2010

Cultural diversity in the expression and experience of positive well-being among homeless men enrolled in a residential treatment facility

Pernilla Anne Nathan

Pepperdine University

Graduate School of Education and Psychology

CULTURAL DIVERSITY IN THE EXPRESSION AND EXPERIENCE OF POSITIVE WELL-BEING AMONG HOMELESS MEN ENROLLED IN A RESIDENTIAL TREATMENT FACILITY

A clinical dissertation submitted in partial satisfaction

of the requirements for the degree of

Doctor of Psychology

by

Pernilla Anne Nathan

October, 2010

Shelly Harrell, Ph.D. – Dissertation Chairperson

This clinical dissertation, written by

Pernilla Anne Nathan

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

_____
Shelly Harrell, Ph.D., Chairperson

_____
Cary Mitchell, Ph.D.

_____
Rhonda Brinkley-Kennedy, Psy.D.

_____
Robert A. de Mayo, Ph.D., ABPP
Associate Dean

_____
Margaret J. Weber, Ph.D.
Dean

TABLE OF CONTENTS

Page

Page

LIST OF TABLES

Page

DEDICATION

To the immortal souls and to the eternals, to life's sufferings and sweetness; thank you for shaping me into the woman I am today. I am eternally grateful to all those who face tribulations in forging new paths in the name of humanity. Thank you for seeing beyond what is greater than yourselves, as I regard you with the highest esteem. Your courage fuels my soul, mind, breath, and love to join your life trajectory.

Thank you to the man, my father, who taught me to question the essence of life and the power of healing. Your hands continue to touch the hearts of many as your legacy lives through your family and the woman you have helped me become. Thank you to my magnanimously loving mother who I admire for her strength and compassion for life and family. Your tender touch, words, and support have been the essence of my existence. And to my most endearing sister and brother who keep me straight and fuel my spirit.

To my husband, Alexander, who reminds me that, "the heart has its reasons, which reason knows nothing of" (Blaise Pascal), but that when true love is found, it is divine.

ACKNOWLEDGEMENTS

I would like to express my deepest gratitude to Dr. Shelly Harrell, who has inspired, nurtured, and supported my development as a professional throughout my graduate career. Ever so gently, you nudged me to find my voice to question life and to see the world as I had never seen before. Thank you for your dedication, feedback, and invaluable assistance in helping me accomplish the task of completing my dissertation. The dedication you have for life, justice, health, and teaching is admirable and truly exemplary.

I would like to express my sincere gratitude to Dr. Cary Mitchell for your dedication in managing the clinic at the Union Rescue Mission. Your dedication affords students with a memorable and invaluable opportunity to work with a challenging but truly resilient population. I am forever thankful to have had this opportunity as it has inspired my professional development and desire to pursue mental health issues related to social justice concerns.

I would also like to thank Dr. Rhonda Brinkley-Kennedy for your knowledge and wisdom with which you contributed to this work. Your passion for providing mental health services to the underserved is remarkable—something in which I hope to contribute my efforts in as well.

Finally, I would also like to thank Meryl Peters, my cousin, for your unconditional support and your wonderful editing skills. I truly appreciate the love and dedication you have showed me and all the “Shapiro” clan. I could not have asked for more. You have helped me complete my journey, exactly as Peter would have.

VITA

Pernilla Nathan, M.A.

EDUCATIONAL HISTORY

2003-Present ***Doctor of Psychology (Psy.D.) in Clinical Psychology (APA accredited program)***
Pepperdine University, West Los Angeles, CA
Dissertation Title: *Cultural Diversity in the Expression and Experience of Positive Well-Being among Homeless Men*
Dissertation Defense Date, April 15, 2010
Anticipated Date of Graduation, May 2010

2003-2006 ***Master of Arts in Clinical Psychology with an emphasis in Marriage & Family Therapy***
Pepperdine University, Malibu, CA

1999-2003 ***Bachelor of Arts in Psychology; Studio Art, minor***
Occidental College, Los Angeles, CA

5/2002-8/2002 ***University Paul Cezanne Aix- Marseille III, Aix-en-Provence, France***
Enrolled in an intensive French university course work program offered by Cultural Experience Abroad (CEA)

1998-1999 ***American Field Service (AFS) Intercultural Exchange Program***
Participated in emersion program, lived with Ecuadorian family and studied Spanish in local high school, Guayaquil, Ecuador

LANGUAGES

Fluent in both written and spoken French and Spanish.

SUPERVISED CLINICAL EXPERIENCES

9/2009-present **Pre-doctoral Psychology Intern**
University of California at Riverside
Riverside, CA
Supervisors: Jessica Eldridge, Ph.D., Licensed Psychologist
Lee Stillerman, Ph.D., Licensed Psychologist

Clinical Experience:

- Provide brief-psychotherapy to undergraduate and graduate university students presenting with mood disorders, childhood trauma, eating disorders, organic disorders, existential concerns, and Axis II disorders
- Conduct individual therapy with a case load of 10-12 clients per week

- Developing and co-facilitating a time-limited psychoeducational group for clients presenting with Anxiety
- Conduct four intakes per week
- Conducting a psychological assessment incorporating both cognitive and personality measures including: the Mini-mental status exam, WAIS-III, Rorschach Inkblot, TAT, Millon College Counseling Inventory (MCCI), and MMPI-II
- Provide weekly client risk management as Counselor on Duty
- Attend one-hour weekly individual supervision with a primary and secondary supervisor
- Attend one-hour weekly group supervision addressing issues of diversity
- Consult with interdisciplinary team
- Conduct weekly case presentations during Treatment Planning and Referral meetings

Outreach Experience:

- Co-facilitated an outreach presentation on how to identify distressed students for the Sports Medicine Master's degree program
- At the UCR First-Year Success Series workshop will co-facilitate with senior staff the following outreach: Time-Management, scheduled 1/26/10 and First Generation Students, scheduled 2/24/10. The Time-Management outreach will provide students with strategies and techniques to improve time-management and reduce procrastination. The outreach developed to address the needs of first generation students will focus on exploring and addressing challenges one faces as a first-generation college student
- Co-facilitating an outreach titled Making Peace with Your Body to undergraduate students regarding eating disorders
- Co-facilitate weekly relaxation and meditation workshop providing an experiential introduction to techniques including deep breathing, progressive muscle relaxation, and meditation
- Participating in the selection and interviewing process of upcoming pre-doctoral interns for the year 2010-2011
- Attend clinical seminars addressing legal ethical concerns, multicultural issues, gender issues, and diagnostic formulations

8/2008-7/2009 **Doctoral Practicum Pre-Intern**
Sepulveda VA Ambulatory Care Center
VA Greater Los Angeles Health Care System, Los Angeles, CA

Outpatient Mental Health Rotation (6 months):
Supervisor: Steve Ganzell, Ph.D., Licensed Psychologist

- Performed intake assessment, diagnosis, and treatment planning for veterans coming in for outpatient mental health services
- Conducted individual psychotherapy sessions with 4-5 veterans presenting with symptoms of PTSD, mood disorders, substance use, and anxiety disorders
- Attended weekly case consultation at which psychological assessments were conducted to screen veterans for mental health services
- Consulted with interdisciplinary team
- Participated in bi-weekly staff meetings
- Maintained clinical documentation to ensure adherence to ethical and legal requirements

Partial Hospitalization Program:
Supervisor: Richard Lewis, Ph.D., Licensed Psychologist

- Provided cognitive-behavioral and insight-oriented treatment to veterans with war-related trauma, childhood trauma, mood disorders, substance use, organic disorders, and Axis II disorders
- Conducted long-term individual psychotherapy with a case load of 4-5 clients
- Conducted intake and diagnostic interviewing
- Facilitated process-oriented group psychotherapy and co-facilitated psychoeducational group therapy
- Employed preventative interventions
- Consulted with interdisciplinary treatment team

Family Therapy Practicum (1 year):
Supervisor: Louise Holt, Ph.D., Licensed Psychologist

- Attended weekly didactic Marriage and Family therapy case conference discussing theoretical and clinical interventions
- Conducted family therapy with veterans and families experiencing marital distress

9/2007- 8/2008 **Doctoral Practicum Extern**
LAC/USC Medical Center at Augustus F. Hawkins Mental Health
Los Angeles, CA
Supervisors: Lucy Erickson, Ed.D. & Elaine Eaton, Ph.D. Licensed Psychologist

- Conducted psychological assessment batteries, both in English and Spanish, with acutely psychotic adults placed on involuntary holds in the adult inpatient psychiatric unit suffering from a variety of presenting problems, including psychosis, cognitive difficulties, learning disorders, dementia, mood and anxiety disorders, and substance abuse disorders

- Planned and administered psychodiagnostic battery and neuropsychological assessment batteries
- Scored and interpreted test data
- Integrated information in comprehensive reports
- Developed treatment plans and recommendations
- Attended grand rounds and provided feedback to multidisciplinary staff

9/2007-4/2008 **Clinical Therapist (Pre-Intern)**
Pepperdine University Psychological and Educational Clinic
Culver City, CA
Supervisor: Susan Himelstein, Ph.D.

- Conducted psychological assessment battery to assess for learning disabilities, assessed for behavior and school problems, intellectual assessment, and personality assessment
- Conducted intake and diagnostic interview with client and family members
- Managed test selection and administration
- Scored batteries and integrated results into written report
- Developed treatment plan and recommendations
- Provided feedback to client and family

9/2006-7/2008 **Doctoral Practicum Extern**
Union Rescue Mission
Los Angeles, CA
Supervisors: Aaron Aviera, Ph.D., Stephan Strack, Ph.D. & Cary Mitchell, Ph.D.

- Provided individual psychotherapy for homeless adult men enrolled in a long-term faith-based substance abuse recovery program in Central Los Angeles Skid Row area
- Conducted intake evaluations, psychological assessments to clarify diagnosis, and developed treatment plans for individual clients suffering from major depression, personality disorders, psychosis, and anxiety disorders co-morbid with substance abuse and addiction
- Provided psychotherapy to court-mandated clients in both English and Spanish
- Performed crisis intervention and management as needed
- Referred clients' for medication evaluations to Downtown Mental Health
- Presented case material in weekly group supervision

6/2007-9/2007 **Clinical Therapist (Pre-Intern)**
Pepperdine University Psychological and Educational Clinic
Culver City, CA
Supervisor: Dity Brunn, Psy.D.

- Provided cognitive-behavioral individual psychotherapy to adolescent male experiencing Major Depression
- Developed treatment plans
- Performed case management and crisis management duties on an as-needed basis
- Conducted family therapy to help improve client family relations

1/2005-5/2006 **MFT Trainee**
Northeast Valley Health Corporation at
San Fernando High School
San Fernando, CA

- Conducted initial assessment in Spanish and English with adolescents, who demonstrated a history of child physical, sexual abuse and neglect, suicidiality, and with a multiple of diagnoses to promote greater quality of life in home, school and social relationships
- Employed crisis intervention techniques regularly, including contacting Department of Children and Family Services (DCFS) to report child abuse and Psychiatric Evaluation Team (PET) to hospitalize suicidal clients
- Developed and implemented individual treatment plans and short-term goals for clients
- Co-facilitated court-mandated group counseling for the Los Angeles County Probation Department for Juveniles
- Helped implement and co-facilitated group exploring sexual identity issues

5/2005-8/2005 **MFT Trainee**
Northeast Valley Health Corporation
San Fernando, CA

- Provided individual, couples, and family counseling at primary health care center in English and Spanish
- Developed and implemented individual and/or family treatment plans for clients with a variety of diagnoses to increase interpersonal skills, coping skills, and promote adaptability to his or her environment
- Provided short-term therapy utilizing primarily cognitive behavioral and psychodynamic treatment interventions

PROFESSIONAL EXPERIENCES

9/2008-7/2009 **Peer Supervisor**
Pepperdine University Psychological and Educational Clinic
Culver City, CA
Supervisor: Aaron Aviera, Ph.D., Licensed Psychologist

- Offered peer supervision to first-year doctoral students who provided cognitive-behavioral, psychodynamic, and insight-oriented individual therapy to adults suffering from mood disorders, personality disorders, relational difficulties, and chemical dependence
- Participated in weekly supervision with first-year students
- Attended and participated in weekly case conference
- Assisted the Clinical Training Director in maintaining and operating the clinic

9/2008-7/2009 **Student Government Association**
3rd year Steering Committee Representative
Pepperdine University
Culver City, CA

- Attended Steering Committee Meetings with faculty and administrators
- Proposed and discussed program objectives, necessary modifications, and changes including: revising current policies and developing an all day forum to promote student and professor alliance and discussion

9/2000-5/2005 **Private Tutor**
Los Angeles, CA

- Assisted children who demonstrated severe learning difficulties in reading, writing, math, French and Spanish
- Tailored study plans according to client's skill level to provide client with necessary study techniques enhancing classroom performance.
- Collaborated with parents or guardians in examining appropriate educational learning tools or facilities beyond the classroom, to meet client's learning needs

6/2003-8/2004 **Child and Adolescent Treatment Specialist**
The Parry Center for Children
Portland, OR

- Member of an interdisciplinary treatment team providing recreational counseling and supervision of behaviorally and emotionally disturbed children

- Maintained a safe living environment in a treatment facility according to policies, and managed crisis situations as needed Collaborated and participated in a multidisciplinary treatment plan with schools, Department of Human Services (DHS), psychiatrist, and psychologist
- Documented client behavior, interactions, and maintained program records and treatment logs
- Administered medications to clients as required

1/2003-4/2003 **Intern**
Villa Esperanza Services
Pasadena, CA

- Assisted special needs children in skill acquisition
- Specifically, supported children in classroom activities which promoted peer interaction, educational learning, arts and crafts, and aided students in play

TEACHING EXPERIENCE

1/2009-5/2009 **Teaching Assistant**
Pepperdine University GSEP
Culver City, CA
Supervisor: Carolyn Keatinge, Ph.D. & Susan Himelstein, Ph.D.

- Scored complete psychological assessment batteries administered by doctoral-level graduate students
- Batteries included the following assessments: WAIS-IV, MCMI-III, MMPI-II, Rorschach, TAT, and sentence completion

9/2008-1/2009 **Teaching Assistant**
Pepperdine University GSEP
Culver City, CA
Supervisor: Kathleen Elderidge, Ph.D.

- Developed assignments for Master's level Family Therapy course examining students' understanding of a full range of family models, including psychodynamic, experiential, cognitive behavioral, and evolving models such as postmodernism
- Reviewed and scored assignments and exams

9/2007-1/2007 **Teaching Assistant**
9/2006-1/2006 *Pepperdine University GSEP*
Supervisor: Charlene Underhill-Miller, Ph.D.

- Reviewed mock individual psychotherapy taped sessions with Master level students, facilitating discussions regarding their abilities to create a therapeutic alliance, skills to employ therapeutic orientations properly and interventions

RESEARCH EXPERIENCE

12/2007-3/2008 **Research Assistant**
UCLA Center for Culture, Trauma and Mental Health Disparities
UCLA Semel Institute, Los Angeles, CA
Supervisor: Jennifer Vargas Carmona, Ph.D., &
Tamara Burns Loeb, Ph.D.

- Assisted investigators with conducting research trials, recruitment of ethnic minority women, and collecting data on a two-year pilot study that focused on severity of child sexual abuse, disclosure and appraisal issues, and psychological and biological outcomes, among African- American and Latina women
- Aided with data management and data entry
- Maintained research databases and research files to meet protocol requirements

5/2005-9/2006 **Clinical Research Assistant**
Northeast Valley Health Corporation
Pacoima, CA
Supervisor: Brian Flame, LMFT., Ph.D.
Director of Mental Health

- Maintained patient registry system for national depression collaborative sponsored by the Bureau of Health
- Conducted data entry and management using Patient Electronic Care System (PECS) program to generate summary statistics of individual patients and subgroups of patients to assess health disparities among a defined population in order to improve Primary Health Care services and interventions accordingly

1/2002-8/2002 **Social Science Research Assistant**
University of Southern California, Department of Anthropology
Supervisor: Courtney Everts Mykytyn, Ph.D.

- Assisted on an ethnographic, qualitative research project that examined the emergence of anti-aging medicine in the American biomedical environment
- Duties included interview transcription, manuscript preparation, and thematic data coding and analysis

VOLUNTEER EXPERIENCE

1/2008-3/2009 **The Program for Torture Victims (PTV)**
Los Angeles, CA

- Assisted in developing a women's group to provide a safe space of expression and discovery, while addressing issues of self-care, acculturation, cultural differences, and family issues

12/2002-1/2003 (3 weeks) Vietnam/Cambodia 5/2001 (2 weeks)	**Operating Room Assistant** Dr. Peter Nathan, Hand Surgeon Assisted surgeon during patient triage, organized operating room, and served as intermediary between patients and surgeon. Provided support to patients post-surgery as necessary, when required to help Guayaquil, Ecuador with pain or stress. Served as technician during surgery procedures and aided with pre and post-operation care.

PRESENTATIONS

2009	Schneider, K. J., Krug, O., Bacher, A., Fischer, D., & **Nathan, P.** Existential-Humanistic Therapy Comes of Age. Presented at the 117th APA Annual Convention, Toronto, Canada, August 2009.
2008	**Nathan, P. A.** Cultural Diversity in the Expression and Experience of Positive Well-Being. Presented at the 2nd Bi-Annual Conference of the Multicultural Research and Training Lab, Los Angeles, CA, October, 2008.
2008	Elkins, D., Ph. D., Bacher, A., Cooper, S., Fischer, D., & **Nathan, P. A.** A Shaking of the Foundations: Research Findings on What Actually Helps the Suffering Client. Presented at the Pacific Institute's Existential-Humanistic Institute (EHI) 2008 Annual Conference, San Francisco, CA, November, 2008.
2007	*Community Outreach*: Presented a symposium geared to enhancing the Union Rescue Mission (URM) staff's understanding of mental health issues including psychosis, the treatment provided by the Pepperdine Mental Health Clinic, and steps to consider when referring URM guests to the clinic. Union Rescue Mission, Los Angeles, CA, February, 2007.

HONORS SOCIETY

2005-Present	Psi Chi, National Honor Society in Psychology
2000-2001	The National Dean's List, Occidental College

PROFESSIONAL AFFILIATIONS

2008-2009	Pepperdine GSEP Steering Committee *Student Representative*
2007-Present	Psychologists for Social Responsibility *Student Affiliate*
2007-Present	Amnesty International *Member*

2007-2008	Latino Student Psychological Association (LSPA) *Member*
2006-Present	American Psychological Association *Student Affiliate*
2006-Present	Multicultural Research and Training Lab, Pepperdine University *Member*

ADDITIONAL TRAINING AND CONFERENCES

12/2009	*The Evolution of Psychotherapy Conference* Sponsored by The Milton H. Erickson Foundation
8/2009	*The APA Annual Conference in Toronto, Canada*
11/2008	*Pacific Institute's Existential-Humanistic Institute (EHI) 2008 Annual Conference, San Francisco, CA*
9/2007-5/2008	*Humanistic Psychotherapy Lab* Reviewed and applied Humanistic and Existential theories to case presentations. Discussed implications of the Medical model upon the therapeutic relationship, course of treatment, and diagnosis in contrast to using Humanistic/Existential theoretical approaches.
9/2007	*The APA Annual Conference in San Francisco, CA*
12/2006	*The 6th Brief Therapy Conference: Lasting Impressions* Sponsored by The Milton H. Erickson Foundation
12/2005	*The Evolution of Psychotherapy 5th Conference* Sponsored by The Milton H. Erickson Foundation

ABSTRACT

What is happiness? What creates or leads to the experience of happiness? Questions like these are fundamental in understanding human functioning in terms of strengths, psychological resiliency, positive emotions, and well-being. However, many question whether current definitions of well-being are shaped by Western Euro-centric perspectives of happiness, negating "other" patterns of well-being (Ryff, Keyes, & Hughes, 2003). Well-being has been considered a critical component in understanding optimal functioning (Ryan & Deci, 2001). However, relatively little qualitative research has been conducted examining how well-being is expressed and experienced in the context of life adversity and racial/ethnic minority status. The purpose of this study was to explore the interplay between life challenges and well-being in a sample of 13 ethnically diverse homeless men in urban Los Angeles, with the aim of gaining a greater understanding of well-being within this community. Qualitative data was gathered via focus group interviews, and findings were examined in context of prevailing definitions of well-being found in the literature. Results indicated that well-being is the amalgamation of variables or domains that differ in their particular configurations across individuals. Major themes of well-being that emerged included: (a) religion and spirituality, (b) the importance of peak experiences, (c) the role of community, (d) safety and security, (e) relationships, and (f) the role of culture as a mediating variable in well-being. Potential contributions include adding to the rich scholarly dialogue on prevailing notions of well-being, as well as providing supplemental data that can contribute to the development of a contextually-appropriate self-report measure of well-being.

Introduction

Mainstream psychology traditionally focuses on defining psychopathology and mental illness, rather than defining the positive aspects of human behavior (Simonton & Baumeister, 2005). With the rise and popularity of the positive psychology movement, the concept of health has been redefined not only as the absence of disease or suffering, but rather as strengths, creativity, well-being, meaning and purpose, resilience, happiness, and personal responsibility (Maddux, 2002). Focus is redirected to increase optimal functioning and amplify strengths to improve resiliency—in contrast to focusing on the individual's weaknesses and incorporating methods to repair them (Maddux, 2002). Positive psychology does not negate the important role of research, interventions, and theoretical orientations of psychopathology; rather, it hopes to achieve a balance by also exploring the positive aspects of life and human behavior (Seligman, 2005). The absence of mental illness does not imply the presence of mental health, but rather the two correlate and do not lay sitting on opposite ends of the spectrum (Keyes, 2005).

Under the umbrella of positive psychology a core area of research is the study of well-being, a complex construct that focuses on optimal experience and functioning (Ryan & Deci, 2001), to determine enhancement of psychological and physical resiliency across all cultures. However, it is important to note that research and writings that examined core elements of positive mental health (e.g., Jahoda, 1958) existed prior to the positive psychology movement and continue to contribute to the enhancement of wellness (Cowen & Kilmer, 2002). Consequently, differing operational definitions of well-being exist that highlight various integral elements to wellness. In general, however, the notion of well-being (WB) is driven by two major philosophical perspectives: (a) the

hedonic view with its emphasis on pleasurable experiences and feelings, and (b) the eudaimonic view that emphasizes meaning, purpose and fulfillment (Lent, 2004).

Research suggests that there is no sole determinant or condition necessary for high WB, but has identified instead a number of necessary conditions to produce a happy person (Larsen & Eid, 2008). However, criticisms target prior empirical studies on WB as ignoring racial, cultural, and ethnic differences by using predominantly white majority samples (Ryff, Keyes, & Hughes, 2003). These studies negate "other" patterns of well-being and leave to question whether well-being has been defined based upon Euro-centric perspectives.

The impact of culture on well-being is fundamental and undeniable (Ryff & Singer, 1998). As noted by Prilleltensky and Fox (1997), values of well-being should be explored across all communities because, "the particular configuration of values required for human welfare changes from society to society, group to group, and time to time" (p. 9). Matsumoto (2000) defined culture as "a dynamic system of rules—explicit and implicit—established by groups in order to ensure their survival, involving attitudes, values, beliefs, norms, and behaviors, shared by a group but harbored differently by each specific unit within the group, communicated across generations, relatively stable but with the potential to change across time." (p. 24). Culture provides a specific set of constructs that define and develop conceptions of WB (Luo, 2006; Suh, 2000), as well as appropriate methods to express WB due to socialization processes (Diener & Lucas, 2004), emotional norms (Eid & Diener, 2001), and cognitive biases (Diener, Lucas, Oishi, & Suh, 2002). However, aside from political, economic, and other societal factors, additional confounds related to the experience and expression of WB exist (Suh & Koo,

2008). It is noteworthy that there is a paucity of literature investigating how well-being exists concomitantly with life adversity, as well as the influence of racial/ethnic minority status on well-being.

If notions of well-being differ across individualistic and collectivistic cultures (Diener & Suh, 1999), then within-culture variations would exist based on an individual's social location as well, because with one's racial, ethnic, and socioeconomic status socially prescribed privileges are afforded or limited (Ryff & Singer, 1998). With privilege comes opportunities, including opportunities for wellness and self-realization, which are not equally distributed across socioeconomic status, ethnicity, and social order (Dowd, 1990). Unfortunately, little of the well-being literature examines the relationship between multiple dimensions of status inequities and well-being.

The intent of the current study was to investigate the interplay between life challenges and optimal well-being in a sample of homeless men in urban Los Angeles, with the aim to gain a greater understanding of well-being within this community. Qualitative data was gathered via focus groups conducted at a residential recovery treatment center located on Skid Row in Central Los Angeles. The primary research objective was to explore the construct of well-being as conceptualized and expressed by an ethnically diverse sample of homeless men with multiple life challenges. This includes examining individual differences and notions of how one responds to life challenges, achieves optimal well-being, reacts to and interprets life challenges, and draws upon positive coping strategies. These findings were examined in comparison to prevailing definitions of well-being in the psychological literature in the United States that are largely based on individualistic and Euro-centric worldviews. The research questions

outlined below led to “a textural description and a structural description of the experiences” (Creswell, 1998, p. 61) of homeless men that have helped shape their understanding and experience of well-being.

Research questions:

1. How do homeless adult men enrolled in a faith-based residential recovery treatment program understand well-being?
    - What themes or commonalities, as well as differences, exist in definitions of well-being?
    - How do they describe the experience of well-being?
    - What words and language are used in describing well-being?
2. What resources are used to enhance one’s well-being and how have these resources changed when homeless?
3. How do the men identify, describe, and understand their strengths and personal resources?
4. How do the men view the role of homelessness in relationship to their sense of well-being?

The following literature review includes a discussion of the construct of well-being, including definitional issues and history. The measurement of well-being will also be discussed. Finally, research findings on the relationship of well-being to demographic variables, such as gender, age, race/ethnicity, and socioeconomic status, are reviewed. Critical analysis of the theory and research in the context of applying the construct of well-being across different cultural and demographic groups is included.

Well-being

The construct of well-being. As a psychological construct, well-being (WB) is an elusive concept persistently followed by problems of definition and measurement (Kahn & Juster, 2002). Some theorists equate WB as synonymous with happiness, whereas others suggest that fundamental differences exist (Diener, 2000). Distinguishing between them is integral to prevent further conflation. Happiness reflects pleasant and unpleasant affects in the individual's immediate experience (Keyes, Shmotkin, & Ryff, 2002). The good life identifies happiness with having a favorable attitude toward life (Hayborn, 2008). Conversely, subjective well-being emphasizes an individual's personal judgment or view of his or her life. The definition of subjective well-being (SWB) refers to the individual's evaluation of his/her level of life satisfaction or quality of life (Diener, 1984), while also including both the cognitive and affective components encompassing one's life experiences (Diener, 1984; Ryan & Deci, 2001; Seligman & Csikszentmihalyi, 2000). In sum, SWB consists of three components: cognitive evaluations of life satisfaction; affective evaluations or emotional responses; and satisfaction in regards to work, family life, and other areas (Ryan & Deci, 2001).

Veenhoven (2008) stated that happiness, life satisfaction, and subjective well-being (SWB) are all synonymous, while Ryan and Deci (2001) considered psychological interrelated with SWB. Keyes et al., (2002) suggested that subjective and psychological well-being are conceptually related but empirically distinct. Ryff (1989) proposed a multi-dimensional model of psychological well-being with six dimensions including: self-acceptance, positive relations with others, environmental mastery, autonomy, purpose in life, and personal growth. Kahn and Juster (2002) argued for the integration of

both objective (independent observation) and subjective (self-report) factors to understand WB in its entirety. Regardless, the psychological debate between defining well-being according to either objective or subjective definitions continues (Kahn & Juster, 2002), perhaps suggesting the holistic impact of culture and the unfathomable attempt to develop a "universal" or homogeneous notion of well-being applied cross-culturally (Cowen, 1994).

Theories of well-being. The notion of well-being is driven by two major philosophical perspectives: the hedonic and the eudaimonic view (Ryan & Deci, 2001). Hedonism emphasizes well-being as consisting of pleasure or happiness; while the eudaemonism view emphasizes self-actualization (Ryan & Deci, 2001; Waterman, 1993). Specifically, the hedonic view of well-being emphasizes the importance of welfare in terms of the pleasurable quality of one's experience while avoiding pain (Hayborn, 2008; Ryan & Deci, 2001). The eudaimonic approach "defines well-being in terms of the degree to which a person is fully functioning" (Ryan & Deci, 2001, p. 141). In other words, the eudaimonic perspective does not equate well-being with happiness (Ryan & Deci, 2001; Waterman, 1993).

In sum, these two philosophical views have derived differing operational definitions of well-being as either subjective well-being or psychological well-being (Ryff, 1995). Although both approaches are fundamentally concerned with subjective accounts of well-being, they aim to examine differing features of well-being (Keyes et al., 2002). Consequently, each approach has instigated differing methods and modes of inquiry in determining the causes and constructs of well-being (Ryan & Deci, 2001).

Psychological well-being (PWB) defines well-being in terms of existential challenges of life (Keyes et al., 2002). As noted earlier, PWB categorizes well-being into six different elements: judgments of self-acceptance, personal growth, purpose in life, positive relations with others, environmental mastery, and autonomy (Ryff, 1989; Ryff & Keyes, 1995). According to Ryff and Keyes (1995), PWB, unlike SWB, entails a component of striving to one's potential or self-ascribed perfectionism or ideal state, in relation to the existential challenges one faces. Examples of such existential challenges include: pursuing meaningful goals, growing and developing as a person, and establishing relationships with others (Keyes et al., 2002). Conversely, SWB defines the good life in terms of three elements: (a) judgments made based upon one's level of positive affect in relation to negative affect, (b) domain satisfaction, and (c) cognitive life satisfaction (Diener, 2000). SWB is also regarded as an outcome measure by which to judge successful living (Diener & Suh, 2000). Although the two constructs, PWB and SWB, highly correlate, they distinctly and uniquely define the intricate and elaborate notion of well-being (Keyes et al., 2002).

Cowen (1994) is credited for initiating research pertaining to the concept of wellness in the field of community psychology. Cowen advocated for a preventative, proactive, and transformative approach that was concerned with discovering the underlying dynamics of well-being as judged by the community's own standard. Cowen stated, "For one thing, built into any definition of wellness (or, for that matter, sickness) are overt and covert expressions of values. Because values differ across cultures as well as among subgroups (and indeed individuals) within a culture, the ideal of a uniformly acceptable definition of the construct is illusory" (p. 152). Instead, Cowen proposed a

five pathways approach to conceptualize wellness including: (a) forming wholesome early attachments, (b) acquiring age-and ability-appropriate competencies, (c) exposure to settings that foster wellness, (d) fostering empowerment, and (e) acquiring skills needed to cope effectively with life stressors. Each is an essential element of well-being that is not mutually exclusive, but rather, mutually enhancing. Cowen's five developmentally relevant pathways reflected personal needs, environmental factors, and stress-inducing sources to wellness that may act alone or in combination.

Additionally, Cowen (1991) identified four phenotypically different concepts to promote wellness, including: competence, resilience, social system modification, and empowerment that are linked genotypically by representing wellness across the life-span. Cowen's more holistic approach to wellness considered "age-related, situation-related, group-related, and society-related determinants of and impediments to wellness" (p. 408). Prilleltensky (2001) supported Cowen's holistic approach to wellness, indicating that a balance in the personal, relational, and collective domains is crucial for overall wellness. Definitions of the theories of well-being described are outlined in Appendix A.

The community wellness model (Prilleltensky & Nelson, 2002) consisted of three levels or domains of wellness, with a series of corresponding values, and assumes that wellness is derived from the interaction among the three domains (personal, relational, and collective needs). Refer to Appendix B. Thus, there can only be wellness in the combined presence of personal, relational, and collective well-being. As stated by Totikidis and Prilleltensky (2006), "Wellness is a comprehensive state of affairs" (p. 50).

Measures of well-being. There are many different measures of WB. Examples include self-reports, experience sampling (beeper studies), informant reports, biological

measures, objective measures of behavior, and retrospective reports. The two most common methods to measure SWB are The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) and the Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988). Alternative conceptualizations of WB exist, however, three factors—positive affect (PA), negative affect (NA), and life satisfaction—have received the most empirical support (Arthaud-Day, Rode, Mooney, & Near, 2005). The SWLS scale measures overall life satisfaction, which is described as a global "cognitive evaluation" of one's life as a whole, involving agreement with such simple SWLS statements as "I am satisfied with my life" (Diener, Lucas, Oishi, & Suh, 2002). The SWLS has been translated into numerous languages (Pavot, 2008). On the PANAS, participants indicate, on a 5-point scale, their experience of 10 affective adjectives to assess PA or NA (PANAS; Lent, 2004; Watson, Clark, & Tellegen, 1988).

A number of additional self-report measures examine WB holistically. An example of such a measure includes the Oxford Happiness Inventory, which incorporates 29-items related to both emotional experiences and satisfaction with life (OHI; Argyle, Martin, & Lu, 1995). Specifically, the OHI assesses a participant's level of energy, optimism, health, social interest, perceived control of life, happiness, and life satisfaction. Alternative measures of WB include using data obtained from additional sources, such as an informant who is well acquainted with the participant of interest (Pavot, Diener, Colvin, & Sandvik, 1991). The informant report serves as convergent validity for self-report measures of WB.

To assess psychological well-being, Ryff's (1989) measure contained 84 statements, each of which measured one of six dimensions (14 items per dimension) of

psychological well-being: (a) Autonomy (being independent and able to resist social pressures; sample item: "I judge myself by what I think is important, not by the values of what others think is important"); (b) Environmental Mastery (a sense of mastery and capability in managing the environment; sample item: "In general, I feel I am in charge of the situation in which I live"); (c) Positive Relations With Others (satisfying, warm, and trusting relationships with others; sample item: "Maintaining close relationships has been difficult and frustrating for me"); (d) Personal Growth (a feeling of continued development and change; sample item: "For me, life has been a continuous process of learning, changing, and growth"); (e) Self-Acceptance (a positive attitude toward the self; sample item: "When I look at the story of my life, I am pleased with how things have turned out") and; (f) Purpose in Life (having goals in life and a sense of purpose; sample item: "Some people wander aimlessly through life, but I am not one of them"). Ryff used a six-point scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*), where higher subscale scores indicated higher self-ratings on the dimensions of psychological well-being. Subsequently, the six subscale scores are totaled to form an overall psychological well-being score, ranging from 84 to 504.

Although numerous well-being instruments have been developed, relatively little consensus exists on how to best measure well-being. According to Lent (2004), there is a need to further develop and refine well-being measures. Diener and Seligman (2004) conceded that summarizing the current state of well-being data obtained from WB measures results in "a haphazard mix of different measures of varying quality, usually taken from non-representative samples of respondents" (p. 4). Consequently, they argued that broadly generalized conclusions from the data cannot be accepted with confidence.

Demographics and the Measurement of Well-being

SWB is a multidimensional concept, influenced by both demographic and psychological factors. Although no sole determinant of WB has been found, some conditions or characteristics are thought to be necessary for achieving a high WB. Examples include mental health and positive relationships, but these conditions are not deemed sufficient to attain happiness (Larsen & Eid, 2008). "For subjective well-being—one needs several important and necessary ingredients, but no single one of them, by itself, produces a happy person" (Larsen & Eid, 2008, p. 8). Therefore, it is also important to understand well-being in relation to demographics (e.g., gender and age), personality, social standing (e.g., income and education), culture, and in context of micro and macro levels characteristic of all societies that impose oppression and maintain status quos. Community and nationally representative samples have demonstrated replicable patterns in WB; however, no specific finding suggests clear conclusions of how these aforementioned demographic factors affect WB (Lucas & Gohm, 2000).

Gender. Gender differences exist in the manifestation of WB; however, explanations for these differences are diverse and multifaceted (Diener, Suh, Lucas, & Smith, 1999; Lucas & Gohm, 2000; Nolen-Hoeksema & Rusting, 1999). Biological and personality factors mitigated by socially prescribed gender roles serve as potential explanations (Nolen-Hoeksema & Rusting, 1999). For example, status quo differences prescribed by gender and the potential impact of culture (individualism/collectivism) upon one's emotional experience may moderate variations in WB. Specifically, literature reviews support the notion that women tend to experience more frequent and intense negative emotions in comparison to men (Lucas & Gohm, 2000). However, few studies

provide definitive conclusions regarding the impact of gender differences on SWB that can be generalized. Lucas and Gohm (2000) argued for stronger theories underlying possible gender differences in the expression of WB. They also concluded that the cultural factors moderating gender stereotypes cannot be ignored.

Age. Evidence in support of age differences impacting well-being also present with conflicting explanations. A review of the literature suggests this conflicting evidence. Some literature supports the theory that WB decreases with age, while other theorists argue that WB increases with age (Lucas & Gohm, 2000). Diener and Suh (1998) reported that correlates of SWB vary between young and older adults; while other theorists reported that life satisfaction is stable across age dimensions. Again, the relation of age and SWB depends on the component or measure used to examine this relationship (Diener & Suh, 1998).

Socioeconomic status, education, and income. Socioeconomic status has been presumed to affect WB as well, in terms of socially prescribed privileges that are afforded to an individual based on status quo. Prior studies have documented that the underprivileged and poverty-stricken experience higher levels of mental and physical illness and heightened life stressors in comparison to the socioeconomically advantaged (McLoed & Kessler, 1990). Although data supports lower levels of WB in the unemployed (Lucas, Clark, Georgellis, & Diener, 2004), others argued that little empirical evidence indicates significant correlations between one's socioeconomic status and average WB (Hayborn, 2008). However, income is widely known to correlate with gender, human rights issues, democracy, health-care and other factors. The effects of such confounds is difficult to separate.

Another component inter-related to socioeconomic status is one's level of education. Studies indicate higher levels of WB are associated with higher levels of education (Ryff & Singer, 1998). Education, according to Diener and Larson (1993), became more significant when an individual's level of income dropped below a critical threshold. However, Veenhoven (2008) argued that no correlation between WB and education exists. Education, like many other demographic variables, may be indirectly related to WB, with additional variables such as occupational status and level of income serving as mediating factors.

A literature review, including cross-cultural studies, indicates a modest but positive correlation between material wealth and SWB (Cummins, 2002; Diener & Oishi, 2000). Researchers also argue a curvilinear correlation between income and SWB, with money and SWB correlating strongly at lower socioeconomic levels (Cummins, 2002; Diener & Oishi, 2000; Diener, Sandvik, Seidlitz, & Diener, 1993). When accounting for the emotional components of SWB, such as happiness, people with greater access to stimulating recreational activities, comfortable living situations, and high-quality food, appear to benefit from the rewards of their wealth (Biswas-Diener, 2008; Diener, 1984). However, the opposite is true as well. Kasser (2004) suggested that affluence is also associated with psychological distress, such as anxiety.

Homelessness. Poverty and homelessness are a pandemic affecting all societies. Studies on homelessness have shown correlations between homelessness and increased exposure to trauma (Goodman, Saxe, & Harvey, 1991; Munoz, Crespo, & Perez-Santos, 2005), depression (Koegel, Burnam, & Farr, 1988), and more—indicating that material deprivation generally impacts individuals psychologically as well as physically.

Veenhoven (1995) attributed societal variances in WB to differences in education, nutrition, and equality, which are most often related to the national wealth of a country. Diener, Horowitz, and Emmons (1985) assessed the relative level of SWB in 49 individuals from the Forbes list of the wealthiest Americans, with an income of a net worth of $125 million or more, and compared their scores with a matched sample from the same geographic location. Results indicated that the participants on the Forbes list reported a significantly higher life satisfaction and are happier a greater percentage of the time. The factors that account for the higher levels of SWB may be explained by the privileges and power afforded, according to one's status quo.

However, Biswas-Diener and Diener (2006) conducted a study in Calcutta, India examining the relative strengths and resources of homeless individuals living as slum dwellers (living in impoverished communities), pavement dwellers (homeless), and prostitutes. Results surprisingly reported average positive levels of well-being. However, the pavement dwellers reported significantly lower levels of overall life satisfaction than the other two groups. Pavement dwellers fall lower on the social hierarchy than the other two groups, having to beg for food, having few possessions, and having inadequate housing. In the same study, Biswas-Diener and Diener (2006) subsequently compared the data collected from India with homeless samples in Fresno, California and Portland, Oregon. The sample in Calcutta reported higher levels of life satisfaction than did their counterparts in the United States. Homelessness was found to be associated with low levels of SWB.

An additional study conducted by Biswas-Diener, Vitterso, and Diener (2005) examined levels of well-being among a Maasai tribal group located in Kenya, the

Inughuit people in Greenland who engage in traditional hunting practices, and an Amish group located in the United States, who eschew modernization. The researchers reported positive levels of well-being and life satisfaction in all three groups. This study suggested that material wealth may not be a necessary precondition for high levels of well-being—and that the simple life can be as, if not more, satisfying. There is no clear answer as to whether particular demographic factors increase SWB; however, research on homelessness indicates the deleterious impact material deprivation, for instance lack of adequate housing, may have upon one's well-being.

Personality and well-being. A large body of research links personality and well-being, with much of the focus on the personality traits of extraversion and neuroticism. Costa and McCrae (1980) first suggested that both positive and negative affect were predicted by extraversion and neuroticism. Specifically, extraversion predicted positive affect and neuroticism predicted negative affect. Most importantly, they were able to demonstrate that these traits were stable over time, which led Costa and McCrae (1980) to conclude that stable individual differences were correlated with well-being. Lucas and Fujita (2000) conducted an updated meta-analysis examining the correlation between extraversion and positive affect. Results indicated a correlation of .37. Although extraversion and neuroticism have been studied most, other traits—such as agreeableness, conscientiousness, optimism, and self-esteem—also exhibit strong correlations with SWB (Lucas, 2008). Another study conducted by Eid and Diener (2004) found a strong correlation between personality traits and global well-being, suggesting that internal factors do play a role in an individual's level of SWB.

McCrae and Costa (1991) have proposed a theory to explain the association between personality traits and WB. They proposed that personality traits affect SWB indirectly, either because of the situation or life events. For example, optimists may expect more good things to occur in their life and, as a result, may exert additional energy to achieve their goals or expectations. McCrae and Costa (1991) suggested that this extra effort may indirectly contribute to their ability to achieve more beneficial outcomes in life, which thus affects one's level of WB.

Although research findings provide evidence in support of personality factors affecting SWB, this does not, according to Lucas (2008), suggest that one's level of SWB is fixed and, therefore, cannot change. Evidence from recent studies supports this notion. Even though temperament or personality significantly affects SWB, one's level of SWB does change over time (Diener, Lucas, & Scollon, 2006; Fujita & Diener, 2005). This review of the literature suggests that the process of how personality affects SWB still remains unclear.

Major life events. Although no positive events have yet been found to reliably increase well-being, many negative life-events, including widowhood (Ben-Zur & Michael, 2009), divorce (Lucas, 2005), unemployment (Lucas et al., 2004), onset of a long-term disability (Lucas, 2005), and oppression (Prilleltensky, 2003) appear to affect one's level of SWB and life satisfaction (Lucas, 2008). Literature documents the traumatic impact of racist incidences and oppression upon the well-being of individuals. Such incidences highly damage one's level of SWB and create significant psychological distress (Bryant-Davis & Ocampo, 2005; Harrell, 2000; Prilleltensky, 2003).

Understanding the notion of SWB includes considering the impact racism and oppression may have on an individual's level of well-being across all life domains (Harrell, 2000). One's identification with a racial/ethnic group, or minority status and social status prescribed by gender, social class, sexual orientation, religion, or level of disability undeniably affects one's access to resources that impacts all domains of well-being (Harrell, 2000). In support, Prilleltensky (2003) affirmed the effects of the political climate upon individual well-being by introducing an additional domain of WB, "psychopolitical well-being" (p. 195), which consists of both psychological health as well as accounting for political structures that maintain peace and promote human development and social justice. Individual WB does not exist without the interrelatedness of social elements (Prilleltensky, 2008). The concept of WB thus cannot ignore the complex and convoluted ways in which racism and oppression contribute to an individual's level of WB, as do other traumatic life experiences (Harrell, 2000).

Culture. Culture provides a specific set of constructs that define and develop conceptions of WB (Luo, 2006; Suh, 2000), as well as appropriate methods for expressing WB due to socialization processes (Diener & Lucas, 2004), emotional norms (Eid & Diener, 2001), and cognitive biases (Diener et al., 2002). Researchers have demonstrated notable efforts to explore cultural components and impact upon WB. A consistent finding of cross-cultural and national research indicates that individualistic nations have a higher level of WB in comparison to collectivistic cultures (E. Diener, Diener, & Diener, 1995; Diener & Suh, 1999). In addition, it is important to consider the confounds that arise from societal and political factors associated with each culture, individualism and collectivism, such as income level (Diener et al., 1995), democracy

(Inglehart & Klingemann, 2000), and political empowerment (Frey & Stutzer, 2002). According to Suh and Koo (2008), these conditions are not sufficient to explain differences between individualistic and collectivistic nations.

Christopher (1999) attempted to demonstrate that "psychological well-being [is] are substantively shaped by Western individualistic moral visions of the good or ideal person, but also that the general neglect of psychological well-being, as an area of inquiry, is related to our cultural values and assumptions" (p. 142). For instance, Christopher noted that the definition of well-being incorporates an evaluation of one's emotional state. He argued that this reflects an individualistic value or vision by measuring the good life in terms of one's level of happiness or positive emotional state. The onus of determining one's level of well-being then falls upon the individual himself or herself. On the other hand, a collectivistic culture may place more emphasis on social obligations and social membership than one's affective state (Lent, 2004). In support, Compton (2001) also argued that conceptualizations of subjective well-being are tied to cultural values.

To clarify, the Satisfaction with Life Scale (Diener et al., 1985) presupposed that a high score indicates a highly satisfying life. Christopher (1999) noted that this is not problematic for many Americans who value individualism and who are taught to stress strengths and "toot our own horn" (p. 144). However, in collectivistic cultures, for example Asian countries, but also not forgetting many cultural groups residing within the United States (e.g. Latinos, Persians, and Asian-Americans), the individualistic value of self-asserting one's character strengths contradicts with collectivistic cultural values of modesty, humbleness, and interconnectedness between the self and significant others

(Markus & Kitayama, 1991). These cultural differences also seem to impact the affective component of SWB, as outlined by Diener and Suh (1999). Diener, Suh, Smith, and Shao (1995) found that American students were less accepting of experiences conjuring negative affective than their Chinese and Korean counterparts. As an approach to assess well-being, the PANAS, examining the affective state and the Life Satisfaction Scale represent individualistic interpretations of SWB. Scollon, Diener, Oishi, and Biswas-Diener (2004) have argued that SWB measures given cross-culturally render few differences between cultural groups. Yet, little of the well-being literature and research studies examine various demographic groups residing within the United States, including homeless, minorities, women or single mothers, the uneducated, and immigrants. Perhaps it is time to embrace differences, rather than uniformity.

Conclusion

In conclusion, this literature review does not indicate or provide evidence that a single demographic group's level of well-being is outstanding in relation to other demographic groups. Moreover, the study of demographic variables in relation to well-being has not produced a checklist of necessary elements to attain high levels of well-being. Prilleltensky (2003) supported this, by indicating that domains of well-being are fluid and seamless. If changes occur in one domain, changes in others will occur as well.

But, significantly, discovering universal components of well-being will run the risk of pathologizing the "other," non-Westernized, ethnic minorities, and those whose notion of well-being differs from the universal notion of well-being, as defined by the positive psychology movement. There are too many risks to transport a notion, such as well-being, to another culture without risking misunderstanding and misrepresentation.

Christopher (1999) stated, “The idea of developing entirely culture-free measures, theories or interventions is seriously misguided” (p. 149). The role of this study is not to interject the values or already preconceived notions of well-being to a group of men participating in one of seven focus groups, but to further the dialogue and gather new perspectives of what well-being may mean to someone who has endured hardships across all dimensions of life. As articulated by Freire (2007), the author hopes to follow precepts of liberation psychology by giving voice to others and understanding that it “is not our role to speak to the people about our own view of the world, nor to attempt to impose that view on them but rather to dialogue with the people about their view and ours” (p. 77). By considering views of community members in defining what wellness means, the findings of this research may prove valuable in developing theory, a more representative measure of well-being, and interventions.

Research Methodology

This section presents the research methodology employed in this phenomenological study, including research approach, participants, interview protocol, qualitative measures, data analysis plan, and methodological assumptions and limitations.

Study Approach and Rationale

Research approach. The current study applied a phenomenological approach to explore experiences and conceptualizations of well-being among homeless adult men enrolled in a faith-based recovery program. Qualitative research provides an opportunity to understand "the human condition" by capturing a direct representation of one's subjective experience (Eisner, 2003, p.28). In other words, phenomenological research affords the participants, whose voices are usually underrepresented in psychological research, the opportunity to share their subjective experiences, which is at the center of the inquiry (Mertens, 2005). This approach was chosen to complement research on well-being, which has neglected to directly interpret and examine notions of well-being through qualitative inquiry through the lens of men who regularly experience subjugation or marginalization, and who struggle with mental health issues and have consequently developed ineffective coping strategies, such as substance use. In a focus group, well-being is no longer interpreted in terms of the scientific terms given by the field of psychology; rather, well-being can be dissected according to the perspective or schema of the participants in the study (Mertens, 2005).

Setting. This study was conducted at a non-profit, Christian-based homeless shelter in Central Los Angeles. The shelter will be referred to as "The Center." Along with providing housing, food, education, vocational training and advanced services, such

as primary health care, dental care, and mental health care, "The Center" provides a long-term, faith-based addiction recovery program for adult men. Spirituality is integrated within all aspects of the program and services are offered. Guests must complete an intake interview and enter a two week acceptance phase to monitor for suitability. Upon completing the initial two-week screening, the guest is enrolled in the 12-month residential treatment recovery program which implements vocational training, religious instruction, and case management by a Chaplain and care coordinator, as well as involvement in a community church. The shelter also incorporates a religiously inspired 12-step program to address chemical dependency.

Participants. A total of 13 individuals participated and met the eligibility criteria. Inclusion criteria for participation in the study consisted of the following: (a) participants must be enrolled in the 12 month recovery program for men at The Center; (b) participants must be 18 years or older; (c) participants must speak and understand conversational English; (d) participants must have participated in the program for no less than one month, to insure a minimal level of participation and to assure access to resources and support; (e) participants must provide written consent to be audio-recorded and included in research databases; and (f) participants must be able to attend one focus group held at the facility.

When participant information was entered into the research database, all identifying information was removed and replaced with a unique research code (e.g., Participant 1, Participant 2, etc…) to ensure that participants' identities were protected throughout the coding and data analysis process. Personal identifying information did not appear in the interview transcripts, in interview notes, or in the data analysis results. Any

publication or presentation of the research findings will not include personal identifying information.

Recruitment and screening procedures. Research participants were recruited using a purposeful sampling strategy from a single setting: among men enrolled in The Center's program who met the outlined inclusion/exclusion criteria. After approval was obtained from the Pepperdine University Graduate Professional Schools' Institutional Review Board, and from the director at the center, participants were recruited through information flyers (see Appendix C) posted in designated areas and provided during their weekly discipleship meeting. A brief informational presentation (see Appendix D) was also conducted during the discipleship meeting. Interested individuals were instructed to sign up for participation in the Pepperdine Counseling Clinic on the 3rd floor of the The Center. The clinic's office coordinator managed the participant sign up list, with all identifing information (i.e., names on the sign-up forms) maintained in a locked drawer in the clinic to ensure confidentiality.

The clinic coordinator was already well acquainted with the clinic's confidentiality procedures and with The Center's program procedures. In addition, he was also provided with an informational session regarding the study, and thereby informed about the voluntary nature of the study. The researcher stressed the importance to maintain confidentiality and reviewed the researcher assistant protocol (see Appendix E) with the clinic coordinator. The researcher provided the office coordinator with a brief Frequently Asked Questions (FAQ) form (see Appendix F), that addressed potential concerns or questions which participants' may have when inquiring about the study. Once data collection was completed, the sign-up forms were discarded and shredded.

Consent procedures. Participation in this study consisted of attending a 15 to 20 minute meeting, prior to beginning the focus group, to address appropriate consent procedures. Each participant was given 2 copies of the Informed Consent (see Appendix G) and was required to sign both prior to engaging in the study, one to return to the researcher and one for him to keep for his own reference. The informed consent document was written in understandable language for the participants. Each section of the informed consent document was written in manageable statements, which required the individual to initial after reading each section. The consent document was read aloud by the researcher to ensure each participant's understanding. Additionally, the researcher was available to answer any questions.

Specific consent issues addressed in the Informed Consent, relevant to this study, included: (a) the need to audio tape the focus groups, (b) the lengthy time commitment involved, and (c) the potential need to re-contact participants to clarify responses during the content analysis stage of the data. Appendix H presents a script that was used while reviewing all the consent forms. Participants were also informed that the information provided would be used for research purposes only. Potential risks were illuminated and discussed, including the potential for the participants to experience distressing thoughts or emotions related to discussing their personal life experiences. The participants were notified that they could withdraw from the study at any time without consequence. Appropriate referrals were also appended to the consent forms in the event a participant needed to seek additional support, or if the researcher felt such a recommendation was warranted during the course of the study (see Appendix I). In addition to signing an informed consent, participants signed a group agreement to ensure confidentiality among

all group participants and the moderator (see Appendix J). Following the consent procedure, a background questionnaire (see Appendix K) asked for information pertaining to ethnicity, age, marital status, education, duration in the residential program, where they worked at the center, homelessness history, and legal history.

Instrumentation. The interview schedule, developed by the author, was semi-structured and focused on the following notions of well-being: general understanding of positive aspects of living, emotional well-being, a sense of community, relationships, hardships, and religion/spirituality (see Appendix L).

The semi-structured interview was composed of 10 questions divided into five sections. See Appendix L for the Semi-Structure Interview Protocol. An informal conversational interview approach was employed, see Appendix M, to develop a semi-structured interview that would afford the interviewer the ability to respond to individual differences or unique situational circumstances (Patton, 1990). The interview protocol was divided into seven sections related to the participant's experience and perceptions of well-being across multiple domains in life. Each section specifically addressed a specific domain (i.e., community and religion).

1. The first section explored participant's perceptions of well-being and the good life.
2. The second section explored participant's ability to identify personal characteristics that may determine a relationship between sense of self-worth and notions of well-being.
3. The third section explored level of awareness of emotional well-being, such as how is happiness defined and what elements impact emotional well-being.

4. The fourth section examined participant's sense of community and the impact community may have on personal well-being.
5. The fifth section attempted to understand how participants cope with stress or hardships to achieve a sense of well-being.
6. The sixth section examined the relationship between religious or spiritual beliefs and well-being.
7. The seventh section gave participants an opportunity to provide closing remarks or any additional information about their experiences of well-being that they felt may add to the study.

Data Collection

Procedures. Each focus group participated in a semi-structured interview (see Appendix L). The format of the focus groups was designed to be informal and semi-structured to maximize rapport and elicit participation. The researcher served as the moderator of the 2 groups. The duration of each focus group was approximately 120 minutes (2 hours). Following each focus group, a complete verbatim transcription was made of the audio-recordings. The 2 focus group interviews were transcribed also by the researcher alone. To ensure anonymity, identifying information has been deleted from the transcripts. The tape recordings and transcripts have been placed in a locked cabinet.

Compensation. Upon completion of the study, participants were thanked for their involvement in the study and provided with a ten-dollar gift certificate to a local fast food restaurant, McDonalds. Participants who initially consented to participate in the study, but then discontinued their participation during the focus group, were given the gift certificate as well. Only one participant in the first focus group, who discontinued

participation before the entire interview protocol was completed, received the gift certificate. During the second focus group, only one member who did not complete the entire interview due to unforeseen work obligations received the gift certificate, for he had completed the informed consent procedures.

Human subject considerations. No personal identifying information was placed on any of the research materials, with the exception of the signed consent and the group agreement form. The consent forms are in no way linked to the data, and are stored in a secure location separate from the data and background questionnaires. Only the researcher and her dissertation chair, Dr. Shelly Harrell, have access to the data collected. The data and audio-recordings will be stored in a secured filing cabinet for five years following the proposed study, and then destroyed.

Results

Data Analysis

Participant demographic information. All thirteen (*N*=12) participants in the study were male and ranged in age from 24 to 66 years. Of the 12 total research participants, 7 participated in the first focus group and 5 participated in the second focus group. Initially, the first focus group consisted of 8 participants, however, 1 participant dismissed himself from the first focus group when the first question was asked. During the second focus group, when reviewing the limits of confidentiality, a potential participant deemed that he was unable to participate because of work obligations. The researcher did not find it necessary to withdraw any participants at any time.

The groups were controlled for gender, but were not controlled for SES, age, level of education, or ethnicity. Basic demographic information was collected for each participant (see Appendix K). Appendix N details demographic data collected from focus group 1 and Appendix O details demographic information collected in focus group 2.

The mean age of participants was approximately 44 years. The ethnic makeup was as follows: 7 self-identified as African-American, 4as Caucasian, and 1 as Latino. In terms of relationship status: 9 endorsed being single, not currently in a relationship; 2 endorsed being in a serious relationship; 2 endorsed being married; 5 participants identified as having been divorced and 1 as widowed.

One participant reported having obtained a college education, while 2 participants reported having obtained some college education. Nine participants identified graduation from high school. Of those 9 participants, 3 had specifically written on their background information form that they had obtained their high school diploma by completing the

General Education Development (GED) test requirements. Two participants reported having obtained a middle school level of education.

The last few questions on the demographic questionnaire pertained to their participation at The Center (see Appendix K). The mean length of participant enrollment at the center was approximately seven months, with the shortest stay reported at three months and the longest length of enrollment at 14 months. Participants worked in a variety of employment opportunities offered at the center. Among the 4 participants who identified working in Environmental Services (EVS), 2 participated in the first focus group and 2 participated in the second focus group. Two participants in the first focus group identified working in the Learning Center. The other participants indicated working in a variety of departments, including: Laundry, Transportation, Hygiene, Baggage Room, Kitchen, Housekeeping, and the Contact Office.

Reasons for enrolling in the discipleship program at the center varied, with several participants endorsing more than one provided reason. Only 1 participant specifically endorsed homelessness as his sole reason for enrolling in the discipleship program. Six other participants endorsed homelessness along with other reasons, including: alcohol use, drug use, loss of job, need for food and shelter, and need for health services. Four participants singly identified drug use as their primary reason for enrolling at the center, and 4 other participants identified drug use along with other reasons for their enrollment, including: homelessness, alcohol use, need for food and shelter, legal reasons, and need for health services. Five participants endorsed alcohol use in conjunction with other reasons for their enrollment into the program. Two participants identified loss of job as a reason for enrollment. Three participants identified need for

food and shelter as one of their many reasons for enrollment. All 3 of these participants participated in the second focus group. Again, the 2 participants who also endorsed need for food and shelter as a potential reason for their enrollment were also participants of the second focus group. Two participants identified legal reasons as a condition for their enrollment. Of those two participants, only 1 participant endorsed legal reasons as the sole reason for his enrollment. Only 1 participant added another reason for his enrollment specifying, "paroled from prison, drug sells."

Data processing and content analysis. Qualitative data analysis was conducted using both within-case and between-case approaches to extract core themes and patterns relevant to the concept of well-being. Appendix N provides an outline of the approach used in data analysis. Interview transcriptions from both focus groups, interview notes recorded by the research assistant, and background information were compiled prior to review. The transcriptions were read through numerous times to acquire an understanding of the subjective experience of each participant's notion of well-being—as well as noting differences, similarities, themes, or weaknesses in the data (Mertens, 2005). Subsequent reading of the focus group transcripts included highlighting significant quotes. The quotes were organized according to the question asked and by focus group. Through an inductive process, this approach allowed then for the data to drive the coding and thematic analysis process.

During a second preliminary review of the data, margin notes were made reflecting ideas and concepts represented in the text. Specifically, the margin notes highlighted themes and key concepts or ideas of well-being to help establish codes based on "meaning units" (Creswell, 1998). A master list of codes compiled from both

transcriptions was established. Upon completion of the master code list, the transcripts were reviewed until no new themes or codes were identifiable. The meaning units varied and ranged from one sentence, at minimum, to a long paragraph, depending on the context of the verbalization.

Once preliminary codes had been established, codes were given descriptive labels. No interpretation of these themes was completed at this point; however, the preliminary codes served to organize patterns and themes present in the raw data until all possible coding possibilities had been exhausted. Subsequently, a thematic analysis was conducted to determine meaning of the data and develop a conceptualization of participants' experiences of well-being (Patton, 1990).

Progressive subjectivity during coding of themes and subthemes of each transcript was limited by maintaining documentation of the researcher's thought process from the beginning of the data analysis until the end (Creswell, 1998). Finally, a composite description was written to examine the essence of the participants' experience of well-being. Based on the data accumulated, the themes served to generate hypotheses about well-being as experienced by men enrolled in a recovery program at The Center.

Role of the researcher. In qualitative research, the close interaction of the researcher with participants creates additional dilemmas in the interpretation and analysis of the data (Stein & Mankowski, 2004). Interpretative authority lies with the researcher, which requires a process of reflection of social values and personal agendas so as not to negatively impact data analysis and interpretation (Mertens, 2005). This is particularly important, given the researcher's socio-cultural differences and her previous involvement in the program, the close relationships developed as a result with staff and past clients,

and her beliefs regarding the program. In addition, the researcher must remain aware of the impact her socially-prescribed status, privilege, and other demographic variables may have on data collection and analysis (Stein & Mankowski, 2004).

In line with self-reflection, reflexivity, which is the process of managing one's subjectivities, ensures continuous evaluation of personal biases. According to Morrow (2005), "researcher reflexivity provides an opportunity for the researcher to understand how her or his own experiences and understandings of the world affect the research process" (p. 253). Anderson (1993) also suggests that a researcher of the dominant ethnic group, conducting research on multicultural issues should recognize and examine the influences of the researcher's own social status, including gender, level of education, ethnicity and more, on shaping the formulation and development of the study. It is also important to note the unique perspective the researcher brings to this study, by having been directly involved in the past with the Mental Health Clinic located at The Center for two years. This is a critical consideration, as her familiarity with the culture at the center, through personal experience, inevitably impacted data analysis and interpretation.

Focus Group Climate

Focus group one. The group appeared cohesive and in harmony. No disagreements occurred and all participants respectfully awaited an opportunity to speak. As the group progressed, it became apparent that one of the participants self-identified as the group leader by making a point to provide answers to all questions, provide clarification about the questions asked to other members even when elicited and not elicited, and by responding to most members' disclosures. The group appeared to accept this participant's leadership role voluntarily.

A strong sense of group unity was felt, as members on several occasions completed each other's thoughts and elaborated upon each other's answers. Additionally, this group tended to engage with one another more frequently, interjecting, laughing as a unit, and acknowledging their inter-relational connections formed prior to attending the group.

Focus group two. Initially, the group approached the semi-structured interview with uncertainty and reservation. They appeared somewhat skeptical of the interviewer and research assistant, which was not surprising, given their obvious differences in gender identity as female, ethnic identity as Caucasian, differences in educational background, and as non-participants. Initially, the flow of the discussion took longer to develop in this group; however, as the group proceeded, dialogue flowed easily and participants began elaborating upon each other's answers. The participants tended to take turns speaking, spurring others to speak as well. No disagreements ensued. Of the six members, two participants on separate occasions were encouraged to share their thoughts and views, as they tended to participate the least. One member identified as the only Caucasian male in the group and the other member was the youngest member of the group at age 24.

As the group progressed, a sense of unity developed. For example, when discussing the topic of relationships and family, one participant disclosed having to grow up without a family and discussed needing to fend for himself as a result. Instantly, the group responded with compassion and acceptance. Another significant observation about this group was that they tended to use metaphors to describe life experiences, thoughts, and emotional experiences.

The relevance of semantics in understanding the narratives. Prior to outlining identified themes relevant to specified domains of well-being, a brief discussion regarding language, in context of the narratives, is relevant not only to enhance one's understanding of the data, but, most importantly, to help illuminate the underlying cultural and socially constructed meanings of well-being (Brown & Augusta-Scott, 2007). With increased understanding comes increased appreciation for the richness of the language, diminishing false impressions about race or intelligence that may arise as a result of historical stereotyping and societal prejudices. Imbedded in language is culture, history, and personal experiences. As eloquently stated by Smitherman (2006), "language is bound up with and symbolic of identity, camaraderie, culture, and home…" (p. 19). To ignore the linguistic cultural differences present, the tool through which the data is exposed, would negate the essence of conducting a phenomenological approach in the current study. It is apparent, and without doubt, that many of the participants' language reflected distinct grammatical constructions, unique word terminology, and rhetoric composition that reflected their cultural and ethnic backgrounds as well as the culture present at the center (Smitherman, 2000). For example, in answering a question, participants tended to insert life stories, thoughts, comments, or metaphors in their responses that did not always directly relate to the question. More specifically, the participants who self-identified as Caucasian tended to provide short and concise answers to questions; while participants who identified as African-American frequently included pivotal life experiences, symbolism, and metaphor in their responses (Smitherman, 2006). Statements like, "you know?" also occurred, reflecting an expectation of understanding

without further elaboration (Smitherman, 2006; Mezzich, Kleinman, Fabrega, & Parron, 1996).

In other words, to understand the participants' life experiences we need to understand the language used to convey the stories relevant to well-being (Smitherman, 2006). Awareness of meanings, messages, and cultural communication expressions will inevitably enhance data interpretation. The analysis of the grammar and pronunciation is beyond the scope of this introduction and aim of this dissertation; however, the awareness that words share double meanings as their definitions shift according to situations, infusing the narratives with metaphor, ambiguity at times, and even irony is important. Thus, when the data is absorbed through a` European-American language perspective and cultural lens, the true essence of the participant's struggle and meanings may be misinterpreted or lost in translation. Although a full elaboration of examining the differences and comparisons regarding use of language across cultures is interesting, it is beyond the scope of this dissertation, but still deemed important to note.

Themes

Research questions and emergent themes. Based on the analytic strategy described, themes were identified both within and across participants. Appendix O presents the themes that emerged during the analysis combining both focus groups. A definition for each theme is provided. The information derived from the themes was used to identify patterns and derive conclusions relevant to notions of well-being. Direct quotes presented verbatim from the transcripts will exemplify themes extracted from the data.

The subsequent section expands upon the emergent themes presented in Appendix O, by providing an in-depth thematic analysis. The major findings and themes discussed follow the focus group script, grouping responses as elicited by the research questions. Not only does this outline help organize the data, but it illustrates the ways in which personal definitions of well-being were derived and multifaceted. In other words, the emergent themes are not unidirectional, but share integrate relationships and influence each other. The semi-structured research protocol served to generate notions of well-being, and not mold definitions of well-being, in an effort to promote participants' knowledge-building and theorizing. Thus, in an effort to have the data speak for itself as much as possible, participants are quoted at length, reflecting personal communication obtained on December 29, 2009, to allow a unique opportunity for their voices to be heard.

Well-being. In a subjective sense, well-being is the degree to which a person positively evaluates the overall quality of his/her life. After conducting the thematic analysis across both focus groups, the following accumulated statements from participants serve to summarize the varying perspectives of well-being, as well as participants understanding of features that contribute to the underpinnings of happiness, life satisfaction, and well-being. The first research question presented above provided an opportunity to gather data reflecting a general understanding of well-being. In response, participants provided varied responses revealing the profundity of their notions of well-being. The most existential of responses was uttered by Participant 7 in Focus group 1 (FG1), who processed his recent revelation about the worth of his existence in the following statement:

> Yea I'm happy um because um I'm alive, you know what I'm saying? A time before in my drug addiction I almost got killed, shot right here (points to chest area) in short range with a 44. You know that's when I was younger, you know selling drugs so, I almost got killed.

Participant 1 (FG1) stated simply, "I'm happy to be alive."

Other participants expressed the significance of their substance abuse recovery and desired goal to obtain sobriety. This is consistent with their present struggles and intentions of the recovery program they are all enrolled in, at The Center. The importance of sobriety in relation to one's level of well-being was articulated across both focus groups. Participant 5 (FG1), response was representative of most participants' sentiments when he stated:

> I would say uh, happiness right now to me is uh being sober. Like I said, this is the longest I've ever been and like you know, they, it's a struggle. But, at the same time I'm sober. You know what I mean? That's happy. I'm like kick it, I made it one more day. That's blessed! I can do this, I know I can, I'm going to.

In focus group 2 (FG2), Participant 4 similarly articulated the destruction his substance addiction had on reconfiguring his sense of happiness and well-being, with God and family now mattering to him most.

> Well you know, uh through my addiction I have lost everything I own 3 times, so having a total different outlook on life now. So far, materialistic things they really hold no value with me anymore. I have found that the only two things that are constant in your life is your relation that you have with God and your family. Those are the two most important things to me right now. Um, I believe you'd have to give something back and um the good feeling I have right now is raising my two young kids twice a weekend is a rewarding feeling that I can't explain. I get higher than I have ever got off of drugs. Those things are important.

Participant 3 (FG2) related to Participant 4's (FG2) experience reportedly seeking happiness through the "highs" he experienced from using drugs which eventually led to darkness. He stated:

> Like I said earlier, I did this so many times with happiness: I'd live my second life (referring to drugs) and move on. I had my own little place, had a good relationship with my daughters again, being productive, you know. That's my happiness. That'd (referring to his sobriety) last for 6 to 9 months, praying and making steps towards moving on, wanting to get to the next level. I don't ever want to lose it again. I mean it. You know, if I take this thing seriously. I don't see the fun in it anymore (referring to the cycle of his substance use). You know, I have seen too many rainy days with no silver clouds. I have been there- I couldn't see them, just stuck. Happiness to me is moving on. Getting close to it. No joke.

Participant 6 (FG2) was the only member of both focus groups to mention overall health as an important element in happiness and well-being stating, "Well, you know the things that are important to me are my family, my children, my friends; and I have found that, lately, health seems pretty important too as I'm getting older." Notably, Participant 6 (FG2) was the oldest participant of both groups. In reference to another question asking participants to reflect upon the impact of money, health, relationships and employment, Participant 3 (FG2) noted similarly the importance of his physical health in contributing to increased happiness and well-being.

> My fear was coming to this program man and going to get all these tests done. Get my health checked. Find out that I had AIDS or Hepatitis C. I was scared, to tell you the truth, 'cause I did a lot of sex out there, a lot of drugs, and passed things around, you follow me? I was feared as I have been going through these things man. I have instead been blessed you know. No hepatitis C or anything. All I got was high cholesterol, but they can do something about that. With medication like Lipitor or something like that. I've been working out a little, man. I've found myself, man, feeling a sense of peace, really. I see good in life. I nap good too. With good health, I jog and be around my kids and walk the dog and stuff like that. And have a good time with the woman and all that, go dancing or something.

Two participants, one in each group spoke, about the misattribution of determining level of well-being and happiness in relation to one's level of material wealth. Participant 4 (FG2) reported,

> I lived on the hill, I lived on the beach. I took all that stuff for granted and, like I said, losing all those things just like this (snaps his fingers), showed me that um materialistic things can come and go at any time. So the most important values to

> me, like I said relationships is for me real key in my life of happiness, having a steady woman. A woman who understands that um yes the necessities in life are important: food, clothing, shelter… so money itself I don't really care about being rich you know. Just give me enough to get the necessities in life. Um the real rewards come later.

He then proceeded to share aspects of life that he values most:

> The best things in life are really free. Um, like I said um walks on the beach don't cost you much. Um, you know going to the library doesn't cost you much, you know. Um, like I said a good woman, the spiritual side, you know those things are really key in happiness. But you start putting too much value on material things—trying to keep up with the Jones's, you'll go crazy. So um, I guess give me enough of the necessities in life and a good woman and I'll be all right.

Similarly, Participant 2 (FG1) briefly noted his opinion about society's interpretation of well-being, which is inconsistent with his experiences of happiness. He noted that society emphasizes materialism as an important element that constitutes happiness and well-being.

> I can watch what goes on outside, but what I see could make a lot of people happy, um which is money, clothing, um— what society portrays over television. Um, but for me I don't know; I guess it would be uh you know, doing the job that I enjoy and um having a good relationship with God. You know, being able to give something back to society and uh feel good about it.

Several key sub-themes of well-being emerged as the research focus group questions evolved.

Happiness. The two significant sub-themes of well-being found were happiness and life satisfaction. The second sub-theme, life satisfaction, is addressed subsequent to a thematic analysis of happiness. Similar to the hedonic view, happiness was defined as expressing emotions or feelings to others through verbal expressions, facial expressions, or other emotional signs, such as laughter. Examples include expressions of excitement, when one is feeling lively or cheerful.

Participant 7 (FG1) described happiness in the following sentiment:

> Happiness you know is just, you know, comes from within. You know? It feels soul-like. It feels (like your) soul, like, is on (the) right track with God. You know? I mean, really ain't no happiness there (if it's not), if your soul ain't righter there is no happiness there.

Participant 6 (FG1) articulated a similar experience of happiness stating:

> Peace. Peace of mind for me. Just having that peace not not. Just peace not not having to deal with, you know, just whatever, the everyday, you know life, life on life terms um, you know, being out there on the streets. So peace is just knowing that I can wake up today and not having to deal with the madness out there on the streets, the cut-throat people out there, you know the people that smile in your face, but don't really give a damn about you, you know, doing anything they can to get anything they can out of you. So for me it's more so peace, peace of mind today. I got more peace today that I did before I came here.

Participant 2 (FG1) attributed his sense of happiness to when he felt "passion um, love, and honesty and God all come to play at the same time. It doesn't happen all that often, but when all that is happening at the same time, I'm at my happiest."

In focus group 2, Participant 2 described his experience of happiness as incorporating a feeling of permanence and relief from worry. He stated, "Happiness is something that's good, that lasts for a long time (referring to the feeling), like something you can hold on for and not worry about, you know. Something that's permanent— that lasts for awhile."

When asked to share a life experience that ignited a feeling of excitement, Participants 4 and 1 (FG2) referred to the birth of a child. Participant 4 (FG2) stated, "I think watching my son being born." Participant 1 (FG2) added, "Pretty exciting. That's the same with me. When my first son was born I actually cried I was so happy (laughs). There's nothing like it." In other words, he equated experiencing the most excitement with a monumental experience in his life.

Participant 4 and Participant 1 (FG2) summarized the experience of parenthood, of watching their child being born as one of the few most exciting times in their lives. Participant 4 subsequently stated, “Um the good feeling I have right now is raising my two young kids twice a weekend is a rewarding feeling that I can’t explain. I get higher than I have ever got off of drugs.”

Participant 2 (FG2) reflected upon his involvement in sports as eliciting an adrenaline rush and also acknowledges the strong emotional response. He stated, “High school football. Yeah, that was my excitement. Sports: just being active, being in the weight room, just hitting people, getting that adrenaline rush. Playing basketball. Like you said, the last minute shot. It’s no joke.”

The subsequent research question exploring happiness solicited thoughts about how happiness is physiologically experienced. Participant 6 (FG2) responded, “Well happiness uh is a pretty big one. I mean what’s it feel like? Just not having worries be happiness.” His response reveals the struggle all participants in both groups faced in articulating the essence of one’s physiological experience of happiness.

In focus group 1, Participant 1 and Participant 5 identified feeling joy. When prompted to explore how they know they are experiencing joy, Participant 5 (FG1) stated, “‘Cause you got a smile.” He then added, “It’s (referring to happiness) just a lot of things: joy, happy, laughing. You know having a good time, uh… you know being around your loved ones, that’s happiness.” Participant 1 (FG1) responded by acknowledging the importance of also “being loved.” Participant 2 (FG1) reported, “Feel peaceful. Just content, happy. Smile.” He later added, “Maybe a sense of satisfaction.”

Participant 7 (FG1) contributed the following, stating, “Happiness feels like to me like making love.”

Lastly, Participant 3 (FG1) portrayed the feeling of happiness in the following sentiments related to his prior drug use:

> I don’t know I eat a lot of acid, LSD, when I was in in my day, the closest I can correlate the feeling to happiness is like um when that first comes on (referring to the high he experienced from eating LSD) it’s this overwhelming pressure inside of you like sun just trying to burst out of every pore, you know. Um. What does it feel like? Its like ah like you can’t contain yourself. You know. Like to do so would be the very the last breathe you would ever take to trying contain your happiness. Um. These guys all knew me when I was on my psych-meds and I would be skipping down the hall “la la la” and happy duty all the time and uh that was happiness, you know what I mean. Just something, a pressure that you can’t withstand uh, I don’t know how to explain it, what it feels like it. It feels like there’s like bubbles, champagne inside of me, you know.

As diverse as the definitions were in focus group 1 regarding the feeling of happiness, together with the responses provided by participants in focus group 2, the assortment of answers is remarkable. For example, Participant 1 (FG2) experienced happiness as:

> When you wake up in morning and there is no weight on your shoulders, you just you just expect it, the day that you woke up to just be a good day. You already know this. No matter what happens during the day, you just have that still that glow within you. You know? I think that happiness is just knowing positive is going to happen, no matter what environment you’re in. To me that’s happiness. It’s always smiling, you know, just natural. That’s all. That’s when I know I’m happy, when I wake up every morning. It’s up to me how I do the day. You know, if I am going to let it bring me down or am I going to stay up there?

Participant 2 (FG2) added, “being confident I guess, they see the confidence. Maybe they get that vibe. You know? Security.” Lastly, Participant 3 (FG2) contributed the following:

> You know, I described happiness as a feeling you know with the good food and all, but I’ve found that happiness can be when I’m just sitting there and I get a chill. I ain’t lying. No spirit touched me or something like that. I get a chill sometimes or a funny feeling like and I start smiling. It’s like a rush.

Life satisfaction. Life satisfaction, similar to the eudaimonic perspective discussed previously in the literature review, emphasizes meaning, purpose, and fulfillment in life. In focus group 1, Participant 4 equated his experience of happiness with transformation and growth:

> Happiness to me is like when you can see yourself uh, when you can see yourself and what you have been through in life and you can, you know, and you come to a place like this and you know you can accomplish something, you see changes and stuff, you see differences in ways and you react to people and stuff. That's happiness to me.

Participant 5 (FG1) described happiness in relation to conquering his addictions, and obtaining a sense of accomplishment in doing so:

> I would say uh, happiness right now to me is is uh being sober. Like like I said this is the longest I've ever been and um like you know, they they, its a struggle, but at the same time I'm I'm sober, you know what I mean, that's happy, I'm like, kick it, I made it one more day. That's that's blessed, I can do this, I know I can, I am going to. That's happiness. It's not happy all the time but being sober, right now is one of my accomplishments so that makes me happy.

In focus group 2, Participant 1 reported feeling satisfied in life when providing financially for his family. He stated:

> I believe it was when I had a good job. You know, I was coming home to my wife and kids everyday. I don't know it's just a feelin' inside that you are doing the right thing and makes you feel proud. So I think that was my most satisfied times, when I see my kids happy and I could get them what they need, you know for school, no questions asked. You know the refrigerator full all time.

Participant 2 (FG2) described happiness relative to achievement and obtaining stability:

> But, happiness is more like a long-term, like you know the feeling you get from finishing this program, or you know, or like an accomplishment, or meeting a girl you know you are going to be with for the rest of your life, you know, or having a job you don't gotta worry about losing the next day. That's happiness you know.

Participant 5 (FG1), noted a lack of satisfaction in his adult life. He stated:

> I want to say, I look at myself and it's like I haven't been happy. I mean, maybe when I was small, I mean when I was going to school and you know and getting

> together with the family. ‘Cause I could say when I was little, yeah when I was younger, but now that I am grown up, I don’t have nothing to look forward. I haven’t, you know.

He was the only participant to acknowledge his minimal sense of satisfaction in life.

Peak experiences. Peak experiences, including feeling flow through art or music, being one with nature, and parenthood, were defined as experiencing sudden feelings of intense happiness or well-being that fill the individual with wonder and awe. The individual may also feel at one with the world and feel as though he may have experienced the true essence of life or things. Flow through art or music and experiencing nature surfaced only in focus group 1.

Participant 7 (FG1) articulated the sense of tranquility and awe he experiences when connected to nature. He stated:

> Ahh when I went deep sea fishing. Yeah. ‘Cause the water you know, you got the water, looking at the creation God made, you know, it give me a peace of comfort. You know? Get away from all the pollution down here and all the craziness. You know? Just me, the fishing pole, and a boat, and the water.

He elaborated, linking a feeling of closeness with nature, and obtaining both a sense of peace and unity with his higher power, God:

> It just gives me peace liking the outdoors. There’s a time in life when you got to get away from family, from friends, you know, everybody— so you put yourself you know where you have peace- you know? Within. So you can get a relationship with God or you know or whoever you may chose to be your ideal. You know? Your higher power or whatever they call it, or friend, stuff like that.

This participant was unique in highlighting a relationship between his internal sense of tranquility and the transpersonal as an integral element to his understanding of well-being and happiness. In focus group 1, Participant 3 also shared the sense of feeling “free” when he is engaged in his art or other activity he is passionate about;

> The best feelings that I get are when I'm immersed in um, something that I'm passionate about, uh creating some visual art, or just being free on a skateboard or bike and uh actually just moving through the earth, you know?

Sense of community. Community plays an integral role in life across all cultures and nations. In this case, experiencing a sense of community was defined as having the perception of sharing similarities with others, the presence of interdependence with others, a willingness to maintain this sense of interdependence by giving or participating in the community, and also feeling accepted or favorably received by the community. This fosters a sense of belonging, support, and trust.

Participant 3 (FG1) highlighted this notion of interdependence in the following statement:

> Don't get confused, this is our community (referring to The Center). I feel it almost everyday to some extent. Um, but that this guy over here tells me that I am an assertive leader, so that brings it home, so like um, I am needed. Uh, it's not like the "center" couldn't get along without me, but there's something almost everyday that I can grab on to and be a part of, or to help out with. And uh, that to me brings a sense of community, you know um..that that I'm called upon, you know, and uh I have it from a lot of different areas too, um, not just like my friends or whatever, my circle but you know from the people that run the "center" here, the people that run the kitchen, the people that run, so you know I have been in a lot of job positions, since I have been here and I, you know, excel at whatever I do. And um, so people pull me aside and are like hey can you can you come over next Tuesday and handle this for me or uh this morning we had a huge emergency and was can you handle this for me? I uh I feel like I am definitely a part of a community you know. Um and I'm grateful for that because at this point in my uh restructuring I don't think I'd be able to um wing it without that you know. I, that's how you find, a sense of self as your sense of your surroundings you know. Like I said in the very beginning it's not what I think about me, it's what those around me think about me that structures who I am.

The statement illustrated how this participant's experience of community promoted increased sense of well-being, while simultaneously fostering self-efficacy, self-acceptance, responsibility to the community, and personal growth.

Participant 4 (FG2) emphasized his experience of moving beyond differences and establishing cohesion through shared commonalities.

> Um, so far community um it's interesting that you know whenever you're dealing with different ethnic groups—this is a community here actually, where we live—and what is really important is to find out how we are alike than different. Once you find that meaning, then you understand that you know that we are all in the same boat here, you know uh it's uh a rainbow. We are all on the same boat. I tell a joke, but you know I use it that to hopefully break the ice, like I said, I'd tell Participant 6: "There really is no difference between us black and white— you are the same color, just not done yet." (Laughs). No you know Participant 6, if I cut you, you're going to bleed just like I am. So we are made of the same thing, you know. Uh, but you know the difference we have culture-wise, you know, like I said, you'll find more things we have alike than different. And that's what the community is all about.

He later elaborated his assertion by emphasizing the importance of communication in fostering acceptance, trust, and belonging. In this personal account he discussed the prowess of communication to deconstruct stereotypes and promote the community's sense of well-being.

> Um, but one of the greatest experiences I had here was part of a study group, they took us to the mountains for two weeks um and every ethnic group you could think of was there—20 from each group. And what they did was um they had a chalk board and they put all the stereotypes of each group on the chalkboard. The first two days you saw people wanting to fight; at the end of two weeks nobody wanted to leave and come back. You know because all the barriers were broken down. And like I said, once we found out that we were more alike than different, you know, once all those superficial barriers were broken down and you find that, that hey this guy he can't swim and he can't drive and they put you on a team where you had to use each other to get past these obstacles, so you guys had to come together. Well at the end of the two weeks nobody wanted to come back to the city to face the racism and the stuff you had to go through. And that to me was one of the greatest experiences I had in my life. Because it taught me how to communicate and that's really what it's all about, communication. Um, if you realize most physical confrontation comes about because all levels of communication have broken down. And someone feels inferior to another person, and whatever, so they resort to physical violence. And like I said, happiness to me is tearing down the walls and sharing the foundation of what we really are.

Participant 3 (FG1) also shared his personal experience of learning to accept others. He stated, "….And so that's one thing this (referring to The Center) has given me an ability to do, to set aside my uh.. darker demeanor, you know, and really just accept and embrace people for who they are."

Participant 5 (FG2) voiced differing sentiments regarding his sense of community. In the following statement he attributed his loss of well-being to his affiliation with his community. He ultimately came to the conclusion that his understanding and needs for well-being differed from those of his community. Thus, to re-establish his sense of well-being, he found strength within himself to leave:

> Well, part of the community, neighborhood, friends, family, uh (I) felt very part of it— um, to the extent of having to remove myself out of the situation. You know uh, things got out of hand. Friends started dropping by at the wrong time; uh, the activity that was going on was uh basically disrespectful. You know, I would have Church-going Aunties would probably drop by my house and then um (referring to his girlfriend) would have a friend sitting on the front porch trying to roll weed uh drinking while I'm trying to talk to her inside. She's not that type of person and by the time we're walking outside, I'm walking her to the car, I got friends on the front porch rolling weed, cursing, and drinking, and then and uh. I was very much a part of the community and then um it played itself out. You know the police gets involved, uh, late hours of the night, um, shootings occur and then um either you have to remove yourself of the situation or somebody's going to die. Somebody's going to die. You know, even the police said it, "A tragedy is going to happen, if we have to come back to this particular location somebody's going to die basically." Guys out here got guns, guys is off PCP you know so they said either you know um- about twenty police officers came to my house one morning they said, "Either, you know you guys break this thing up or either we, or next time we come here we are coming on in and we ain't taking no prisoners." So I uh just chose to remove myself of the situation, just shut it down. And uh, I disappeared for awhile. So that was basically my thing with the community was to take myself out, just to shut it down. Walk away from it, 'cause it had gotten out of hand.

Interestingly, he avoided tragedy by removing himself from his community, including his girlfriend and friends who, he assumed, were negatively impacting his well-being. Unfortunately, the participant never clarifies whether or not he is interested in re-

establishing himself within a community. Participant 4 (FG1) also voiced conflicted feelings about his sense of community. He reported, "I don't know. We are not right now (part of a community). 'Cause we are here. (Nervous laughter). I mean this is our community. Yeah. Don't get confused."

Within the community domain, one sub-theme emerged: altruism. Across both focus groups, the participants emphasized the importance of giving back to their communities or family. Altruism was defined as showing kindness through actions or words towards others.

Altruism. Participants across both focus groups emphasized a connection they have experienced between giving back to the community and their level of well-being. Participant 3 (FG1) clearly stated, "…what what really brings me at my core happiness and the answer to that is helping others and allowing others to get a glimpse of my soul through my visual artwork." Participant 2 also agreed, "You know being able to give something back to society and uh feel good about it." Participant 5 affirmed that what gives him the most satisfaction in life is:

> Helping people just means that I can do something for another person makes me happy. Like what you just said earlier you know, just giving that person what you have and what he doesn't. You know it's just like cool. I can do that for him, others. Not looking forward to get something back. Just that joy, you know, just that "Yeah" I can do something for that person. You know what I mean, when maybe that person wasn't expecting it, you know what I mean... And it feels good, it really does, helping people.

Participant 4 (FG1) interjected and provided the following statement:

> You can find structure with yourself just by caring about, you know, caring about anybody else. You might you might, somebody may needs some help somewhere. Just something you can say to them, you know. Trying to be encouraging, you know?

The Participant articulated a strong sense of increasing his sense of well-being while also being concerned for other's welfare and the desire to help. Participant 1 (FG2) also noted the importance of helping other people and stated, "I like to try to help other people, you know, and I think that's important to me to see other people smile when I know that they are unhappy and, you know, to take some pain away from them. So that's really important to me." Many other participants also noted the community service activities they enjoyed being involved in, including but not limited to: coaching little league, tutoring, cub scouts, and other youth programs.

Safety and security. Safety and security is defined as the state of being secure, physically safe, or feeling a sense of assurance, a freedom to choose, tranquility, or protection. Participant 3 (FG1) singly offered the following sentiments:

> Safety plays a huge role in what your performance level is going to be. You… like… automatic uh…if you feel um insecure with your surroundings, you are going to withdraw, you are not going to produce… or you know promote yourself in a way that is going to be beneficial to not only yourself but to the community and so, if your community makes you feel unsafe, if for some reason you feel um that it's lacking or that it's a threat to you um you're not gonna be at all beneficial to the community. Um that's just how it works. When I was on drugs and I was, you know, robbing and stealing and doing all the crap that we do to get high, um I felt intimately threatened by my community, um constantly paranoid and at that time of my life I did nothing beneficial, you know. Um but now that I feel secure and even um, embraced by community, my people, my friends, everybody here that um... I mean we love each other, you know, to an extent, whether we can't stand the guy or not we know who he is, we know what to expect from him, and that's a safe place to be you know um, and so that's allowed me to give back to the community um... and it's allowed me to gain a lot for myself in doing so.

In the above statement, Participant 3 (FG1) articulated the relationships between one's sense of safety or security, role in the community, and sense of self with one's level of well-being. Likewise, Participant 5 (FG2) attributed happiness with his sense of security. He defined security in terms of feeling comfortable across several domains. In his words:

> Happiness to me is jst being secure or being comfortable, you know. Not being insecure about myself or being insecure in the situation, you know. Uh, being comfortable, you know? Just uh average. Happiness to me is being kind of like on an even keel, you know. Show up to work, hold a job, be able to hold a job, uh, save some money, pay my bills, just be secure and comfortable.

Participant 2 (FG2) expanded defining his sense of safety and security relative to having his basic needs met.

> For me, it's being here… you aint gotta worry about you know whatcha going to eat, or how you gonna get food, you know. You gotta a place to sleep, three square meals— so I mean that's my idea of being satisfied cause it's kinda hard out there. You gotta find a job, you gotta pay for everything, so this this is it, right here. For now.

Participant 1 (FG2) highlighted the relationship between his physical safety and well-being. He stated, "I feel safe, I mean this is a safe haven. Being in this building for one is a safe haven, you know. Out there in the world it may be unsafe at times…" In focus group 1, Participant 7 similarly articulated an increased sense of safety and security in participating in the program, as it provides him with structure which helps him from relapsing.

Several participants in both focus groups also noted an increased sense of feeling safe and secure once they have resolved their legal matters. For example, Participant 4 (FG2) reported:

> And um, for me personally um, I've given so much time to the system that happiness to me is freedom. Ah, something that I took for granted. To be actually be able to, like I said, just to be able to walk the streets. If I want to be able to go to the park and just sit down and read, there were times when I couldn't even go outside out of these cells and um couldn't go outside, and if I did go outside, it was for only an hour, you know, just to be able to go where I want to go, um.. Right now, even though I am not incarcerated, I am still not free 'cause I am still on paper. But, um, once I get released from that paper, you know, I know I'll be happy again. Just like I said, just having the freedom for the things that I took for granted sometimes, the small things, uh, like I said- it doesn't take a lot. You know God put everything here for me to enjoy, so it doesn't take a lot. Money doesn't make you happy, it makes you only comfortable. That's what I realized in

> life. Happiness has to come from within. So uh, I know I'm happy when I'm free to do what I want to do. That's happiness to me.

Participant 6 (FG2) affirmed his feeling an increased sense of well-being once he feels he no longer has to manage the confinements of his parole:

> For me, not being in this legal system no more, getting off of parole, not worrying about dealing with the courts, you know all this back and forth and, and reporting and you know. But I can't blame no one 'cause it's my doing, but just getting rid of this. You know.… That's important for me.

Cultural perspective of well-being. Participants were asked to consider the impact culture has had in formulating their notions of well-being. Culture was considered and defined as sharing a pattern of attitudes, beliefs, categorizations, self-definitions, norms, roles, and values of well-being among a group of people who share perhaps a specific dialect, history, defined region, or circumstances (Matsumoto, 2000). In focus group 1 the men struggled to answer the question, even when clarifications were provided. Notably, many appeared to struggle to conceptualize the concept of culture. An example is provided. The moderator addressed Participant 1 (FG1) for additional clarification and asked the following, "You mentioned, when you first came into the group, that being on the dude ranch and being with horses and all that, that was so important to you. How has that impacted how you see and define happiness? Participant 1 (FG1) responded, "I did. I did enjoy being on the dude ranches, helping people, um having a good time. Um…it was important to me." Participant 3 (FG1) in this group was the only member who provided a comparative response. He hints at the different notions of happiness and well-being he experienced sober and non-sober in the following selection:

> … Because I could see where coming from a different background and different things might make me happy. I think that's what you are getting at. Um and so for

> me uh, having come from you know a very loving family um with the (deep sigh) to give me what I want, being spoiled and then to throw it all away to join a meth culture um…

Unfortunately, he does not have an opportunity to elaborate as other members engage in the struggle to conceptualize an answer relative to culture and well-being. In comparison, participants in focus group 2 appeared to better understand the notion of culture and provided several meaningful answers from which additional data was drawn.

Participant 1 (FG2) considered cultures to share core elements of human experience as universal, but just the packaging may be different. In his words:

> I was thinking like when you're raised up in a certain community, you know, everybody is almost basically the same, especially when you're all raised there. But now, you know, as you get older, like now, it's like a lot of people I hang out with now are not even from LA, you know I'm born and raised here, so but gradually it's like you get to feel them, you get to know them and they tell you about where they're from. And they makes me want to go. ….And so yeah, like now, everybody is different, you know, and it's a learning experience actually, you know. But we all the same once you figure it out, it's just from different neighborhoods, but we are all the same on the inside. They do the same things in Mississippi as we do here, probably a little differently, they probably cook a lot better (laughs). ....You know, so, so I think all cultures are almost the same you just gotta get accustomed to their ways….

He then clarified succinctly his thoughts: "Their happiness could be deep fried catfish and mines could be fried chicken. I don't know…" Participant 4 (FG2) differed in his answer. He affirmed feeling a sense of security and increased sense of well-being when spending time with his self-identified cultural group. He described the inexplicable sense of unconditional understanding, love, and acceptance he feels when present with people who share his culture, where he is without fear of discrimination and rejection:

> Um, you know the cultural aspect um, the community, the happiness, I've always loved my people, I'm from the deep south although I was born here, but um just uh…the food, the dominoes…um.. it, now when your in a community of your own, you know um, I don't know, I'm not trying to be racial or anything, but it's different when you're dealing with other cultures than when you get with your

> own culture. It's just a closeness that is unspeakable…and like I said um, we do things that's just natural for all of us to do in that one culture to do and it's a community within itself. You know um, it's a village, within itself even though we are all living in this melting pot, but just when you get together with your own it's just, it's just a community within itself and the happiness there is um, it's like agape love— a love universal—with no strings attached to it. Um and it just goes from your upbringing, you just feel it, you know ancestry stuff coming all through. And, it's a great feeling to all come together, like I said it's almost like being a team, but we also understand that we have to go out and venture and deal with others. But you come together to your own culture, that's happiness.

He hinted at the African proverb "it takes a whole village to raise a child" as a potent metaphor to describe the bond of cultural relationships. Well-being and happiness stem from the necessary social support needed for growth. He articulated the sense of place and of belonging that is crucial for well-being. In sum, he discussed the divine, unconditional, and self-sacrificing love that only parents or a village have for their young, a love that he described as all consuming and of the highest and purest forms.

Participant 3 (FG2) alluded to the social-political dimensions inherent in the concept of culture and cultural identity. He speaks of his personal struggle to ascribe to the prescribed social notions dictated by his cultural community, and thus function appropriately in his social milieu. His notion of self and behaviors were not in harmony with the collective whole of his ethnic culture. Thus, ultimately, he experiences the traumatic event of being rejected by his community. It's through this struggle and disappointment that he began to explore his sense of self in relation to his cultural group identity:

> I understand what he was saying, kind of you say something about different cultures and happiness, right? I've traveled to a lot of places you know and um, I was even (inaudible) in a few places. I was looking at, you know, man it's all the same just different dialogues. …Definitely a culture change for me going into different ethnic groups; but, far as I have been, they are all the same; definitely a culture change but the main foundation is still there. I still see love there, the only thing I see different about different cultures man, I have been accepted by a lot of

> cultures, but the problems comes in when you cross them. Like American culture, Black and White culture is almost the same, for when they come down we get each other, I'll be honest. That's why you have gangs fighting each other, with gangs of the same color fighting each other. What's that say to me. You know, but you see other cultures, we got to see more… Orientals man, Asian man, Jews, and stuff like that, they more like this, you know- right, when one of them fall short the other tries to pull them back in—you know, trying to keep pulling them back up. In my culture you know man, when you fall short you got to go brother. You follow? He's telling you, you got no money-you got to go. I experienced this also, being um ostracized by your own family. But, I see, I realize the part I play too now. We only tolerate so much. Some cultures, man, they tolerate till the end and go out singing. Man, they keep forgiving. That's somebody's daddy. But from my experience it's not (inaudible)…

He then continued elaborating on his increased sense of well-being in an environment that is accepting and welcoming of differences. His sense of well-being is challenged when he finds himself stereotyped and consequently denied the freedom to simply "be."

> To tell you the truth, I learn something in California too. This is a good multitude of cultures here too. And uh I love the, what I love about California the most is that very feeling. I mean, I see Whites talk, Blacks talk, Asians talk, interracial relationships, man, it's given me a sense of feeling man, given me a happy feeling that I'm in the right place man, because I'm not being stereotyped. Now where I come from I'm stereotyped man, Blacks over here, Whites over there; in certain places they may come together and have a good time, but you know most of the time everybody in their own hood. In California it ain't go here.

Next, he proceeded to explore the possibility of integrating several cultural perceptions of well-being and happiness with one's existing culturally constructed schemas. In essence, he proposes that he experienced a process of acculturation with relevance to how he expresses and experiences his notions of well-being. As a result, he concludes that by "broadening" his sense of happiness, he has become open to new experiences of happiness, leading him to consider new life perspectives.

> But I see… you talking about the different cultures and happiness, right?
> I can see, matter of fact people happy in their own culture and even if they outside of their culture. Like you said, fried chicken fried grits. That's when you stepping outside your culture. …So I'm saying my happiness not based on your happiness, but I can enjoy my happiness with your happiness. (Inaudible) Also to me, culture

> plays a role in happiness … culture to me also plays a role in happiness, by broadening your happiness. You won't be no more tunnel vision, stereotyping in tunnel vision. (Inaudible) Happiness got a broad spectrum.

Indirectly, when discussing happiness, the ritual of food and the popular board game Dominoes were mentioned. Several participants, all African-American, identified playing Dominoes as an integral aspect of their well-being. Participant 7 (FG1) articulated, "Happiness to me is like, you know playing dominoes with the fellows, or shooting pool." In focus group 2, Participant 4 elaborated:

> I mean, you know I could sit here and, like with this guy (referred to Participant 1), we play dominoes together a lot (laughs). And the trash talking we do on this table (laughs), you know a lot of people really wouldn't understand. But we are having the greatest time that we could have in here, at least to me.

Deeply rooted in traditions, celebrations, holidays, and gatherings, food and cultural activities like Dominoes serve as an opportunity to elicit story-telling and visiting.

Relationships. Relationships were defined as having a significant connection, or emotionally close relationship, that is shared with another, including: family, friends, or significant others. The relative importance of relationships in well-being, for the participants, appears to be related to satisfaction and well-being. For example, Participant 6 (FG2) succinctly classified the impact of relationships on happiness as "a big part, a big part! With um… if you got a healthy happy relationship with uh your children, other people, you're going to be happy." Similarly, Participant 4 (FG2) reflected the sentiments of several focus group members when he pointedly remarked that the most important elements contributing his happiness and well-being are "my family, my children, my friends." Across both focus groups, participants shared the process of reestablishing emotional connections with loved ones or kin, including parents, siblings, significant

others, and children. Relationships with parents and family were highlighted most frequently.

Family. Participants in both focus groups emphasized the importance of relationships with kin throughout the groups. Several examples are provided. When discussing the happiest moment in his life, Participant 1 (FG1) stated, "I think I was the happiest when I was growing up on a ranch and um horses, and um family. Nice time. Um being married was a nice time too." Similarly, Participant 4 in the same group was quoted, "…. I got a lot of heart into my wife, in my family and wife. And that's the only good time I can talk about because all the other times was nothing (good) I ever did."

In focus group 2, Participant 4 described his two most important relationships in the following quote, "I have found out that the only two things that are constant in your life is your relation that you have with God and your family. Those are the two most important things to me right now." Participant 1 shared the strength of his familial bond that maintains family cohesion in the following statement:

> Well, me and my family are very close. You know? I mean, we spend holidays together, we communicate a lot and uh we have been like this my whole life. So I feel like that is my community. …But, me, my family, my sister, my kids, my mom, we all pretty tight. Yeah.

He continued to recount that the happiest time of his life was when he felt the interdependence between himself and his children, by his ability to contribute to the family's needs. He stated:

> So I think that was my most satisfied times, when I see my kids happy and I could get them what they need, you know for school, no questions asked, you know the refrigerator full all the time. You know? That's really satisfying, you know. Actually there is no feeling like it to me. You know?

Having children and having a good-quality relationship with one's children appears to

help improve quality of life, but also appears to serve as an additional support mechanism as these men confront their struggles. Participant 3 (FG1) described the devastating magnitude the loss of his son had on his marriage and his sense of emotional well-being:

> You know, after my son died, my wife went crazy um, I got really lost you know as far as what is happiness, you know, I had no happiness for two, three, four years, um… all I cared about was getting more drugs to forget uh what I was dealing with emotionally inside, you know. I thought I could build a cloud and that would stop my mind from registering what my heart was going through and uh it didn't work, but you know through throughout that time I shredded any and all connections with my family, with what true friends I had at that time.

For Participant 3 (FG2), his relationship with his daughters appears to have provided him instrumental support during his recovery process:

> It's a very good feeling, and that's a relationship to me, that I found them again (referring to his daughters). My daughter calling me, text me both of my daughters. …But, my relationship, man, I found out for me being here (in recovery) man, all these bridges are being mended in my heart. I feel it. That's how I know it's going to be alright. Provided that I keep doing the right thing, I keep that real.

Dissimilar to all other participants' experiences with family and well-being, Participant 2 (FG2) discussed the interpersonal adjustments he has made to compensate for the lack of having familial support. He articulated the depth of his necessity to rely on his sense of self to navigate successfully through life. He responded:

> My thing is kind of different from everybody, I never I never had a family, I never see my parents or anything like that. So, you know, it's kind of like I gotta have that relationship with myself, you know, and that's what keeps me going, that's how I find happiness with myself is by just like uh, as long as I am honest with myself or I do things that make myself better you know, that's all. I find happiness through relationships through myself, you know. 'Cause like I never had anybody, like, I don't have the same foundation like everybody else has you know. I never had anybody to tell me, you know, how to grow. I always had uh like watch my back, and so it was kind of like uh a third perspective.

Mother. Specifically, when discussing the significance of family, participants in focus group 1 articulated the importance of their relationship with their mothers. Fathers

in both focus groups were never highlighted or discussed, and their presence tended to be insinuated in the broad articulation of family. The emotional quality of the mother versus father child relationships cannot be compared or surmised; however, it can simply be noted that mothers appear to contribute unique bonds that impact well-being and quality of life. The symbolic articulation of the mother, however, is worth noting and must be recognized. For example, Participant 4 (FG1) articulated the following:

> Like I said, most of my life, half of my life, I've been in and out of prisons. I went from selling drugs to using drugs… to doing a lot. Looking at my family and the way they look at me today, you know? My mom's actually she gets upset because I don't call her (smiles), so you know I get… I get some happiness out of that today. That's my best.

Participant 5 (FG1) elaborated, adding the following sentiments about his mother as he discussed the importance of his sobriety:

> You know, right now I am safe because I am in here, you know; but, right now that and my family, my mom like what he said—I want to make my mom happy. That's that's what's going to make me, that's what got's me here too was my mom. My happiness is my mom. Show my mom, you know if I can do this she is going to be happy. Giving her all that that I I have taken away from her you know.. of staying up late, looking for me, calling, you know that's that's what's going to make me happy, giving her that that satisfaction that I've changed, that, you know, I am working I'm doing my thing you know to make her happy. So I'm going to say that my mom makes me talk to her all the time, she's far away from here, but my mom's one of my you know um why I am here.

Also in focus group 1, Participant 3 articulated the healing nature of the love he shares with his mother. He attested to the power her love had in his healing and recovering, while also acknowledging the interconnectedness of this love. In other words, the interconnectedness of their love produced change in his state of well-being, while also producing change in her level of well-being. He stated:

> And now after spending, um, a year in a program before my last relapse and then this time that I have spent here uh I've built such an awesome friendship with my mom. Um and you know as her health fails, you know, I realize how awesome God is to have put me back, 'cause I'm her only son. I'm her only child. And um I think what happiness means to me the most is what she must feel to have me back in her life, and as a productive citizen, because I could see it pouring from her when she looks at me, you know, true happiness. Um, it's not so much what I feel, but what she feels, and that brings me happiness, you know, that uh that I couldn't begin to describe. The words don't do it justice, you know.

These participants articulated the extensive love they have felt and feel for their mothers. Several of the men described a love that appears to have sustained difficulties and disappointments, but that is unconditional and forgiving between mother and son. For example, both Participant 5 and 4 referenced their mothers as an important factors in their decisions to embark on a road to recovery and well-being. Although the participants do not directly verbalize the importance of their mother's love they indirectly acknowledge the presence of love as a crucial element in the path of healing.

Romantic relationships. Participant 4 (FG1) disclosed the deep level of commitment he and his wife share by remarking upon the following: their interdependency, mutual respect, and their love.

> I have been doing a lot of bad things, and the good thing about my life today is um, actually I have been married for what's going to be five years on the 31st of next month. And, uh she means a lot to me and uh… been messing actually we've been messing around with each other for 16 years, we've been married for five years, like I said. And uh, we actually uh, uh mean a lot to each other and uh, actually this is my second marriage…So I got a lot of, actually, I got a lot of heart into my wife, into my family and wife (inaudible).

Participant 3 (FG1) elaborated by acknowledging not only the importance of interdependence, but the sense of happiness that developed as a result of feeling accepted by another person. He stated:

> For me I think the biggest source of excitement stems from um, breaking into a new relationship, and um I don't mean like dating somebody, but when you

> actually go, you know that next level when you guys are bonding. You guys have become a significant other style and uh you just have uh that ultimate source of, you know, um being accepted, but somebody is interested enough in you to want to, you know, take and take and merge their lives with you. That's just exciting, like they you know you get the butterflies, you get the whole the whole the whole thing (someone laughs), I mean it's unreal. Um how that works, that um the potential that is there, just feels amazing.

Participant 4 (FG2) described in more detail the strength of the connection that is shared between two people in a romantic relationship. To him, sharing a deep connection with someone else or a "soul mate" is one of three important elements relevant to his notion of well-being and happiness.

> For me um, you know, life is a triangle, just for me um that triangle is complete you have um, you have your spiritual side, you have your um body and soul side, you know and —having a soul mate um and having a kid and god in life, that triangle is complete, that was the happiest time in my life. You know, um, it is no better feeling than that: mind, body, and soul. They say having a soul mate where um you guys can communicate without using words, you know, and answer words what you say like that (snaps his fingers), um to me that was happy.

Friendships. Participant 4 (FG2), of all 13 participants, was the only participant to directly address the dynamics of friendship relative to well-being in the following statement:

> You gotta have family in life, because that is major. And then um, if you are fortunate in life to find two good friends, you have done well. You might find associates, but good friends—and friends is not someone you have to talk to you every day—in fact, I have a friend right now that I haven't spoken to in 6 months. But if I call this person, they in New York, if I call and he hears something wrong in my voice; he going to get on a plane here before he asks what's wrong, and that's a friend, you know. So, if you find two good people like that in your life, you've done very well. And those relationships are very important, like I said um, through my life experiences I've learned that you are only going to have three constants in life, you know: God, family, and one or two friends. Everything else is going to come and go.

Participant 5 (FG1) articulated his disappointment with friends as unreliable and inconsistent. He stated, "Friends, uh, there is no such thing as friends. I mean there is but,

um, it's better to be with yourself 'cause there are friends here right now, but then they are gone. Like you never knew them, you know what I mean?" Not all relationships provided consistent feelings of well-being; in fact, many of the men recount turmoil in loving relationships, with siblings, their children, and even parents.

Religion and spirituality. Religion and spirituality was defined as experiencing a sense of closeness and connection to a particular God or higher power. The participants in both groups discussed a positive link between religious engagement and their individual sense of well-being. Participant 3 (FG1) described the significance of enhancing his sense of spirituality which has impacted his well-being in other domains of his life.

> I am internally grateful for the program and its Christian background, because that safety to worship God and um and not be smirked at or sneered at, um has made it so that I have very intimate relationship with my Lord, you know. And that's allowed me to branch out and share my emotions in groups and um really become more of an open book, because you can't really look at yourself and fix yourself or your problems unless you know what you are dealing with, you know.

He later added the following, "Faith, prayer, and communication is my triangle of making it. Uh cause up until now it was drugs, drugs, drugs, drugs." All other participants in focus group 1 affirmed similar sentiments; however, Participant 7 discussed not only the significance of his salvation, but the importance of forgiveness. He stated, "…as long as God forgave me, as long as I forgave myself you know and God forgave me, I mean you know everything be alright, you know." Among all of the participants, this participant was the only one to voice his journey of finding divine forgiveness to overcome his shortcomings and disappointments.

Additionally, Participant 4 (FG2) made the following statement signifying the invariable presence of God in his life, "I have found out that the only two things that are

constant in your life is the relation that you have with God and your family. Those are the two most important things to me right now." Participant 3 (FG2) described the importance of his spiritual and religious beliefs in helping him maintain a sense of peace and tranquility within. He reported:

> This has been uh an event for me, back and forth, program to program, get clean, relapsed back and forth; and I finally come to the conclusion since I have been here (at The Center), what is most important to me is having a relationship through God. …I find it very important to have uh having a foundation spiritually. To when the stones come, the pressure hits, or nothing go right, I should know that my heart and spirit will be alright. You know? It's not just going to be negatives.

Participant 1 (FG2) in the same focus group articulated experiencing peace by having faith and belief in God. He stated:

> I usually have peace of mind everyday you know, but when I lay down at night I know that God is with me. You know? I know that for a fact, you know. And so I just pray that he wakes me up the next day you know, not the alarm clock, none of that. It's got God. You know without Him we would be nothing so, as long as I keep that faith and that I know I'm at peace, there is nothing that can change that.

Each of the participants articulated the importance of their spirituality and religious beliefs in undertaking a transformative role in igniting a desire to seek positive lifestyle changes to promote increased well-being and happiness. Interestingly, the most prominent theme that emerged when participants were asked about getting through hard times was spiritual coping.

Focus group 1 in unison responded, "Prayer." Participant 3 quickly suggested the importance of communication. The group affirmed that prayer, faith in God, and communication were the three integral elements promoting resiliency during difficult times. Participant 5 (FG2) concurred stating the following:

> Take it to the Lord and step out of the way. Take it to the Lord and step out of the way and pray. Have faith. Faith in Jesus. Gotta believe. Take it to the Lord, gotta

> believe, gotta have faith. I was just going to say, with me, at the starting point, there is Jesus Christ no matter what I do: what I say at the end, at the finish point, there is still Jesus Christ. He's at the beginning and he's at the end. So, it's up to me in between there (referring to being in the middle of the beginning and the end) to uh to make sure I do what I need to do, you know. Because in between there, it's up to me to. But uh, there's no escaping, there's no escaping Jesus. You know—he exists. His existence is real and uh if you have faith in Jesus, I know with me having faith in Jesus- he works in my life. And um, I'm happy when I'm in the (inaudible), that I constantly need to do what's right and constantly seek Jesus, constantly work towards my salvation—you know, that's when I'm happy because now I'm into the process of finding out what my purpose really is for living.

The group agreed with Participant 5's statement, emphasizing that religion and faith provide individuals with guidance; but that the individual must use inner resources to believe in a higher power and accept grace unconditionally to manage hardships. Participant 4 (FG2) offered this personal account in overcoming hardships and the self-realizations he experienced, ignited by spiritual beliefs:

> For me um, you know I created you know, my father always had a saying, "you make your bed, you sleep in it." You know? So, I have created some tough beds for myself um, but as humans, or any animal, natural instinct is survival and when you get to a level of survival, then you adapt to your situation and you do what you have to do until you get out of that. …And when you create your own bed, you know what it does for me. I can't speak for no one else. What it does is… the man upstairs loved me so much that sometimes; even with my situation with crack, instead of taking the crack away, He had to take me out away from the crack. But he put me in a place where, we, I had to get my relationship back with Him. That's the only way, you know, where uh I'll never forget. I was in Rochester, New York and uh I had I had just finishing smoking some crack and it was..I can't tell you the date but it was the last Friday of April 1986 and um I was walking down a street and I passed by a church and they were having their bible and something told me to go in, and at the church I gave testimony in a backslider. And a little girl came up to me at the church and she asked me a question that I can not, that I have not been able to answer yet. You know she said that, "Sir, I heard you say you were a backslider"- "yes." And she said, "Well, God doesn't leave us, so what did He do to you to make you leave Him?" …But um, you know that to me like I said was an eye opener, because when I look at the tough times in my life, He didn't leave me. I walked away from Him. And like I said, He put me in a place where, 'cause it's a personal relationship with… So when I went through a rough time, it was time for me and Him to be alone and get back together. And He brought me up; that's just the way I look at it.

Discussion

This study explored notions of well-being, a complex construct focusing on optimal experience and functioning (Ryan & Deci, 2001), as defined and interpreted by adult homeless male participants enrolled in a faith-based recovery program. Although an extensive amount of well-being research studies employing a quantitative approach exist, few studies have examined the notion of well-being using a qualitative approach in a setting where well-being exists concomitantly with life adversity. A phenomenological approach was specifically chosen to complement research on well-being which has neglected to directly interpret and examine notions of well-being through qualitative inquiry from the view of people who regularly experience subjugation or marginalization, and who struggle with mental health issues and have consequently developed ineffective coping strategies such as substance use. Utilizing focus group methodology, well-being was not defined in terms of the scientific terms given by the field of psychology, rather well-being was explored according to the perspective or schema of the participants in the study (Mertens, 2005). Thirteen adult men from a Discipleship program in Central Los Angeles volunteered to participate in an audio recorded focus-group. This section includes discussion and summary of codes and themes of well-being as defined by participants in comparison to prevailing notions of well-being. The aim was not to use the results to reconstruct another definition of well-being, but to examine the relationship between adversity and well-being through "lived" experiences.

Analysis of the data addressed four research questions which explored: (a) how well-being is conceptualized, defined, and experienced by adult men enrolled in a faith-based residential recovery treatment program who are homeless; (b) what resources are

perceived to enhance well-being across situations; (c) how strengths and personal resources are identified, described, and understood; and (d) the role of homelessness in relationship to well-being. Themes that emerged demonstrate a fluid reciprocal relationship. Major themes included: (a) the notion of subjective well-being, (b) religion and spirituality which promotes positive coping strategies and altruism, (c) the importance of peak experiences, (d) a sense of community or something grander than self, (e) the importance of safety and security in establishing SWB, (f) the strength that can be found from certain kinds relationships, and (g) the role of culture as a mediating variable in well-being. A discussion of themes is presented in the current section. In addition, emerging hypotheses, methodological limitations, clinical implications, potential contributions, and directions for future research are addressed.

Interpretation of Findings

The results illustrate the multi-dimensional and multi-faceted concept of SWB as it is influenced by demographic factors, psychological factors, and societal and environmental conditions. No single factor appears to produce or singly influence SWB, nor was causality determined. However the data does support Prilleltensky's (2001) holistic approach to wellness which emphasizes a balance across the personal, relational, and collective domains of well-being. Participants highlighted varying underpinnings of happiness and WB. Responses included attributing SWB to the existential significance of simply "being alive" or finding inner peace, as well as emphasizing relationships, the self, and religion. Participants also articulated finding meaning and WB in life through transformative experiences which bring a sense of accomplishment and confidence. Both

the eudaimonic and hedonic perspectives of well-being were articulated, perhaps suggesting a correlation or reciprocal relationship.

The qualitative data reveals patterns of well-being, but does not identify specific findings suggesting how the demographic factors presented in the literature review influence levels of well-being. The effects of such demographic variables are difficult to separate (Lucas & Gohm, 2000). Biswas-Diener and Diener (2006) found that homelessness was associated with lower levels of SWB. The focus group data did not include much direct discussion of homelessness in relation to well-being. However, when basic needs are met including food and shelter, the men articulated finding value in living a more simple life and seem to infer that this may even contribute to higher levels of well-being. Many spoke to previously misattributing happiness and well-being to high levels of material wealth, in line with keeping up with the Joneses. Participants emphasized finding well-being beyond material wealth through other avenues in life. Socioeconomic status does not appear to have as much relevance to SWB as do relationships (Veenhoven, 2008).

Social support. Numerous research studies also highlight the significance of relationships and peer support as essential to well-being (Ben-Zur & Michael, 2009; Lucas & Fujita, 2000). The qualitative data indicated that relationships with family, significant others, and children took precedence in contributing to well-being, while friendships appeared less pertinent. The assumption perhaps could be made that not all individuals turn to social groups or friends as a meaningful contributor to SWB. Only one participant highlighted the importance of having one or two friends. Two other participants articulated the fragility they perceive in the bonds of friendships which

negatively impacted their sense of well-being. Social relationships appear to be related to WB, however specific factors such as cultural dynamics, experiences of trauma, insecure attachments styles, and many other factors may be impacting their views of friendship expressed by men in the current study. For example, Griffin, Amodeo, Clay, Fassler, and Ellis (2006), conducted a study examining social support measures across several dimensions with measures of well-being. They acknowledged that many studies demonstrate a strong correlation between relationships and well-being, though they found that few studies have adjusted and considered differences across race. The few studies that have adjusted for ethnicity and social status present mixed evidence. In other words, their findings suggested the importance of understanding the intricacies of social support as a predictor for well-being as it relates to ethnic minorities (Griffin et al., 2006). This is note-worthy for future research and for the interpretation of this data.

The idea that societal norms and expectations may actually negatively impact one's level of well-being was also articulated. In an extreme case, a participant removed himself entirely from his community, severing all connections. He believed that his personal needs for WB were disrespected. Veenhoven (2008) suggested that perhaps notions of happiness as defined by society may in actuality offset or negatively impact individual well-being. Perhaps, in the participant's case, it could be surmised that his personal sense of well-being conflicted with the larger communities' perceptions or notions of well-being. Luo (2006) and Ratzlaff, Matsumoto, Kouznetsova, Raroque, and Ray (2000) found that WB outcomes were related to the individual's and communities' shared understanding of WB. Thus, if a discrepancy between one's perceived cultural

values of WB and the perceived values of the community existed, this would impact the individual's health and level of well-being.

Major life events. Traumatic life events are detrimental to levels of SWB (Lucas, 2007; Prilleltensky, 2003; Veenhoven, 1995), impacting the individual across several domains, including spiritually, personally, and relationally. For example, participants spoke to the deleterious impact of substance use across several dimensions of well-being. Recovery required a substantial psychological shift in their search for well-being and notions of what constitutes true well-being. Several participants also disclosed the impact of racist and oppressive incidents upon levels of well-being. Many attributed a higher sense of well-being to the deconstruction of ethnic and religious stereotypes which facilitated an increased sense of acceptance and value.

Safety and security. The focus group question exploring an individual's sense of safety and security relative to levels of well-being drew few responses. Several participants associated a sense of security with increased sense of self, having basic needs met such as access to food, experiencing a structured environment, and having resolved legal concerns. When directly asked to consider the relationship between well-being and safety/security, participants across both focus groups approached this question with hesitation.

Gender roles may have contributed to the participants comfort level in sharing perceptions of how safety and well-being correlate. This question may have challenged socially prescribed gender expectations of masculinity, which embody strength and discourage any displays of emotions that may be considered weak (Lucas & Gohm, 2000). Inadvertently, this question may have challenged participants to share or

acknowledge their fears or vulnerabilities in a male dominated environment with a female researcher. This was perhaps a risk that none of the men were willing to take.

Cultural perspective. As has been highlighted across the WB literature, researching SWB in the context of culture presents unique challenges. In this study, the challenge to help participants comprehend the concept of culture presented itself as several participants appeared to struggle to understand the concept of culture as it relates to their subjective experiences. Perhaps for many it is important to consider that this may have been the first exposure to the abstract construct of culture. Identifying values, beliefs, norms, and traditions that had become second nature and habitual in their lives was more difficult than anticipated. Despite the challenges, patterns can be observed by examining the narratives. It has been suggested in the existing literature (Eid & Diener, 2004; Tiberius, 2004), that a global foundation of happiness may exist across cultures and the human experience, however methods of expressing WB and happiness were thought to be multi-dimensional and multifaceted, varying across cultures and even within cultures.

It has been suggested that a strong connection with one's cultural group is related to greater well-being (Luo, 2006; Ratzalaff et al., 2000). The experience of interconnectedness within a particular cultural group can be related to a sense of security, as well as the feeling of unconditional empathy from the group. The cultural connectedness can also be related to a sense of unity and belonging to something greater than one's self. However, if one does not ascribe to the cultural norms, there is a possitbility of rejection and discrimination. One participant's shared experience suggests that conforming to, culturally or social-politically prescribed conditions may not always

reflect the individual's needs and at some points may even undermine obtaining help or empathy from within one's culture. This participant shared the painful struggles endured as a result of being rejected by his culture, but also noted the experience as transformative. As a result of being rejected by his own cultural group he opened himself to new cultural experiences. Consequently, his increased exposures to other cultures appeared to contribute to the reconstruction of schemas related to well-being and happiness by adopting several other cultural notions of well-being. In essence, the experience broadenend his understanding, expression, and experience of well-being.

An overarching theme of culturally-grounded language arose in the analysis of the data. It soon became apparent that the semi-structured focus group questions represented a Euro-centric, scientific psychological dialect. As a result clarifications were necessary across both focus groups. This observation serves to highlight that the relationship between culture and language is important to understand and was reflected in the language of the participants. The narratives are filled with rich and varied terms to express affect, thought, and life experiences related to well-being. In other words, not all cultures derive the same meaning from a specific word and in some instances may use an entirely different word (Smitherman, 2006). This is applicable to the literature and research on well-being. Operationally defined terms within the psychological literature may not necessarily translate to the lived experiences of people from diverse cultural groups (Prilleltensky, 1985).

Religion and Spirituality. Although research results are conflicting, the idea that spirituality, faith, or prayer may have a strong relationship to well-being is not a new consideration (Ciarrochi & Deneke, 2005; Cohen, 2002; Myers, 2008). For many people,

religion imbues a sense of meaning in one's life, reduces psycholgocial distress (Tarakeshwar et al., 2006), and instills active coping mechanisms (McIntosh, Silver, & Wortman, 1993). All participants articulated the presense of religion and faith in enhancing their sense of well-being and quality of life. To fully appreciate participants' notions of well-being and level of current well-being, it is critical to understand their religious ascriptions and how their sense of religious beliefs are associated with meeting their needs. Shafranske (1996) purports the significance of religion as an integral cultural consideration for understanding the psychological well-being of clients. The data in the current study appears to support this finding exhibting a postive link between religious engagement and sense of well-being. Religious faith appears to have provided the participants with a sense of liberation and salvation to help them on their quest for recovery and improved well-being. Participants appear to have understood that religion, faith, or prayer did not necessarily guarantee life satisfaction or happiness, but instead served to guide them in finding avenues to achieve improved well-being and happiness. An example includes increased involvement in civic virtue. Participants expressed a responsibility to their God but also to the larger community and to their families. According to Myers (2008), "Religion encompasses social support, a purpose for living, devotion to a reality beyond self, an ultimate source of self-acceptance, hope for the timeless future, and the promotion of positive virtues" (p. 323). Religion appears to not only impact well-being through Divine intervention, but also integrates the involvement of other domains. For example, Participant 3 (FG1) stated:

> I am internally grateful for the program and its Christian background, because that safety to worship God and um and not be smirked at or sneered at, um has made it so that I have very intimate relationship with my Lord, you know. And that's allowed me to branch out and share my emotions in groups and um really become

> more of an open book, because you can't really look at yourself and fix yourself or your problems unless you know what you are dealing with, you know.

His increased sense of spirituality has enhanced his interpersonal skills and ability to establish relationships.

Methodological Limitations

The limitations present in this study include the following. Due to the qualitative nature of the study and small sample size, the ability to generalize the results to the larger population is limited. However, broad generalization is not a primary goal of the qualitative inquiry. While a benefit of focus groups is the opportunity for interaction around a topic, the face-to-face group interviews reduce individual anonymity which may have impacted content and level of participation and disclosure.

In addition, the group climate may have been influenced both directly and indirectly through verbal cues suggesting a perception that certain responses were considered acceptable or unacceptable. The presence of the interviewer and research assistant may have contributed to the construction of certain group expectations, group climate, and levels of disclosure. As a result, participants may have felt compelled to shape their responses based on what they perceive would be most helpful or "what sounds good" (Krueger & King, 1998). For example, it is important to note that the researcher and research assistant differed in gender, age, socio-economic status, educational status, and ethnicity that invariably impacted the development of the data gathering process. The intercultural interactions, differences in ethnic cultural backgrounds, gender, age, educational background, and socio-economic status, may have created some discomfort for some of the participants. According to Harris and Majors (1993), "African-American men are also likely to conduct themselves in different ways

when interacting with Euro-American authority figures than in other situations. Because of racism and discrimination, for example, African-American men are reluctant to disclose to Euro-Americans" (p. 277). Differences in cultural values can affect both interpersonal interactions and become barriers to effective cross-cultural communication (Harris & Majors, 1993).

Inherent limitations are also present in the interpretation of the results. A struggle presents in trying to systematically observe and describe the results through a lens that represents a psychological perspective on the culture's interpretation of the phenomenon (Mertens, 2005). The aim of the research was to explain the cultural experiences of well-being in the language and "lived" experiences of the participants as much as possible. This was especially difficult as the research methodology was bound to be conducted according to another culture, the scientific notions of psychology. Initially, this was not seen as an essential limitation to the research, but once the focus groups were concluded it became apparent that both the scientific culture and the researcher's own personal biases and experiences would inevitably impact interpretation of the data. For example, cultural differences in language across participants, researcher, and research questions existed which impacted the participants understanding of the material being asked of them while conversely impacting the researcher's ability to understand and represent their narratives with verisimilitude. Inevitably, it can be assumed that some meaning and information was lost in "translation."

An important limitation to consider is the milieu within which the study was conducted. The participants were drawn from a Christian organization which emphasized the values and morals of the Christian faith. Undeniably, religion, specifically

Christianity, impacted participants' notions of well-being, understanding of recovery, and health. In addition to religion, gender is another variable that impacts the ability to generalize the results. All participants were male. The results of this study reflect a male's perspective of well-being that embodies Christian values. Thus, the ability to generalize the results of this study are narrowed by both the nature of the methodological approach, the milieu, and gender.

Relevant to the subjective nature of the research methodology, researcher bias is another limitation important to observe (Mertens, 2005). Specifically, researcher bias may have affected data categorization, constructions of domains, and interpretations of themes. Minimization of bias was attempted by incorporating reflexivity during data collection, coding, and interpretation of data. However, it is possible that unconscious biases continued to influence the research study.

Other challenges include questions regarding whether the participants truly understood the broader philosophical assumptions underlying the concept of well-being and who were then able to articulate this coherently to ensure that the researcher could then extract common themes from the data (Creswell, 1998). Additionally, the researcher was challenged to identify meaningful units from the transcriptions that accurately represented participants' personal experiences. This also raises concerns about the researcher's ability to limit the incorporation of interpretation based on her life experience, values, assumptions, and notions of well-being. The researcher utilized the process of bracketing (Giorgio & Giorgio, 2003) recommended for addressing the subjectivity of qualitative data analysis. She identified her biases and monitored them

throughout the progress of the study. However, the possibility exists that her values and beliefs impacted the study's data and interpretations.

Potential Contributions of the Present Study

The broader goal of the study was to contribute to the psychological literature and since well-being plays a significant role in both physical and psychological health. In addition, the researcher hopes that the findings from the study will contribute to deepening the dialogue and challenge of prevailing definitions of well-being that may be impacting "other" notions from being considered. It is hoped that the results will continue to promote the value of qualitative research as a mechanism and avenue to bridge both the needs to represent the lived experience of people while advancing the field of psychology. Finally, it is hoped that the findings from the study will have implications for reevaluating the resources that are presently provided in the community to promote well-being.

Emerging Questions and Implications for Future Research

Subjective well-being has been shown, through numerous research studies, to be integral to the development and maintenance of one's health and psychological functioning, while the absence of wellness is linked to illness and distress (Maddux, 2002). Literature and quantitative data illustrates how complex and multi-dimensional the construct of well-being is, when taking into consideration culture, socio-economic status, gender, age, levels of education, and more while in recovery. However, to date, little is known about how well-being is expressed and experienced in the context of life adversity and racial/ethnic minority status. In addition, little of literature discusses the dynamics of language in obtaining and interpreting data. It is the researcher's hope that the present

study sheds light on how important it is to study these topics relative to well-being, as they are related.

The literature review and findings suggest that the process of establishing well-being is complex, multifaceted, and nonlinear. The process appears to be circular and ongoing, with adjustments occurring throughout life based on life experiences, events, and inter-personal relationships. In other words, well-being falls on a continuum where numerous variables interact simultaneously and in varying degrees to enhance wellness. Such variables may include: the importance of attachments (i.e., relationships), exposure to settings that foster wellness (e.g., "The Center"), coping skills to effectively manage life stressors (e.g., religion), peak experiences (e.g., obtaining sobriety), cultural connectedness, emotional expressions of happiness (e.g., the hedonic view), and positive cognitive attributions that lead to feelings of satisfaction (i.e., the eudaimonic view). Each is an essential element of well-being that is not mutually exclusive, but is mutually enhancing. The findings of the present study support a more holistic approach in defining well-being, similar to Cowen's (1991) five pathways approach to wellness and Prilleltensky and Nelson's (2000) Community wellness model. Both models assume that wellness is derived from the interaction among several domains, including the personal needs, relational needs, and collective needs or environmental factors. Thus, there can only be well-being in the combined presence of all these elements. However, little is known of how the variables interact simultaneously with one another to enhance well-being. For example, with regards to the focus groups, how does religion, the participant's cultural identity, and relationship to community contribute to the sense of well-being? Both quantitative and qualitative measures should be used in this effort.

The research findings also illustrate that commonalities exist across definitions of well-being, as did variations. Well-being derives much of its meaning from the person's own understanding of what is or is not important in their lives and how they adapt to adversity. Prilleltensky (2001) and Cowen (1991) support a balanced approach to wellness, indicating that a balance in the personal, relational, and collective domains is crucial for overall wellness. However, the particular configurations of well-being that emerged in the focus groups varied across cultures and individuals depending on their personal life experiences. For example, the notion of health was integrated into one participant's definition of well-being. He attributed this to his present developmental stage in life, while other members did not indicate health as a significant contributing element to their sense of well-being. Another participant did not attribute family as integral to his notion of well-being and instead highlighted the importance of finding strength within. Thus, the particular configuration of well-being changes from individual to individual, group to group, and circumstance to circumstance. In other words, the method to achieve balanced well-being should not be limited to one singular equation.

An additional consideration surfaced, which highlighted the importance of language when constructing measures. Imbedded in language is culture, history, and personal experiences which impacts communication patterns, analysis, and interpretation of data. Acknowledging and understanding that culture also transcends language is integral when designing studies, collecting data, and theorizing. When data is absorbed through a European-American language channel and psychological cultural lens, misinterpretations can result. Future research should include someone with primary

knowledge and familiarity with the cultural language of participants as part of the core research team that conducts the interviews, analyzes the data, and interprets the results.

The findings also alluded to the impact of adversity on one's level of well-being. Despite increased significance placed on understanding well-being within and across cultures, the examination of wellness, as it relates to adversity and inequalities is minimal and thus lacking (Prilleltensky & Fox, 2007). According to Prilleltensky (2008), resources needed for thriving and well-being are ultimately tied to justice and allocation of resources. In support, further research is warranted to explore well-being in the context of the greater socio-political climate. Specifically, some questions that could be examined include: How does discrimination or oppression based on ethnicity, religion, or gender impact life satisfaction and happiness?; and How does poverty contribute to the loss of resources that may have at one time provided you with an increased sense of well-being? This could be accomplished by performing additional focus groups or self-report measures across diverse samples. Therefore, thorough understanding of the construct of well-being can promote clinical interventions in its pursuit.

Clinical Implications

Homelessness and substance use is a pandemic, however most Americans are unfamiliar with both of these cultures and the tremendous hardships that are experienced. They each remain as cultures "unseen" and "ignored." This research study focused on exploring elements in life that these 12 homeless men in recovery found relevant to the promotion of well-being. To appreciate the clinical needs of our clients, assessing individual and cultural definitions of well-being appears as an important contextual consideration in understanding the client's worldview, psychological needs, and

perceptions of wellness. Specifically, this study contributes to the literature in reflecting well-being in a context that has not been previously examined.

Consistent with the positive psychology movement, understanding wellness as it exists concomitantly with pathology is important for treatment conceptualization. Consequently, an all-inclusive understanding of the individual, their presenting concerns, and notions of well-being, will help inform goals and interventions that are congruent with the client and that focus both on alleviating distress and in helping move the client towards finding fulfillment, meaning, and purpose. Moreover, information regarding the client's experience of SWB is essential to fully understand the challenges the individual client may face through the transformative process of healing. Understanding the cultural, environmental, and sociopolitical dimensions of a client's inter- and intrapersonal worlds includes attention to both the painful as well as the positive.

Conclusion

The relationship between culture and SWB is complex. Awareness regarding multicultural competence has risen in the last several years impacting the application and understanding of core theoretical concepts and research (Sue, Zane, Hall, & Berger, 2009). In addition, multicultural competence increases clinical efficacy and application (James & Prilleltensky, 2000). Future research may help clarify the intricacy of the relationship between culture and WB. As has already been articulated in the literature, the failure to consider cultural variables fails to distinguish the cultural values and needs of people (Christopher, 1999; Prilleltensky, 2005). But, the question raised in this dissertation is if these theoretical concepts and research are truly culturally representative when defined through research approaches or theoretical lenses that are representative of

Euro-centric notions and applications. Understanding and defining multicultural issues through a Euro-centric lens imposes risks and opportunity for making erroneous assumptions which only continue to exacerbate misunderstandings and limit knowledge. Intercultural misunderstandings may be also arising in research and psychotherapy. Consequently, this inevitably impacts mental health delivery and social reform. If we continue to emphasize the significance and even embrace uniformity or universality, "other" notions representing non-Eurocentric views will continue to be pathologized or devalued. Thus, further research is strongly encouraged.

REFERENCES

Anderson, M. L. (1993). Studying across differences: Race, class, and gender in qualitative research. In J. H. Stanfield & R. M. Dennis (Eds.), *Race and ethnicity in research methods* (pp. 39-52). Newbury Park, CA: Sage.

Argyle, M., Martin, M., & Lu, L. (1995). Testing for stress and happiness: The role of social and cognitive factors. In C. D. Spielberger & I. G. Sarason (Eds). *Stress and emotion* (Vol. 15, pp. 173-187). Washington, DC: Taylor & Francis.

Arthaud-Day, M. L., Rode, J. C., Mooney, C. H., & Near, J. P. (2005). The subjective well-being construct: A test of its convergent, discriminant, and factorial validity. *Social Indicators Research, 74,* 445-476. doi:10.1007/s11205-004-8209-6

Ben-Zur, H. & Michael, K. (2009). Social comparisons and well-being following widowhood and divorce. *Death Studies, 33,* 220-238. doi:10.1080/07481180802671936

Biswas-Diener, R. M. (2008) Material wealth and subjective well-being. In M. Eid & R. J. Larsen (Eds). *The science of subjective well-being.* (pp. 307-322). New York, NY: Guildford Press.

Biswas-Diener, R., & Diener, E. (2006). The subjective well-being of the homeless, and lessons for happiness. *Social Indicators Research, 76,* 185-205. doi:10.1007/s11205-005-8671-9

Biswas-Diener, R., Vitterso, J., & Diener, E. (2005). Most people are pretty happy, but there is cultural variation: The Inughuit, the Amish, and the Maasai. *Journal of Happiness Research, 6,* 205-226. doi:10.1007/s10902-005-5683-8

Brown, C., & Augusta-Scott, T. (Eds.). (2007). *Narrative therapy: Making meaning, making lives.* Thousand Oaks, CA: Sage

Bryant-Davis, T., & Ocampo, C. (2005). Racist incident-based trauma. *The Counseling Psychologist, 33,* 479-500. doi:10.1177/0011000005276465

Christopher, J. C. (1999). Situating psychological well-being: Exploring the cultural roots of its theory and research. *Journal of Counseling & Development, 77,* 141-152. Retrieved from http://web.ebscohost.com.lib.pepperdine.edu/ehost/

Ciarrochi, J. W., & Deneke, E. (2005). Happiness and the varieties of religious experience: Religious support, practices, and spirituality as predictors of well-being. *Research in the Social Scientific Study of Religion, 15,* 209-223.

Cohen, A. (2002). The importance of spirituality in well-being for Jews and Christians. *Journal of Happiness Studies, 3,* 287-310. doi:10.1023/A:1020656823365

Compton, W. C. (2001). The values problem in subjective well-being. *American Psychologist, 56,* 84. doi:10.1037/0003-066X.56.1.84a

Costa, P. T., & McCrae, R. R. (1980). Influence of extraversion and neuroticism on subjective well-being: Happy and unhappy people. *Journal of Personality and Social Psychology, 28,* 668-678. doi:10.1037/0022-3514.38.4.668

Cowen, E. L. (1991). In pursuit of wellness. *American Psychologist, 46,* 404-408. doi:10.1037/0003-066X.46.4.404

Cowen, E. L. (1994). The enhancement of psychological wellness: Challenges and opportunities. *American Journal of Community Psychology, 22,* 149-179. doi:10.1007/BF02506861

Cowen, E. L. & Kilmer, R. P. (2002). "Positive Psychology": Some plusses and some open issues. *Journal of Community Psychology, 30,* 449-460. doi:10.1002/jcop.10014

Creswell, J.W. (1998). *Qualitative inquiry and research designs, choosing among five traditions.* Thousand Oaks, CA: Sage.

Cummins, R. (2002). Subjective well-being from rich and poor. In W. Glatzer (Ed.), *Rich and poor: Disparities, perceptions, concomitants* (pp. 137-156). The Netherlands: Kluwer.

Diener, E. (1984). Subjective well-being. *Psychological Bulletin, 95,* 542-575.

Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist, 55,* 34-43. doi:10.1037/0003-066X.55.1.34

Diener, E., Diener, M., & Diener, C. (1995). Factors predicting the subjective well-being of nations. *Journal of Personality and Social Psychology, 69,* 851-864. doi: 10.1007/978-90-481-2352-0_3

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment, 49,* 71-75. doi: 10.1207/s15327752jpa4901_3

Diener, E., Horowitz, J., & Emmons, R. (1985). Happiness of the very wealthy. *Social Indicators Research, 16,* 263-274. doi:10.1007/BF00415126

Diener, E., & Larson, R. J. (1993). The experience of emotional well-being. In M. Lewis & J. M. Haviland (Eds.), *Handbook of Emotions* (pp. 405-415). New York, NY: Guilford Press.

Diener, M., & Lucas, R. E. (2004). Adults' desires for children's emotions across 48 countries: Associations with individual and national characteristics. *Journal of Cross-Cultural Psychology, 35,* 525-547. doi:10.1177/0022022104268387

Diener, E., Lucas, R., Oishi, S., & Suh, E. M. (2002). Looking up and looking down: Weighing good and bad information in life satisfaction judgments. *Personality and Social Psychology Bulletin, 28,* 437-445. doi:10.1177/0146167202287002

Diener, E., Lucas, R., & Scollon, C. N. (2006). Beyond the hedonic treadmill: Revising the adaptation theory of well-being. *American Psychologist, 61,* 305-314. doi:10.1037/0003-066X.61.4.305

Diener, E., & Oishi, S. (2000). Money and happiness: Income and subjective well-being across nations. In E. Diener & E. M. Suh (Eds.), *Culture and subjective well-being* (pp. 185-218). Cambridge, MA: MIT Press.

Diener, E., Sandvik, E., Seidlitz, L., & Diener, M. (1993). The relationship between income and subjective well-being: Relative or absolute? *Social Indicators Research, 28,* 195-223. doi:10.1007/BF01079018

Diener, E., & Seligman, M. E. P. (2004). Beyond money: Toward an economy of well-being. *Psychological Science in the Public Interest, 5,* 2-31. doi:10.1111/j.0963-7214.2004.00501001.x

Diener, E., & Suh, E. M. (1998). Subjective well-being and age: An international analysis. In K.W. Schaie and M. P. Lawton, (Eds.), *Annual review of gerontology and geriatrics* (Vol. 17; pp. 304-324) New York, NY: Springer.

Diener, E., & Suh, E. M. (1999). National differences in subjective well-being. In D. Kahneman, E. Diener, & N. Schwarz (Eds.), *Well-being: The foundations of hedonic psychology* (pp. 434-450). New York, NY: Sage.

Diener, E., & Suh, E. M. (2000). Measuring subjective well-being to compare the quality of life of cultures. In E. Diener & E. M. Suh (Eds.), *Culture and subjective well-being* (pp. 3-12). Cambridge, MA: A Bradford Book.

Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin, 125,* 276-302. doi: 10.1037/0033-2909.125.2.276

Diener, E., Suh, E., Smith, H., & Shao, L. (1995). National differences in subjective well-being: Why do they occur? *Social Indicators Research, 34,* 7-32. doi:10.1007/BF01078966

Dowd, J. (1990). Ever since Durkheim: The socialization of human development. *Human Development, 33,* 138-159. doi:10.1159/000276507

Eid, M., & Diener, E. (2001). Norms for experiencing emotions in different cultures: Inter- and international differences. *Journal of Personality and Social Psychology, 81,* 869-885. doi:10.1037//0022-3514.81.5.869

Eid, M., & Diener, E. (2004). Global judgments of subjective well-being: Situational variability and long-term stability. *Social Indicators Research, 65,* 245-277. doi:10.1023/B:SOCI:0000003801.89195.bc

Eisner, E. W. (2003). Art and science of qualitative research. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 17-29). Washington, DC: American Psychological Association.

Freire, P. (2007). *Pedagogy of the oppressed*. New York, NY: The Continuum International Publishing Group.

Frey, B. S., & Stutzer, A. (2002). *Happiness and economics.* Princeton, NJ: Princeton University Press.

Fujita, F., & Diener, E. (2005). Life satisfaction set point: Stability and change. *Journal of Personality and Social Psychology, 88,* 158-164. doi:10.1037/0022-3514.88.1.158

Giorgio, A. P., & Giorgio, B. M. (2003). The descriptive phenomenological psychological method. In P. Camic, J. E. Rhodes, & L. Yardley, (Eds.). *Qualitative research in psychology* (pp. 242-273). Washington, DC: American Psychological Association.

Goodman, L., Saxe, L., & Harvey, M. (1991). Homelessness as psychological trauma: Broadening perspectives. *American Psychologist, 46,* 1219-1225. Retrieved from http://www.sciencedirect.com

Griffin, M. L., Amodeo, M., Clay, C., Fassler, I., & Ellis, M. A. (2006). Racial differences in social support: Kin versus friends. *American Journal of Orthopsychiatry, 76,* 374-380. doi:10.1037/0002-9432.76.3.374

Harrell, S. P. (2000). A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *American Journal of Orthopsychiatry, 70,* 42-56. doi:10.1037/h0087722

Harris, S. & Majors, R (1993). Cultural value differences: Implications for the experiences of African-American men. *Journal of Men's Studies, 1,* 227-234. doi:103149/jms.0103.227

Hayborn, D. M. (2008). Philosophy and the science of subjective well-being. In M. Eid & R. J. Larsen (Eds.), *The science of subjective well-being* (pp. 17-43). New York, NY: The Guilford Press.

Inglehart, R., & Klingemann, H. (2000). Genes, culture, democracy, and happiness. In E. Diener & E. M. Suh (Eds.), *Culture and subjective well-being* (pp. 165-184). Cambridge, MA: MIT Press.

Jahoda, M. (1958). *Current concepts of positive mental health*. New York, NY: Basic Books.

James, S. & Prilleltensky, I. (2000). Cultural diversity and mental health: Towards integrative practice. *Clinical Psychology Review, 22,* 1133-1154. doi:10.1016/S0272-7358(02)00102-2

Kahn, R. L., & Juster, T. F. (2002). Well-being: Concepts and measures. *Journal of Social Issues, 58(4),* 627-644. doi:10.1111/1540-4560.00281

Kasser, T. (2004). The good life or the goods life? Positive psychology and personal well-being in the culture of consumption. In P. S. Linley & S. Joseph (Eds.), *Positive psychology in practice* (pp. 55-67). Hoboken, NJ: Wiley.

Keyes, C. L. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology, 73,* 539-548. doi:10.1037/0022-006X.73.3.539

Keyes, C. L., Shmotkin, D., & Ryff, C. D. (2002). Optimizing well-being: The empirical encounter of two traditions. *Journal of Personality and Social Psychology, 82*(6), 1007-1022. doi:10.1037//0022-3514.82.6.1007

Koegel, P., Burnam, M. A., & Farr, R. K. (1988). The prevalence of specific psychiatric disorders among homeless individuals in the inner city of Los Angeles. *Archives of General Psychiatry, 45,* 1085–1092. doi:10.1037/0022-0167.51.4.482

Krueger, R. A. & King, J. A. (1998). *Involving community members in focus groups.* Thousand Oaks, CA: Sage.

Larsen, R. J., & Eid, M. (2008). Ed Diener and the science of subjective well-being. In M. Eid & R. J. Larsen (Eds.), *The science of subjective well-being* (pp. 3-13). New York, NY: The Guilford Press.

Lent, R. W. (2004). Toward a unifying theoretical and practical perspective on well-being and psychosocial adjustment. *Journal of Counseling Psychology, 52*(4), 482-509. Retrieved from http://www.sciencedirect.com

Lucas, R. E. (2005). Time does not heal all wounds: A longitudinal study of reaction and adaptation to divorce. *Psychological Science, 16,* 945-950. doi:10.1111/j.1467-9280.2005.01642.x

Lucas, R. E. (2007). Adaptation and the set-point model of subjective well-being: Does happiness change after major life events? *Current Directions in Psychological Science, 16,* 75-80. doi: 10.1111/j.1467-8721.2007.00479.x

Lucas, R. E. (2008). Personality and subjective well-being. In M. Eid & R. J. Larsen (Eds.), *The science of subjective well-being* (pp. 171-194). New York, NY: The Guilford Press.

Lucas, R. E., Clark, A. E., Georgellis, Y., & Diener, E. (2004). Unemployment alters the set point for life satisfaction. *Psychological Science, 15,* 8-13. doi:10.1111/j.0963-7214.2004.01501002.x

Lucas, R. E., & Fujita, F. (2000). Factors influencing the relation between extraversion and pleasant affect. *Journal of Personality and Social Psychology, 79,* 1039-1056. doi: 10.1037/0022-3514.79.6.1039

Lucas, R. E., & Gohm, C. L. (2000). Age and sex differences in subjective well-being across cultures. In E. Diener & E. M. Suh (Eds.), *Culture and subjective well-being* (pp. 291-318). Cambridge, MA: The Massachusetts Institute of Technology (MIT) Press.

Luo, L. (2006). "Cultural fit": Individual and societal discrepancies in values, beliefs, and subjective well-being. *The Journal of Social Psychology, 146,* 203-222. doi:10.3200/SOCP.146.2.203-221

Maddux, J. E. (2002). Stopping the "madness": Positive psychology and the deconstruction of the illness ideology and the DSM. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 13-25). New York, NY: OxfordUniversity Press.

Markus, H. R. & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review, 98,* 224-253. Retrieved from http://web.ebscohost.com.lib.pepperdine.edu/ehost/

Matsumoto, D. (2000). *Culture and psychology* (2nd ed.). Pacific Grove, CA: Brooks Cole.

McCrae, R. R., & Costa, P. T. (1991). Adding *Liebe und Arbeit:* The full five-factor model and well-being. *Personality and Social Psychology Bulletin, 17,* 227-232. doi:10.1177/014616729101700217

McIntosh, D. N., Silver, R. C., & Wortman, C. B. (1993). Religion's role in adjustment to a negative life event: Coping with the loss of a child. *Journal of Personality and Social Psychology, 65*(4), 812-821. Retrieved from http://web.ebscohost.com.lib.pepperdine.edu/ehost

McLoed, J., & Kessler, R. (1990). Socioeconomic status differences in vulnerability to undesirable life events. *Journal of Health and Social Behavior, 31,*162-172. Retrieved from http://web.ebscohost.com.lib.pepperdine.edu/ehost

Mertens, D. M. (2005). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods* (2nd ed.). Thousand Oaks, CA: Sage.

Mezzich, J. E., Kleinman, A., Fabrega, H., & Parron, D. L. (Eds.). (1996). *Culture and psychiatric diagnosis: A DSM-IV perspective.* Washington, DC: American Psychiatric Press.

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 52,* 250-260. doi:10.1177/0011000006286990

Munoz, M., Crespo, M., & Perez-Santos, E. (2005). Homelessness effects on men's and women's health. *International Journal of Mental Health 34*(2), 47-61. Retrieved from http://web.ebscohost.com.lib.pepperdine.edu/ehost

Myers, D. G. (2008). Religion and Human Flourishing. In M. Eid & R. J. Larsen (Eds.), *The science of subjective well-being* (pp. 323-343). New York, NY: The Guilford Press.

Nolen-Hoeksema, S., & Rusting, C. L. (1999). Gender differences in well-being. In D. Kahneman, E. Diener, & S. Nobert (Eds.), *Well-being: The foundations of hedonic psychology* (pp. 330-350). New York, NY: Russell Sage Foundation.

Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage.

Pavot, W. (2008). The assessment of SWB: successes and shortfalls. In M. Eid & R. J. Larsen (Eds.), *The science of subjective well-being* (pp. 124-140). New York, NY: The Guilford Press.

Pavot, W. G., Diener, E., Colvin, C. R., & Sandvik, E. (1991). Further validation of the Satisfaction with Life Scale: Evidence for the cross-method convergence of well-being measures. *Journal of Personality Assessment, 57,* 149-161. doi:10.1207/s15327752jpa5701_17

Prilleltensky, I. (1985). Psychology and the status quo. *American Psychologist, 44*(5), 795-802. Retrieved from http://www.sciencedirect.com

Prilleltensky, I. (2001). Value-based praxis in community psychology: Moving towards social justice and social action. *American Journal of Community Psychology, 29,* 747-778. doi:10.1023/A:1010417201918

Prilleltensky, I. (2003). Understanding, resisting, and overcoming oppression: Toward psychological validity. *American Journal of Community Psychology, 31,* 195-201. doi:101023/A:102304310821

Prilleltensky, I. (2005). Promoting well-being: Time for a paradigm shift in health and human services. *Scandinavian Journal of Public Health, 33,* 53-60. doi:10.1080/14034950510033381

Prilleltensky, I. (2008). Migrant well-being is a multilevel, dynamic, value dependent phenomenon. *American Journal of Community Psychology, 42,* 359-364. doi:10.1007/s10464-008-9196-6

Prilleltensky, I., & Fox, D. (1997). Introducing critical psychology: Values, assumptions, and the status quo. In I. Prilleltensky & D. Fox (Eds.), *Critical psychology: An introduction* (pp. 3-20). Thousand Oaks, CA: Sage.

Prilleltensky, I., & Fox, D. (2007). Psychopolitical literacy for wellness and justice. *Journal of Community Psychology, 35,* 793-805. doi:10.1002/jcop.20179

Prilleltensky, I., & Nelson, G. (2000). Promoting child and family wellness: Priorities for psychological and social interventions. *Journal of Community and Applied Social Psychology, 10,* 85-105. doi:10.1002/(SICI)1099 1298(200003/04)10:2<85::AID-CASP538>3.0.CO;2-M

Prilleltensky, I., & Nelson, G. (2002). *Doing psychology critically: Making a difference in diverse settings.* New York, NY: Palgrave Macmillian

Ratzalaff, C., Matsumoto, D., Kouznetzova, N., Raroque, J., & Ray, R. (2000). Individual psychological culture and subjective well-being. In E. Diener & E. M. Suh (Eds.), *Culture and subjective well-being* (pp. 37-60). Cambridge, MA: MIT Press.

Ryan, R.M., & Deci, E.L. (2001). On happiness and human potentials: A review of research on hedonic and eudemonic well-being. *Annual Review of Psychology, 52,* 141-166. doi:10.1146/annurev.psych.52.1.141

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57,* 1069-1081. Retrieved from http://education.ucsb.edu/ janeconoley/ed197/ documents/ ryffHappinessiseverythingorisit.pdf.

Ryff, C. D. (1995). Psychological well-being in adult life. *Current Directions in Psychological Science, 4*(4), 99-104. doi:10.1111/1467-8721.ep10772395

Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology, 69,* 719-727. doi: 10.1037/0022-3514.69.4.719

Ryff, C. D., Keyes, C. L. M., & Hughes, D. L. (2003). Status inequalities, perceived discrimination, and eudaimonic well-being: Do the challenges of minority life hone purpose and growth? *Journal of Health and Social Behavior, 44,* 275-291. Retrieved from http://ww.asanet.org

Ryff, C. D., & Singer, B. (1998). From social structure to biology: Integrative science in pursuit of human health and well-being. In C. R. Snyder & S. J. Lopez (Eds.), *The handbook of positive psychology* (pp. 541-554). New York, NY: Oxford University Press.

Scollon, C. N., Diener, E., Oishi, S., & Biswas-Diener, R. (2004). Emotions across cultures and methods. *Journal of Cross-Cultural Psychology, 35,* 304-326. doi:10.1177/0022022104264124

Seligman, M. E. P. (2005) Positive psychology, positive prevention, and positive therapy. In C. R. Snyder & S. J. Lopez (Eds.), *The handbook of positive psychology* (pp. 3-9). New York, NY: Oxford University Press.

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55,* 5-14. doi:10.1037//0003-066X.55.1.5

Shafranske, E. P. (1996). *Religion and the clinical practice of psychology*. Washington, DC: American Psychological Association.

Simonton, D. K., & Baumeister, R. F. (2005). Positive psychology at the summit. *Review of General Psychology, 9*(2), 99-102. doi:10.1037/1089-2680.9.2.99

Smitherman, G. (2000). *Black talk: Words and phrases from the hood to the amen corner.* New York, NY: Houghton Mifflin Company.

Smitherman, G. (2006). *Word from the Mother.* New York, NY: Routledge

Stein, C. H. & Mankowski, E. S. (2004). Asking, witnessing, interpreting, knowing: Conducting qualitative research in community psychology. *American Journal of Community Psychology, 33,* 21-35. doi:10.1023/B:AJCP.0000014316.27091.e8

Sue, S., Zane, N., Hall, G., & Berger, L. (2009). The case for cultural competency in psychotherapeutic interventions. *Annual Review of Psychology, 60,* 525-548. doi:10.1146/annurev.psych.60.110707.163651

Suh, E. M. (2000). Self, the hyphen between culture and subjective well-being. In E. Diener & E. M. Suh (Eds.), *Culture and subjective well-being* (pp. 63-86). Cambridge, MA: MIT Press.

Suh, E. M., & Koo, J. (2008). Comparing subjective well-being across cultures and nations. In M. Eid & R. J. Larsen (Eds.), *The science of subjective well-being* (pp. 416-427). New York, NY: The Guilford Press.

Tarakeshwar, N., Vanderwerker, L. C., Paulk, E., Pearce, M. J., Kasi, S. V., & Prigerson, H. G. (2006). Religious coping is associated with quality of life of patients with advanced cancer. *Journal of Palliative Medicine, 9,* 646-657. doi:10.1089/jpm.2006.9.646.

Tiberius, V. (2004). Cultural differences and philosophical accounts of well-being. *Journal of Happiness Studies, 5,* 293-314. doi:10.1007/s10902-004-8791-y

Totikidis V. & Prilleltensky, I. (2006). Engaging community in a cycle of praxis: Multicultural perspectives on personal, relational and collective wellness. *Community, Work, and Family, 9,* 47-67. doi: 10.1080/13668800500420889

Waterman, A. S. (1993). Two conceptions of happiness: Contrasts of personal expressiveness (eudaimonia) and hedonic enjoyment. *Journal of personality and social psychology, 64* (4), 678-691. doi:10.1037/0022-3514.64.4.678

Watson D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology, 54,* 1063-1070. doi: 10.1037/0022-3514.54.6.1063

Veenhoven, R. (1995). The cross-national pattern of happiness: Test of predictions implied in three theories of happiness. *Social Indicators Research, 34,* 33-68. doi:10.1007/BF01078967

Veenhoven, R. (2008). Sociological theories of subjective well-being. In M. Eid & R. J. Larsen (Eds.), *The science of subjective well-being* (pp. 44-61). New York, NY: The Guilford Press.

APPENDIX A

Theories of Well-being

Table 1

Theories of Well-being

Notion of Well-being	Definition
Hedonic Perspective	Emphasized pleasurable experiences and feelings, specifically the importance of welfare in terms of the pleasurable quality of one's experience while avoiding pain.
Eudaimonic Perspective	Emphasized meaning, purpose, and fulfillment. In other words examined the level to which the person is fully functioning.
Happiness	Reflected pleasant and unpleasant affects in the individual's immediate experience (Keyes et al., 2002).
The good life	Identified happiness with having a favorable attitude towards life (Hayborn, 2008).
Psychological well-being/ Ryff's (1989) multi-dimensional model of psychological well-being	Defined well-being in terms of existential challenges of life (Keyes et al., 2002). It categorized well-being into six different elements: judgments of self-acceptance, personal growth, purpose in life, positive relations with others, environmental mastery, and autonomy (Ryff, 1989).
Subjective Well-being (SWB)	Defined the good life in terms of three elements; (a) judgments made based upon one's level of positive affect in relation to negative affect, (b) domain satisfaction, and (c) cognitive evaluations of life satisfaction.
Emory Cowen's conceptualization of well-being	Emphasized the following: Forming wholesome early attachments Acquiring age and ability appropriate competencies

(continued)

Notion of Well-being	Definition
	Exposure to settings that foster wellness Fostering empowerment Acquiring skills needed to cope Effectively with life stressors.
The community wellness model (Prilleltensky & Nelson, 2002)	Consisted of three levels of domains of wellness; personal, relational, and collective. See Appendix B.

APPENDIX B

Prilleltensky's Community Wellness Model

Table 2

Prilleltensky's Community Wellness Model

Personal	Relational	Collective
Sense of control over one's life, physical health, love, competence, optimism, and self-esteem	Social support, affection, belonging, cohesion, collaboration, respect for diversity, and democratic participation	Economic security, social justice, adequate health and social services, low crime, safety, adequate housing and social structures (e.g., educational, recreational and transportation facilities) and a clean environment

APPENDIX C

Recruitment Flyer

ARE YOU CURRENTLY ENROLLED IN THE CHRISTIAN LIFE DISCIPLESHIP PROGRAM (CLDP) AT THE CENTER?

Would you like to participate in a **confidential** research project about your experiences with happiness when managing life's challenges?

***Do you speak and understand English well?**

***Have you been a resident at the center for more than 1 month?**

***Are you willing to attend one group meeting where you will be asked questions about your thoughts and life experiences about happiness?**

***Are you 18 years old or older?**

***Are you willing to give written approval to be audio-recorded?**

This is for research purposes only! No URM staff will have access to the information you share.

Attend one group meeting that will last from 90 to 120 minutes

and receive a $10.00 gift certificate to McDonalds in appreciation for your time!

If you are interested PLEASE SIGN UP IN THE COUNSELING CENTER on the 3rd FLOOR.

MAXIMUM NUMBER OF PEOPLE PER GROUP IS ONLY 8

Or please contact The Counseling Center by either dropping in or calling if you have questions and would like to volunteer.

Pernilla Nathan, M.A.
Doctoral Student at Pepperdine University
Graduate School of Education and Psychology

APPENDIX D

Informational Presentation

Informational Presentation

Hello everyone. My name is XXX and I am here today to ask for your help. I am a doctoral student at Pepperdine University conducting a study for my dissertation that looks at how people stay positive during life challenges. For your participation you'll receive a $10 gift-certificate for McDonalds!

The study will require one meeting that will last for about one and a half hours to two hours and will be completed in a group setting, with 4 to 8 persons present. The other members or participants in the groups will be fellow CLDP guests.

I am looking for men enrolled in the Christian Life Discipleship Program (CLDP) who have been in the program for at least a month. I am also looking for people who speak and understand English.

I want you to know that this is for research purposes only! No URM staff will have access to the information you share and this will not affect your standing in the program. If you meet the requirements I just outlined, and are interested, please sign up for one of the two days in the counseling center on the 3rd floor. Also, if you have questions, please drop in to the clinic and we will best answer them.

Thank you. And thank you (enter Chaplain's name) for your time.

APPENDIX E

Research Assistant Confidentiality Statement

Research Assistant Confidentiality Statement

As a research assistant appointed by XXX, Ph.D., and XX XX, M.A., I understand that I am expected to abide by specific principles and responsibilities to ensure effective and proper participation during the data collection for the research study.

I understand that the research assistant must be sensitive to working with highly confidential material and act with appropriate discretion. Although participant numbers are used as the only method of subject identification, research assistants may hear names or other identifying information during the course of the focus groups. I understand that I am prohibited from discussing any information seen or heard during the focus groups or audiotape recordings obtained from the focus groups except with other researchers involved with the study. In addition, I will only speak to research staff about information collected during the focus groups in a confidential environment and never in a public location. I will limit such disclosures to the minimum information that is necessary and sufficient for the purposes of communication. I also understand that the research assistant may not discuss participant-related or other confidential material even after their involvement with the research is complete. I will also not remove any material related to the study from the office(s) of Dr. XXX or the Pepperdine Mental Health Clinic located at the center.

I will commit to 1-3 hours per week and attend all relevant meetings. First, I will learn expectations and obligations relevant to role as a research assistant during the focus groups so that I can complete my responsibilities effectively. Then, I will attend both focus groups to help the primary researcher, prepare the room, monitor participants, help participants complete appropriate paper-work, and provide note-taking of both non-verbal and verbal behavior during the length of the focus groups. Due to the intensity of training, I agree to remain a research assistant on the research project until both focus groups have been conducted and completed (to be specified by Dr. XXX).

I have been appointed by XXX, Ph.D., to serve as a research assistant during the collection of data related to research at Pepperdine University's mental health clinic located at the center in Central Los Angeles. The expectations of this position have been explained to me by Dr. XXX or XX XX, M.A. I understand the expectations outlined above, and agree to abide by them.

Research Assistant Signature_____

Date _____

Witness Signature _____

Date: _____

APPENDIX F

Frequently Asked Questions

FAQ

Q: What is this study?

A: This study is looking to understand positive life experiences of adult homeless men who are enrolled in a treatment recovery program. The findings from this study could provide valuable information about being homeless and how one overcomes life challenges.

Q: How many times can I participate?

A: People are only allowed to participate once.

Q: How long will this take?

A: The study will take 90 to 120 minutes to complete with a 10 to 15 minute introduction session that you must attend first before you can participate.

Q: Can I get $10 in cash instead of the gift card?

A: Your participation is greatly appreciated. However, only a gift certificate can be provided for your time.

Q: Do I have to participate?

A: No, you do not. This study is entirely voluntary, meaning it is your decision. You do not have to participate and there are no consequences for withdrawing participation. Your participation in this study will have no impact on your program at URM.

Q: Will my participation affect my recovery in the program?

A: Your participation in this study will have no impact on your program at the center. Your Chaplains and care coordinators will not be involved.

Q: How does this work?

A: We ask that you sign up for a day and time that works with your schedule. Please only put your first name down. On the day and time you sign up we ask that you just come on time. All necessary materials will be provided for you.

You'll be participating in a group interview with no more than 8 men from the program. The researcher will also be present the entire time. She will first describe the study so that you can decide if this is something you want to participate in and then she'll begin the group part of the study.

APPENDIX G

Consent for Research Study

Consent for Research Study
Cultural Diversity in the Expression and Experience of Positive Well-Being Among Homeless Men Enrolled in a Residential Treatment Facility

Pepperdine University
Graduate School of Education and Psychology

I agree to allow XX, M.A., a doctoral student in clinical psychology at Pepperdine University's Graduate School of Education and Psychology, to include me in her research project that she is doing to meet her dissertation requirements. I understand that her study looks at well-being and how people experience happiness in life. The purpose of this study is to look at factors that might help psychologists and counselors better understand how to help people. I understand that XX, Ph.D., a professor at Pepperdine, will supervise all aspects of the study.
I understand this section: _____
Initial

I also understand that being in this study is completely voluntary. The study will require one meeting that will last for about 90 to 120 minutes. The study will be completed in a group setting, with 4 to 8 persons present who will be other guests/residents. I understand that the group interview will be audio-tape recorded in order to assure accuracy. This audio-tape will not be shared with others and will be safe-guarded. This audio-tape recording will be used for research purposes only.
I understand this section: _____
Initial

I understand that no information about any of my answers will be released to others without my permission, unless the following information is provided. Under California law, an exception to the privilege of confidentiality includes but is not limited to the alleged or probable abuse of a child, physical abuse of an elder or a dependent adult, or if a person indicated she/he wishes to do serious harm to self, others, or property. Otherwise, my participation in this study will be completely confidential. I will not be asked to put my name or any identifying information on any of the research surveys or questionnaires.
I understand this section: _____
Initial

I have been asked to participate in this study because I am in the center's 12-month residential treatment program: the Christian Life Discipleship Program (CLDP). I will also be asked for general information about myself, including questions about my enrollment in the center, what happiness means to me, my sense of spirituality, family and education. I am aware that I can choose not to answer any questions I feel uncomfortable answering. I may also ask questions directly to the researcher at any time before and/or during this study.
I understand this section: _____
Initial

Participation in this study involves no more than minimal risk. The risks for participating in this study are similar to the risks I would face in psychological testing or in talking about myself in a treatment recovery group meeting. It is possible I might feel some discomfort as I answer questions about my experiences and/or my personal views. I am aware that I may stop participating at any time, for any reason. In the event that I experience any unpleasant emotions that I want help with, I understand that I can be referred to the URM-Pepperdine Counseling Clinic (located on the 3rd floor) and will be given a list of other counseling centers that I may seek help from as well. At the clinic, I understand that I can be evaluated for free psychological services, or referred for emergency treatment, if needed.

I understand this section:_____

Initial

There are no direct benefits to me for participating in this study. I might take away a feeling of satisfaction from knowing I have helped with a research project. The findings of this study might be useful to psychologists and counselors. In addition, the results might be used to help further improve the recovery program at URM.

I understand this section: _____

Initial

I understand that this study has been approved by the Institutional Review Board at Pepperdine University and by the center. I also understand that participating or not participating in this study will have no effect whatsoever on my standing in the residential program at URM. Being in this study is completely voluntary.

I understand this section: _____

Initial

I understand that I have the right to refuse to participate in, or to withdraw from, the study at any time. I understand there might be times that the investigator may find it necessary to end my study participation. For example, if I were to create a major disturbance that made it impossible for others to complete this study.

I understand this section: _____

Initial

If the findings of the study are published or presented to a professional audience, no personally identifying information will be released. The data gathered will be stored in locked file cabinets to which only XX, the research assistant, and her supervisor will have access. The data will be maintained in a secure manner for at least five years and then destroyed.

I understand this section: _____

Initial

I understand that I will receive a McDonald's gift certificate for $10.00 for my participation. If I choose to withdraw from the study, or I must end my study participation through no fault of mine, I will still receive the gift certificate.
I understand this section: _____
Initial

I understand that if I have any questions regarding the study procedures, I may contact XX, M.A. at (telephone number), or Dr. XX at (telephone number). If I have further questions I may contact Dr. Doug Leigh, Chairperson of the Graduate and Professional Schools Institutional Review Board, Pepperdine University, 6100 Center Drive, Los Angeles, CA, 90045, (310) 568-5600.
I understand this section: _____
Initial

In signing this form, I am indicating that I understand what it means to be in this study and I have received a copy of this form.

_____
Print Name

_____ _____
Participant's signature Date

_____
XX, M.A.

APPENDIX H

Initial Interview Screening Script

Initial Interview Screening Script

Welcome! Thank you for taking the time to join the discussion today about quality of life and happiness. My name is XX and I am a doctoral student from Pepperdine University conducting my dissertation research. Dr. XX, a professor at Pepperdine, is my dissertation supervisor. Before we go any further, I want to remind everyone that participation in this study is completely voluntary. Whether you choose to participate in this study or not will have no impact, negative or positive, on your status in the program here at the center.

Before beginning the study, I want to provide you with a brief overview of what you can expect from today. It is anticipated that this process will take 90 to 120 minutes to complete the group interview, and approximately 15 to 20 minutes to complete all the necessary paper work. The paper work includes reviewing the Informed Consent form, reviewing the Group Confidentiality form, and then completing the Background Questionnaire. I will specifically go over these documents with you in just a moment. If you do choose to participate and meet all the criteria to participate, you will receive a $10.00 gift card to McDonalds at the completion of the group interview. If you choose to withdraw from the study, or you must end participation through no fault of your own, you will still receive the gift certificate.

Specifically, the criteria in order to be eligible to participate includes the following: You must be enrolled in the program. You must be able to speak and understand conversational English. Third, you must have been enrolled in the program for at least a month. You must also be willing to attend one group meeting, the meeting today, where you will be asked questions about your life experiences and staying positive. I understand that there might be times (e.g., if you were to create a major disturbance that made it impossible for others to complete this study) that the investigator may find it necessary to end your participation in the study. You will still receive the gift certificate if asked to leave the group.

I will begin by handing out the Informed Consent. This sheet provides a breakdown of the study and the rights you have as participants in this study. I am going to read the informed consent aloud and, after each section, ask that you initial on the line under the section I just reviewed. After the entire informed consent has been read, we will take a 5 minute break so that you may decide in private whether or not you would like to participate. At this time, if you would like to withdraw, please do so. If you would like to stay and participate, please initial and sign the form. Please be sure to print your name, sign, and date the final page. I will then collect them and sign them as well. If you have any questions about the informed consent, feel free to interrupt while I am reading—or you can wait until I have reviewed it entirely and ask me questions. I suggest that if you want to ask me a question, you should hold off on signing the informed consent until I have answered your question. That way, you can fully understand what you are agreeing to participate in. The consent form will be one of two items that will have your name or any identifying information on it, and it will be stored in a locked filing cabinet that only I and my dissertation supervisor will have access to.

(Read through the Informed Consent form. Allow time for questions and answers. Break for 5 minutes).

Now that the Informed Consent forms are signed and collected, I am going to pass out the Group Agreement form. Again, I am going to read through the Group Agreement and encourage you to ask me any questions you may have. Once I have read through the form, you may sign it. This is the only other form that will have your name on it. Along with your consent form, this form will also be stored in a locked filing cabinet that only I and my dissertation supervisor will have access to.
(Read through the Group Agreement form. Allow time for questions and answers).

Lastly, before we begin the group, I would like you to fill out the background questionnaire. Notice, this form does not have your name on it. This should take no more than 5 minutes. I will read through the questionnaire slowly, in case you have any questions. Please be aware that you are free to not answer any questions you do not want to answer. Once you have completed the background questionnaire, please return them to me or (name of research assistant).

(Read through the Background Questionnaire. Allow time for questions, answers and for potential participants to fill out the questionnaire).

Now that we have completed all of the necessary paper work, please give me a moment before we start the group.

APPENDIX I

Referral List

Referral Services

24-hour Suicide Prevention Hotline: 1-800-273-TALK (8255)

24-hour Crisis Intervention Hotline: 1-800-854-7771

URM-Pepperdine University Mental Health Clinic (located on the 3rd floor)
Please see the researcher for help with a referral, or contact the Clinic counseling coordinator at (213) 347-6300, extension 3337

Catholic Psychological Services
(Downtown LA)
1530 James M. Wood Blvd.
Los Angeles, CA 90015-0095
(213) 251-3400
The program provides access to affordable professional counseling services for individuals and their families, especially for those who have limited or no financial resources. Services include premarital and marital counseling, group therapy, crisis counseling, domestic violence counseling, psychological assessment, information and referral.

Southern California Counseling Center
(Five blocks east of Fairfax in the mid-city area)
5615 West Pico Boulevard
Los Angeles, CA 90019
(323) 937-1344
Provides individual, couples, family, and group counseling.

Los Angeles County Department of Mental Health Services
550 S. Vermont Ave.
Los Angeles, CA 900220
(213) 738-4949
www.dmh.co.la.ca.us

USC Psychology Services Center
Human Relations Center (HRC) Building
1002 Childs Way
Los Angeles, CA 90089-1591
(213) 740-1600
Provides individual, couples, family, and group counseling.

Watts Counseling and Learning Center
1465 E. 103rd Street
Los Angeles, CA 90002
(323) 754-9900

APPENDIX J

Group Confidentiality Agreement

Group Agreement

This form is intended to further ensure confidentiality of data obtained during the course of the study conducted by XX, M.A. and overseen by her dissertation chair, Dr. XX.

By participating in this study, I agree not to communicate or share publicly in any manner information discussed during the course of this focus group interview. I agree not to talk about other focus group members and their stories with anyone outside of my fellow focus group members, the research assistant, and the researcher. In signing this form, I am indicating that I understand what it means to maintain group confidentiality and I have received a copy of this form.

Print Name: _____

Signature: _____

Moderator's signature: _____

Date:_____

APPENDIX K

Background Information Questionnaire

BACKGROUND INFORMATION

1. Age _____
2. Ethnicity/Cultural Background (circle one):

   African-American

   American Indian

   Asian/Pacific Islander

   Hispanic/Latino/Chicano

   White

   Other
3. Relationship Status (**circle as many as apply**):

   Single, not currently in a relationship

   In a serious relationship

   Married
4. Have you ever been Divorced? Yes No
5. Widowed? Yes No
6. What is the highest level of education that you obtained (circle one):

   Elementary (1^{st}-5^{th}) Middle School (6^{th}-8^{th}) High School (9^{th}-12^{th}) Some College College Graduate Graduate Degree
7. Have you served any jail or prison time? YES NO
8. Length of enrollment in the program at URM (in months)_____
9. Where do you work at the center? In what department? _____

10. Reason for enrolling in the center (circle all that apply):

Homeless

Drug use

Alcohol use

Loss of job

Need food and shelter

To receive health services

Legal reasons

Other:_____

APPENDIX L

Semi-Structured Interview Questions

Semi-Structured Interview Questions

I. Rapport Building: *Initially, I was hoping we could start the group by going around and getting to know one another. Music is such an important part of life and I was wondering if you wouldn't mind sharing with the group either your favorite composer, artist, album, or song and what it is that you like about them. Who would like to start?* (Moderator will look around the room and wait patiently. If no one speaks, she will encourage the group by sharing her favorite song.)
This activity will serve to encourage establishment of rapport among the group.

II. Introduction: *A lot of times psychologists focus too much on the problems in life. It is also important to focus on the positive aspects of living. We will start the interview by having you share some of your perceptions about what is good or important in life. Let's begin with the first question.*

1. What are some of the things that are most important to you in life?

Prompts:

a. When did you realize how important those things were for you?
b. What was happening at that time in your life?

2. When thinking about your whole life, talk about the times when you have been the most satisfied?

Prompts:

a. When have you felt best about yourself ? Proud of yourself?

3. When have you felt excited about something happening in your life? Level of excitement?

III. Emotional Well-Being: *The next topic we are going to talk about is this idea of happiness.*

4. What does happiness mean to you?

Prompts:

a. Share a time in your life when you have felt really, really happy.
b. Meaning of happiness – What does happiness feel like to you?
c. Impact of money, health, relationships, and employment on happiness

5. To what extent do you see yourself as a happy person?

IV. Community: *Now we are going to talk about your sense of community and relationships with other people (i.e., family, friends, or loved ones).*

6. To what extent do you feel that you are part of a community?

Prompts:

a. How is happiness defined in your community?
b. Level of safety and security

7. In this next question, I would like to understand what happiness means from your cultural perspective. How do people in your culture and communities talk and think about happiness? By cultural perspective, I mean from the perspective of your life experience: such as being a bilingual Latino male with former gang affiliations, or an African-American man originally from the deep South. In other words, how does who you are impact how you see and define happiness? What does happiness mean from your cultural perspective?

Prompts:

a. How is happiness defined in your cultural experience?

b. How is happiness defined in your primary communities in your life?

8. How much are relationships a part of happiness and well-being for you?

Prompts:

a. When in your life have you experienced close relationships?

b. What was happening at the time?

V. Hardships: *Sometimes life takes us through rough times, and getting out of those rough times can be challenging. I want to learn more of how you get through those times.*

9. What helps to get you through the hard times?

Prompts:

a. Where do you find your inspiration to hold on?

VI. Religion/Spirituality: *For some people spirituality or religion is an important part of their lives.*

10. When are some times in your life when you have felt at peace?

Prompts:

a. How much strength is found in one's religion, God, or sense of spirituality?

VII. Conclusion: *Now that we are coming to the end of our time together, I want to check in with all of you.*

11. Is there anything else any of you think we should have talked about, that we didn't?

Thank you for your time and your willingness to discuss your experiences and share your thoughts with me today. I appreciate all your help!

APPENDIX M

Interview Script

Interview Script

Now that we have completed the paper work, we can begin.
Today, I would like to hear from you what staying positive in your life means to you. You were selected because you are all residents of the Christian Life Discipleship Program (CLDP) at the center and were interested in voluntarily participating. My research assistant (insert name) will be taking notes for me on the side.

I am particularly interested in your thoughts and ideas because you have had a lot of interesting life experiences. There are no wrong answers and all views are important. Please feel free to share your thoughts politely, even if you disagree with what was said by another participant in the group today. Do you all understand? All people tend to experience a range of feelings about themselves, including doubt, and, as a result, may feel pressured to agree with the group or mention a view they know the group will agree with. Again, as I mentioned, please share your thoughts, and I ask that others show respect for views they may not agree with. Are there any questions at this time?

(Focus group leader must look at the group. If a participant nods 'no' or says 'no', the leader must clarify the above instructions before continuing with the following).

So, before we begin, I'd like to suggest some things that may help the discussion go smoothly. Please don't hesitate to speak up, but only one person at a time. Please don't laugh at others or their comments. It is really important that we respect one another so that everyone feels comfortable to speak. Sometimes, some people feel more comfortable to talk and others don't. But it is important for us to hear from each and every one of you, because you all have very different thoughts, ideas, and life experiences. Thus, if one of you is sharing a lot, I may ask you to let others talk too. And if you are not talking very much, I may ask you to share some of your opinions. Does anyone have questions? (Focus group leader must look at the group. If a participant nods or says "yes," the leader must clarify the above instructions before continuing with the following or answer any questions).

My role is to ask questions and listen to you. I and (insert research assistant's name) won't be participating in the conversation or sharing our thoughts, but I want you to feel free to talk with one another. I will ask approximately nine questions, and I'll be moving the conversation from one question to the next. The session, as you were told prior to agreeing to participate, is being audio-recorded, so that I don't miss any of your comments. Your names will be deleted at a later date to keep your privacy. So in other words, your name will not be attached to your comments. Confidentiality is really important. Additionally, I want to remind you that you all signed a paper agreeing to keep what is said in this focus group confidential. Please do not share other people stories, comments, or thoughts outside of this group. Please do not discuss amongst yourselves or in groups outside of this meeting what other group participants have said as well. Again, confidentiality is important so that everyone may feel safe to speak.
Ok, let's begin.

APPENDIX N

Focus Group 1

Table 3

Participant Demographic Information: Focus Group 1 (FG1)

Participant	Age	Ethnicity	Relationship Status	Level of Education	Months Enrolled	Enrollment Reasons
FG1 (*n*=7)						
1	66	Caucasian	Single/ Widowed	High school	4	Homelessness
2	52	African-American	Married/ Divorced	High school	5	Substance use
3	49	Caucasian	Single	College	9	Homelessness Alcohol use Loss of job
4	45	African-American	Single	High school	9	Substance use
5	43	African-American	Single	High school	6	Legal reasons
6	30	Caucasian	Serious Relationship/ Divorced	Some college	11	Substance use
7	25	Mexican-American	Single	Middle school	10	Homelessness Substance use

APPENDIX O

Focus Group 2

Table 4

Participant Demographic Information: Focus Group 2 (FG2)

Participant	Age	Ethnicity	Relationship Status	Level of Education	Months Enrolled	Enrollment Reasons
FG2 (n=5)						
1	47	African-American	Single	High school/ GED	14	Substance use
2	24	African-American	Single/ Divorced	High school	3	Homelessness Substance use Loss of job Need food and shelter To receive health services Legal issues
3	50	African-American	Single/ Divorced	High school	9	Homelessness Substance use Alcohol use
4	45	African-American	In a serious relationship	High school	6	"Drug sells, just paroled from prison"
5	43	Caucasian	Single	High school/ GED	10	Homelessness Substance use Alcohol use Need food and shelter To receive health services

APPENDIX P

Summary of Within-Case Data Analysis Procedures

Table 5

Summary of Within-Case Data Analysis Procedures

Process	Procedures
Data compilation	1. Reviewed transcriptions of focus group interviews 2. Assembled interview transcripts, interview notes, and background information into outline form 3. Initial read through data, notes included in margins highlighting themes, key concepts, and ideas
Identification of Themes	4. Identified themes or "meaning units" by rereading transcripts while making margin notes 5. Once themes had been identified, codes were created 6. Read through transcripts and data until no new themes or codes were identified
Development of Themes	7. Identified sub-themes within each code 8. Operationally defined codes identified
Testing of Codes	9. Applied codes throughout the data
Revision of Themes	10. Revised themes until further reduction is not possible
Group Themes	11. Group coded data into appropriate themes and sub-themes
Thematic Description	12. Developed descriptions of themes presented 13. Gathered representative quotes from data for each theme

APPENDIX Q

Definitions of Emerged Themes

Table 6

Definitions of Emerged Themes

Emergent Theme	Sub-theme	Definition
Well-being		Well-being was considered as the degree to which a person evaluates positively the overall quality of their life
	Happiness (Hedonic Perspective)	Emphasized pleasurable experiences and feelings
	Life Satisfaction (Eudaimonic Perspective)	Emphasized meaning, purpose, and fulfillment in life
Peak Experiences		Sudden feelings of intense happiness or well-being that contributed to the individual experiencing wonder and awe. The individual may also have felt at one with the world and have felt as though they experienced the true essence of life or things
Sense of Community		The perception of sharing similarities with others, acknowledging interdependence with others, a willingness to also maintain this interdependence by giving to or doing for others, and the feeling of belonging or being a part of something larger
	Altruism	Defined as showing kindness through actions or words towards others

(continued)

Emergent Theme	Sub-theme	Definition
Safety and Security		The state of being secure or feeling a sense of assurance, a freedom to choose, tranquility, or protection
Cultural Perspective of Well-being		A shared pattern of attitudes, beliefs, categorizations, self-definitions, norms, role definitions, or values of well-being among those who, for example, share but are not limited to a defined region, dialect, or ethnic and cultural history. Includes symbols and values of the reference group
Relationships		A significant connection or emotionally close relationship that is shared with another, including: family, friends, or significant other
	Family	Group of relatives related by marriage, birth, adoption, or descended from same lineage
	Mother	A female parent or woman regarded as having the authority of a female parent
	Romantic Relationship	A spouse or somebody with whom a person has a long-term sexual relationship or someone who is supportive and plays an influential role in the person's life.

(continued)

Emergent Theme	Sub-theme	Definition
	Friendships	Someone with whom a close and emotional bond is shared and trusted
		A sense of closeness and connection to a particular God or higher power