, also having family or friends with chronic illness(es) provided some measure of support, although having a close family member with care needs could also be a source of stress particularly for those experiencing poverty. Health providers involved in chronic illness care may wish to consider the differing roles an individual plays in their lives (Becker, 1997), whether as a patient or as a caregiver, and how these roles and expectations may differentially affect their own ability to manage their care.

Within the connections between health and flourishing is the role that faith plays, both in personal "redemption," and societal acceptance. Bishop's narrative, for example, pointed to the role of faith and prayer in helping him find meaningful social relationships and value in his own life, despite chronic illness and an inability to work regularly. Bosire and Bosire (2021) explored this in their work on how faith, belief, and religion can shape how people live with and heal from illness. Spiritual practice, linked to social acceptance and interactions, was a critical part of health and healing.

While perhaps already intuitive to some, it is vital that scholars seek to unpack the lived experiences at the intersections of stress, chronic illness, and flourishing – particularly as studies on flourishing (VanderWeele et al., 2019) and chronic illnesses such as diabetes (Pesantes et al., 2019; Smith-Morris et al., 2020) proliferate. Research on flourishing has linked it to experiences of stress, particularly those caused by a lack of stable income and other social determinants of health (Willen et al., 2022). In this paper, we add the dimension of chronic illness experience as the collective experiences of participants vividly demonstrate the everyday negotiations that take place between remembering to take morning medications, ensuring they can eat well, taking care of family, going to work, attending clinic visits, and so on. Throughout these vicissitudes, those with stronger connections to faith, family, and community are better able to flourish in part because social connections mitigate stress (Bosire, 2021). A focus on the wider context of flourishing, stress, and chronic illness and how these dynamics are experienced has the potential to uncover not only insights for chronic disease management, but for supportive measures to encourage flourishing for all, and not just some.

By bringing notions of flourishing into discussions around chronic illness care, we can better account for people's active pursuits of a good life beyond the narrow constraints of a healthy/sick dichotomy. This point importantly emphasizes the need to think about health, healing, and wellbeing as apart from the clinical context, even when diagnosis and care may be largely situated within this context (Yates-Doerr and Carney, 2016). This project is further in line with a strengths and assets based approach in health research (Brough et al., 2004; Bryant et al., 2021) and also accounts for the chronicity of illness (Manderson and Smith-Morris, 2010) as individuals' experiences change throughout the life course. However, our framing of human flourishing must be also rooted in an understanding of "structure, power, and dynamics of social (in)justice" and entangled with communal and family dynamics (Quesada et al., 2011; Willen et al., 2022, p. 2) as opposed to a focus on individual responsibilities, capabilities, or possibilities. In this way, global notions, measures, and evaluations of flourishing pose tricky moral and ethical challenges that require consideration. This is because what flourishing means is locally defined, as there is no universal definition of flourishing. Therefore, further studies are needed to understand what flourishing looks like across contexts and what supportive capacities may be available for people to flourish. Further work should also seek to understand how other factors (e.g., age or disease severity) play a role in chronic illness experience and flourishing.

5. Conclusion

Soweto residents in this study described flourishing in a way that indicates it is both context-dependent and relational to people's social worlds. Structural and material circumstances play an important role in determining how individuals experience flourishing, though this relationship is not overly deterministic and varies over the life course. Family, friends, and social relationships within the community buffered participants against structural and material stressors, thereby lowering their stress and helping them to flourish. Flourishing was often discussed in relation to these two key factors which are contextually and relationally situated. To further complicate these relationships, low flourishing hindered disease management and conversely, aspects of disease management contributed to lower flourishing.

This paper has investigated how a theory of flourishing, as locally defined, relates to dynamics of distress of the body, emotions, and social worlds to better understand the relation to living with chronic illness among residents of Soweto, South Africa experiencing a syndemic. Our findings show how flourishing, chronic disease management, and stress are often socially contingent and made worse by structural inequalities. Through focusing on individual's experiences at these intersections, we contribute to a more robust understanding of flourishing across contexts, its connection with syndemics, and how chronic illness is experienced and the role of a "patient" is transcended in spaces where individuals are part of a social or faith community. As people living with chronic illness (es) actively pursue the "good life," health care systems must consider these pursuits as valid parts of the human experience that also challenge narrow definitions of "health."

Declaration of Competing Interest

The authors declare no competing interests.

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