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Pepperdine University
Graduate School of Education and Psychology

UTILIZATION OF THE MULTIDIMENSIONAL WELL-BEING ASSESSMENT TO
UNDERSTAND WELL-BEING IN INDIVIDUALS WITH IDENTIFIED RELIGIOUS
AFFILIATIONS

A clinical dissertation submitted in partial satisfaction

of the requirements for the degree of

Doctor of Psychology

by

Justin J. Underwood

September, 2016

Shelly Harrell, Ph.D. – Dissertation Chairperson

This clinical dissertation, written by

Justin J. Underwood

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

Doctoral Committee:

Shelly Harrell, Ph.D., Chairperson

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DEDICATION

For Rebekah and Jude. May any work that I do make your life better in some way. My hope is that I may help to create a better world for you as you both do for me every day.

ACKNOWLEDGEMENTS

This list will be incomplete for there is not enough ink in existence to adequately give credit to all that have paved my path up to this point in my journey; I stand on the shoulders of giants. This dissertation is the product of many years of laughter, tears, joys, and fears but more than anything it is the product of dreaming big, then figuring out how to make those dreams come to fruition. These are the people who helped set me free, then reigned me in. At times they launched me into orbit, much further than I thought I could go, and at times they brought me back to solid ground.

First, I would like to thank Dr. Shelly Harrell who saw something in me that I couldn't quite see myself, from the time she interviewed me and could tell I didn't belong in a three-piece suit to knocking my cap off with a bear hug after hooding me at graduation. I have learned more about the world and more about myself through her wisdom. I've become a skilled researcher and clinician through her guidance and a socially aware paradigm changer through her example. I would also like to thank the rest of my dissertation committee, Dr. Robert deMayo and Dr. Bruce Rush. Their feedback and guidance has made this culminating work of my graduate degree something I am truly proud of. Their support and encouragement gave me the strength I needed to see it to its completion.

I would like to thank Dr. David N. Elkins who helped me explore and discover who I already was. I could never have imagined that the author of the book that solidified my desire to become a psychologist would become my cherished mentor. Under his wing, I have already accomplished more than I thought possible. Through his humble genius, he not only showed me what a psychologist is supposed to do, but who a psychologist is supposed to be. He has opened

doors to some of my wildest dreams and encouraged me love the simple things. I am a better person because of Dr. Elkins.

I would like to thank my friends and colleagues, Jaqulyn Spezze, Nathan Edwards, Mark Miller, Nardos Bellete, and Elizabeth Romero who inspired me, challenged me, and curated my passions. More importantly, they kept me laughing while working towards a better future. I would also like to thank my friends and colleagues in the Society for Humanistic Psychology, Dr. Kirk Schneider, Dr. Nathaniel Granger, Jr., Dr. Richard Bargdill, Dr. Brent Dean Robbins, Dr. Shawn Rubins, and Gina Belton and many others. This group of committed clinicians and scholars has helped unlock some of my true potential while giving me the opportunities to do so.

Finally, I would like to thank my family. They have provided the resources, support, and the reason to do what I do. This would certainly have not been possible without them.

VITA

Justin J. Underwood**EDUCATION****Doctoral Student in Clinical Psychology**

April 2016

Pepperdine University, Graduate School of Education & Psychology, Los Angeles, CA

Master of Arts in Counseling Psychology

Aug 2009

Trevecca Nazarene University, Nashville, TN

Bachelor of Science in Psychology

Dec 2004

Trevecca Nazarene University, Nashville, TN

CLINICAL TRAINING EXPERIENCE**Institute for Multicultural Counseling and Educational Services****Los Angeles, CA****Sept 2015 – Present***Doctoral Intern*

- Co-facilitate court-ordered domestic violence perpetrator group
- Assess, diagnose, and treat mental illness in multicultural populations
- Create interdisciplinary “wrap” treatment plans consisting of psychiatrists, psychotherapists, social workers, rehabilitation specialists, and peer partners
- Conduct individual and family therapy to clients involved in DCFS cases
- Provide integrated psychological testing batteries and complete psychological reports to assess in diagnosis and treatment planning among multicultural populations

Supervisor: Ali Jazayeri, PhD, Licensed Psychologist**Los Angeles Harbor College****Los Angeles, CA****Aug 2014 –Aug 2015***Doctoral Extern*

- Conduct individual therapy with students
- Crisis resolution/triage with college students
- Provide outreach and psychoeducation regarding well-being to community
- Conduct group therapy with specialized populations including veterans, LGBTQ population, and those with learning disabilities

Supervisor: Bonnie Burstien, Ph.D., Licensed Psychologist**Pepperdine Community Counseling Clinic****Los Angeles, CA****Aug 2013- July 2015***Doctoral Practicum Student*

- Conduct intake interviews and individual therapy with emphasis on Humanistic-Existential Therapy

- Conduct cognitive and personality assessments
- Complete psychological assessment reports and provide feedback to clients

Supervisor: Shelly Harrell, Ph.D., Licensed Psychologist

Pepperdine University Community Assessment

Los Angeles, CA

Jan 2014 – July 2015

Doctoral Practicum Student

- Provide strengths-based integrated assessments for children
- Culturally-appropriate test selection, administration, interpretation, and report writing
- Provide feedback and support following assessment report completion including advocating in school systems and input in IEP teams

Supervisor: Bruce Rush, Psy.D., Licensed Psychologist

Harbor-UCLA Medical Center

Torrance, CA

Sept 2013- Aug 2014

Doctoral Extern

- Conduct individual therapy and group therapy with emphasis on CBT, DBT, and ACT
- Common diagnoses: Schizophrenia, Substance Abuse, Borderline Personality Disorder among individuals with cognitive disabilities.
- Conduct skills groups with patients

Supervisor: Dorit Saberi, Ph.D., Licensed Psychologist

youTHink,

Los Angeles, CA

Aug 2013-June 2014

Be-the-change Partner, Doctoral Practicum Student

- Conduct groups focused on strengths and wellness with high school students engaged in leadership training through social justice
- Conduct workshops focused on well-being
- Conduct assessments of program outcomes

Supervisor: Shelly Harrell, Ph.D., Licensed Psychologist

Union Rescue Mission, Homeless Shelter

Los Angeles, CA

Sept 2011-Aug 2013

Doctoral Practicum Student

- Conduct intake interviews with adults in a residential treatment program for homelessness and substance abuse/dependence
- Common diagnoses include substance disorders, psychotic disorders, and mood disorders
- Provide ongoing individual and couples therapy for adults with dual diagnosis and chronic mental illness using cognitive-behavioral, dialectical behavioral, experiential, and humanistic-based therapeutic orientations
- Participate in substance abuse, motivational interviewing, spirituality, and diversity trainings

Supervisors: Aaron Aviera, Ph.D., Licensed Psychologist; Neva Chappette, Psy.D., Licensed Psychologist.; Cary Mitchell, Ph.D., Licensed Psychologist; Shelly Harrell, Ph.D., Licensed Psychologist

Santa Monica College
Santa Monica, CA

Sept 2012-May 2013

Doctoral Practicum Student

- Crisis resolution, triage with college students
- Conduct brief intake interviews with college students
- Common diagnoses: Depression, Anxiety, Identity Formation, Substance Dependence
- Provide short-term, solution-focused therapy with college students
- Outreach activities

Supervisors: Sandra Rowe, Ph.D., Licensed Psychologist; Alison Brown, Ph.D., Licensed Psychologist

BABB Center, Private Counseling Center
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Aug 2008 – Apr 2009

Master's Level Therapist Practicum Student

- Pre-Marriage /Marriage counseling
- Court ordered therapy
- Play Therapy
- Cognitive/Behavioral, Affective, and Psychodynamic interventions
- Administration, scoring, and interpretation of psychological assessments

Supervisor: Rhonda D'Imperio, Ph.D., Licensed Psychologist

RESEARCH EXPERIENCE

Pepperdine University
Los Angeles, CA

Sept 2011-Present

Harrell Research Group Lab Member

- Participate in weekly research lab collaborations in order to conduct a variety of research studies focusing on multiculturalism, LGBTQ issues, well-being, and self-care
- Aid in validation and collection of psychometric properties for assessment instrument measuring well-being along multiple dimensions

Investigator: Shelly Harrell, Ph.D.

Trevecca Nazarene University
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Aug 2008 – Aug 2009

Master's Thesis: Self-Esteem and denominational differences among college students

- Empirical study measuring self-esteem levels and religious denominational identities among college and university students

Chair: Susan Lahey, Ph.D.

SUPERVISION EXPERIENCE

Pepperdine University
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Sept 2014 – July 2015

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TEACHING EXPERIENCE

Los Angeles Harbor College

Los Angeles, CA

Oct 2014 – Dec 2014

Assistant Instructor PD 17: Personal Development College and Study Skills

- Create lectures and teach multiple class sessions regarding study skills and psychological well-being to undergraduate students
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- Provide consultations to students regarding course material

Pepperdine University

Los Angeles, CA

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- Present prepared introductions for special speakers
- Provide research and administrative assistance to professor in preparation for classes

PROGRAM DEVELOPMENT

The Mentor Project

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- Co-creation and program development of a clinical training program along with David N. Elkins, Ph.D., two-time president of APA Division 32: The Society for Humanistic Psychology, where graduate students will participate in intensive seminars about leaders in the field, culminating with a mentoring experience with that leader. Leaders and mentors include Irvin Yalom, M.D., Melba Vasquez, PhD., Bruce Wampold, Ph.D., ABPP, Michael Lambert, Ph.D., Robert Stolorow, Ph.D., Kirk Schneider, Ph.D., Maureen O'Hara, Ph.D., Gerald Corey, Ph.D.
- Creation of application materials and aid in selection of participants
- Aid in preparing curriculum for intensive seminars
- Administration and coordination of mentorship experiences with leaders and participants

ADDITIONAL EXPERIENCE**Mental Health Cooperative**

Nashville, TN

Oct 2009 - Aug 2011

Homeless Outreach Specialist

- Identify and assess homeless men, women, and children with severe and persistent mental illness to develop action plans and address mental illness
- Common diagnoses Schizophrenia, Bipolar Disorder, Schizoaffective Disorder, Major Depressive Disorder, and all Axis II disorders
- Crisis counseling at the Nashville Rescue Mission with individuals with active psychotic symptoms and those who are suicidal or homicidal to deescalate severe crises

Mental Health Cooperative

Nashville, TN

Jan 2006 - Oct 2009

Homeless Case Manager

- Assess and facilitate needs of homeless men with severe and persistent mental illness to improve quality of life for those who are homeless due to symptoms of severe mental illness
- Common diagnoses Schizophrenia, Bipolar Disorder, Schizoaffective Disorder, Major Depressive Disorder, and all Axis II disorders
- Crisis counseling with individuals with active psychotic symptoms

Youth Villages

Nashville, TN

Apr 2005 – Jan 2006

Teacher-Counselor

- Counsel adolescents in state's custody individually and in group sessions
- Common diagnoses ADHD, LD, ODD, Conduct Disorder, Mood Disorder, PTSD, Major Depressive Disorder, and Psychotic Disorders
- Family Systems-based interventions

Regional Intervention Program (RIP)

Nashville, TN

Jan 2004-May 2004

Undergraduate Intern

- Collect data on behavioral treatments with pre-kindergarten children
- Teach parenting skills/behavioral interventions to parents
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PUBLICATIONS

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Underwood, J. J., & Bargdill, R. (2015). Consciousness. In R. Bargdill & R. Broome (Eds.), *Humanistic contributions for Psychology 101: Growth, choice, and responsibility*. San Francisco, CA: University Professors Press.

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Agee, E. R., Spezze, J. D., **Underwood, J. J.,** Romero, E., Harrell, S. P., & Mitchell, C. L. (2012, August). *God and skid row: Clinical implications of integrating mental health services and spirituality/religion*. Poster presented at the One Hundred Twentieth Annual Convention of the American Psychological Association, Orlando, FL.

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Acceptance and Commitment Therapy Training**Sept 2013**

- Acceptance and Commitment Therapy (ACT) One Day Workshop
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Cognitive Behavioral Analysis System of Psychotherapy Training**Sept 2013**

- Cognitive Behavioral Analysis System of Psychotherapy (CBASP) in the Treatment of Chronic Depression
Instructor: David Schafer, Psy.D. at Harbor-UCLA Medical Center

Dialectal Behavioral Therapy (DBT) Advanced Training**Sept 2013**

- Advanced Training in Application of DBT

Dialectical Behavior Therapy (DBT) Training

Sept 2013

- Dialectical Behavior Therapy (DBT) in the Treatment of Borderline Personality Disorder Two Day Workshop

Instructor: Lynn McFarr, Ph.D. at Harbor-UCLA Medical Center

Mindfulness-Based Stress Reduction (MBSR) Training

Apr 2011

- Mindfulness-Based Stress Reduction (MBSR) in Promoting Well-Being Two Week Workshop

Instructor: Elmo Shade, M. Ed., C.P.L.P. at Vanderbilt Medical Center

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) Training

Apr 2011

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) in the Treatment of Children Exposed to Trauma Two Day Workshop

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Conrad N. Hilton Foundation Fellowship

Pepperdine University Colleagues Grant

ABSTRACT

This study examined multiple dimensions of well-being among adults with identified religious or spiritual affiliations utilizing the Multidimensional Well-Being Assessment (MWA). This study focused on transcendent well-being and its dimensions of religiosity/spirituality and meaning/purpose/flow. A non-random sample of 492 participants with identified religious or spiritual affiliations completed multiple measures of well-being as part of a larger psychometric investigation of the MWA. This study supports the MWA as a valid and reliable measure of transcendent well-being among adults with identified religious or spiritual affiliations. This study also found that those who view religiosity or spirituality as very important to them and value its importance to their overall well-being had higher levels of transcendent well-being than those who did not. Furthermore, results of a series of MANOVAs found statistically significant differences between groups on various demographic and background variables (e.g., religious orientation, race/ethnicity, relationship status, and education level) who rate religion or spirituality in their top determinants of overall well-being. This study's findings also indicated transcendent well-being is positively correlated with other dimensions of well-being. This study has implications for future research related to understanding well-being in individuals who identify as religious or spiritual.

Chapter 1. Introduction

What does it mean to live well and how do we do it? This central question has created thousands of philosophies, religions, economic structures, societies, and customs since the earliest recorded history and the answer is still sought after and debated today. Historically, the fields of medicine and psychology attempt to answer this question by understanding ills and deficits and how to overcome or remove them. However, this approach falls short. The absence of pathology does not equate the presence of well-being, defined as “optimal psychological functioning and experience” (Ryan & Deci, 2001, p. 142). The health-related disciplines investigate positive capacities and human potential by studying well-being.

There is variation among individuals and groups as how to achieve optimal functioning. There are important differences in understandings of well-being between and within cultures (Joshani, 2014). Levin (2013) states

There are almost as many definitions of well-being as there are definers; accordingly, the precise composition of this construct, as far as component parts, is not a settled fact...Nonetheless, distinct dimensions can be identified, corresponding to respective psychological functions, each with a strong tradition of measurement and study. (p. 274)

Although there are many definitions of well-being, research has shown a tendency to identify and follow the philosophical assumptions of either hedonic or eudaimonic traditions to investigate well-being. The hedonic tradition refers to happiness based on positive affect and the eudaimonic tradition refers to living life in a deep, satisfying way (Deci & Ryan, 2008). These two theories of how individuals achieve optimal psychological functioning have been shown to be stable constructs throughout the history of western philosophy and throughout psychological research (Busseri & Sadava, 2012; Deci & Ryan, 2008; Diener, 2000; King & Napa, 1998).

Although distinct, the literature consistently suggests that hedonic and eudaimonic well-being are interrelated (Friedman, 2008; Friedman & Robbins, 2012; King & Napa, 1998; Robbins, 2008, Ryan, Huta, & Deci, 2008).

Religiosity and spirituality are important aspects of life for many people, fundamental in their understanding of themselves and their world, and a vital part of their human experience (Shafranske & Maloney, 1990). Literature suggests that spiritually-related well-being may impact overall well-being, both subjectively and psychologically (Lun & Bond, 2013; Steger & Frazier, 2005). Religiosity and spirituality appear to be particularly important to ethnic and religious groups that have been largely neglected in well-being research (Boyd-Franklin, 2010; Joshanloo, 2014).

Research indicates that religiosity and spirituality impact other domains of well-being, such as physical well-being (Debruin, 2006; Naghi, Phillip, Phan, Cleenwerck, & Schwartz, 2012). Spiritual beliefs and religious practices appear to improve physical well-being directly by improving symptoms and indirectly by encouraging preventative behaviors, improving overall health (Mouch & Sonnega, 2012; Strawbridge, Shema, Cohen, & Kaplan, 2001). Religiosity and spirituality also appear to impact overall well-being, mostly been identified in the literature by improving quality of life (Basinski, Stefaniak, Standnyk, Sheikh, & Vingerhoets, 2013; Paiva et al., 2013).

Chapter 2. Review of Literature

Conceptualizations of Well-Being

Subjective well-being. Empiricus (1926) laid the groundwork for hedonism as he stated, “For it is to obtain this end that we always act, namely, to avoid pain and fear...and for this cause we call pleasure the beginning and end of a blessed life” (p. 87). Hedonic well-being, also referred to in the psychological literature as Subjective Well-Being or SWB, is an individual’s well-being based on subjective evaluations of their own happiness, reflecting the balance of pleasurable thoughts and feelings and negative thoughts and feelings (Kahnemann, Diener, & Schwartz, 1999). Subjective well-being assumes that the presence of pleasure and the absence of pain will bring about happiness. Diener (2000) states, “People experience abundant SWB when they feel many pleasant and few unpleasant emotions, when they are engaged in interesting activities, and when they experience many pleasures and few pains and when they are satisfied with their own lives” (p. 34).

Current moods have a strong effect on how satisfactory people rate their lives (Schwartz & Strack, 1999). This is congruent with hedonic well-being philosophy. Hedonic satisfaction with life is based on a global judgment of satisfaction with different domains of life such as vocational and romantic domains. Individuals’ optimal well-being may be measured by the amount of time a person experiences pleasant emotions (Diener, Sandvik, & Pavot, 1991). Diener’s (2000) survey of over 7,200 international college students concluded that hedonic happiness is valued worldwide but western cultures place more importance on experiencing pleasure than other cultures.

Pleasure and positive affect are important human experiences not only because they represent intrinsically preferred states, but also because they can facilitate and support other

human functions. Subjective well-being has been associated with increased cognitive flexibility and efficiency by enhancing problem-solving abilities and it has been inferred that this leads to generosity and interpersonal understanding (Isen, 2003). Increased subjective well-being evidenced by increased positive affect may alert individuals that they are having a meaningful experience and that they are acting in accordance with their values (King, Hicks, Krull, & Del Gaiso, 2006). However, hedonic well-being is dependent on experiencing more pleasant emotions and moods than negative emotions and moods, feeling happy more often than not. This does not necessarily mean it will produce life satisfaction or lead to living a good life, particularly if living according to your values is difficult and does not produce immediate happiness (Diener, 2000).

Psychological well-being. Aristotle (2004) is credited for the West's first distinguishing between eudaimonia and hedonia in his work *Nicomachian Ethics*, where he contrasted hedonia's path to well-being based on experiencing pleasure with eudaimonia path to well-being based on living a virtuous life (Ryan, Huta, & Deci, 2008). Positive affect, happy emotions, pleasant thoughts, and contentment are not the criteria for psychological well-being, although those may be consequences of a life lived purposeful, with meaning and accordance to values. Eudaimonia reflects the position that happiness should not be the measure of optimal psychological functioning and places emphasis on actualizing one's fullest potential (Joshanloo, 2014).

If hedonic well-being can be thought of as outcome-focused, then eudaimonic well-being can be thought of as process-focused. Eudaimonic well-being places emphasis on the content of an individual's life and the process one goes through to obtain a complete life, realizing one's own human potentials (Ryan & Deci, 2001). Eudaimonia assumes that well-being is a way of

living, in comparison to hedonia's subjective appraisals of happiness (Ryan et al., 2006).

Robbins (2008) states that eudaimonia is "a reflection of a person who is flourishing in terms of his or her character strengths and virtues" (p. 100). Aristotle's (2004) eudaimonia identifies various traits that people should strive for to achieve this well-being. These virtues are the eudaimonic path to well-being. He stated that genuine happiness was the result of harmony within those virtues, including autonomy, mastery of one's environment, personal growth, personal relationships, life purpose, and self-acceptance, and to strive for a well-lived life (Robbins, 2008).

Psychological well-being is found in a life of depth, meaning, and community (Ryan et al., 2006). Research indicates that increased psychological well-being is associated with increased subjective well-being and may produce feelings of happiness, pleasure and satisfaction (Deci & Ryan, 2008; Friedman & Robbins, 2008; Robbins, 2008; Ryan et al., 2006) and subjective well-being seems to be consistently correlated with psychological well-being (Compton, Smith, Cornish, & Qualls, 1996; Keyes, Shmotkin, & Ryff, 2002; McGregor & Little, 1998). However, eudaimonic well-being suggests the possibility that one may be living a good, complete life that may also include unpleasant thoughts and feelings. It allows for one to fully experience not only the thrills and awes of life but also its anxieties (Schneider, 2004). The eudaimonic perspective holds that living well with meaning and purpose facilitates an appreciation of anxieties as they help adapt and construct an even better existence, which may come at the sacrifice of hedonic happiness (Joshnloo, 2014).

The focus of eudaimonic research has been to specify what living well entails and to identify the expected consequences of such living. These consequences may include hedonic satisfactions, but typically eudaimonic theorists have been interested in other outcomes

indicative of a good life, such as vitality, intimacy, health, and sense of meaning, among others. By contrast, the focus of hedonic research is not on a valued but delimited state, namely pleasure. The experience of subjective happiness does not necessarily mean one has cultivated those characteristics and qualities that enable a person to live an authentically good life. If one is living an authentically good life, however, one enhances the capacity for deep, enduring, and mature expressions of happiness and joy (Robbins, 2008).

Measuring Well-Being

Currently, well-being is measured utilizing two different constructs, theory-driven constructs (e.g., subjective well-being, psychological well-being) and specific domain constructs (e.g., physical, relational, religious/spiritual). It is typically measured utilizing self-report measures allowing individuals to assess their current state of well-being and personal values (Binder, 2013). Subjective well-being indicators are often used to measure well-being, such as domain satisfaction judgments, life-satisfaction judgments, quality of life judgments, measures of hedonic balance, and positive and negative affect (Zou, Schimmack, & Gere, 2013). There are also numerous scales of specific aspects of well-being, such as sense of community, social identity, and spirituality.

Well-being is often operationalized as quality of life (QOL) in many health related studies. Quality of life is defined as “Individuals’ perception of their position in life in the context of the culture and the value system in which they live and in relation to their goals, expectations, standards and concerns,” (World Health Organization, 1997, p. 1). The domains of QOL that are most widely used are physical, psychological, and social functioning, which is similar to well-being (Spilker, 1990).

The following measures represent the current, most widely-used well-being measures: Gallup-Healthways Well-Being Index-5 (Well-Being 5), International Well-being Index/Personal Well-being Index - Adults (PWI-A), The Positive and Negative Affect Schedule (PANAS), Quality of Life Inventory (QOLI), The Quality of Well-Being Scale (QWB), Ryff's Scales of Psychological Well-being (PWB), and The Satisfaction with Life Scale (SWLS). The Flourishing Scale and The Scale of Positive and Negative Experience (SPANE) are other measures of well-being that are current representations of well-being.

Religiosity, Spirituality, and Well-Being

Religiosity is a complex, multidimensional construct involving the intertwining of behaviors, beliefs, affects, experiences, and values (Levin, 2013). It is one of the most common aspects of the human experience and it is often a concern among those seeking psychological treatment (Shafranske & Sperry, 2005). Religiosity is generally defined as group, public displays of faith while spirituality typically refers to individual experiences (MacDonald, 2000). Literature has also regularly shown that both religiosity and spirituality have positive associations with well-being and the belief that these aspects increase well-being is almost a mainstream belief held within the field (Levin, 2013). Most studies of religiosity and spirituality investigate Protestant and Catholic Christian religiosity and there is concern that these results are then generalized to diverse religious and spiritual populations (Joshani, 2014; Moberg, 2002). However, though this concern remains valid due to the inequality of research, studies tend to show religiosity and spirituality has a positive effect on well-being in the Buddhist community, in the Israeli Jewish community, in the Mormon community, and in the Muslim community (Allen & Wang, 2014; Johnstone et al., 2012; Levin, 2013; Vasegh & Mohammadi, 2007).

Religiosity, spirituality, and subjective well-being. Most of the literature concerning religiosity and spirituality defines well-being in line with subjective well-being, focusing on happiness and positive affect. Research repeatedly suggests that increase in public displays of religiosity, such as regularly attending worship services, and spiritual practices, such as praying or meditating, increase positive affective states and subjective feelings of happiness (Koenig, McCullough, & Larson, 2001; Lun & Bond, 2013; McFadden, 1995). This trend is particularly strong among older adults (Jackson & Bergeman, 2011; Krouse, 2003).

However, more careful investigation reveals that this relationship is also complex and multidimensional. Lun and Bond (2013) found the relationship was heavily influenced by culture. In cultures with more public displays of religious beliefs, subjective well-being was positively associated with religious practices, whereas those in cultures that were less socialized toward their religious practices showed a decrease in subjective well-being associated with their religious practices. They also found that in cultures that were hostile toward particular religious practices, one's personal faith in their religious leaders increased their subjective well-being more so than in cultures without hostility toward religious practices.

It also seems that the religious intentions must be genuine in order to obtain the benefits of religiosity. Gordon Allport distinguished between intrinsic religiosity (genuine religious practices and values) and extrinsic religiosity (religious practices to serve non-religious goals such as security and status; Allport & Ross, 1967). Studies suggest that high levels of extrinsic religiosity are associated with decreased levels of subjective well-being (Pargament, 2002; Smith, McCollough, & Poll, 2003).

Religiosity, spirituality, and psychological well-being. It has been suggested that religiosity and spirituality impact psychological well-being, as well. Participation in Christian

spiritual practices was associated with increased psychological and existential well-being in a sample of Christian college students (Janzen, 2005). Some suggest the increase in psychological well-being is responsible for the increase in subjective well-being. Steger and Frazier (2005) used multiple regressions to find meaning in life had a mediating effect on the relationship between religiosity and spirituality and subjective well-being. Jackson and Bergeman (2011) also found psychological well-being to have a mediating effect between both religiosity and spirituality and subjective well-being, but only among older adults.

The construct of spiritual well-being in the literature is closely tied with psychological well-being. McClain, Rosenfeld, and Breitbart (2003) and Muldoon and King (1995) state that meaning and value are centrally tied to spiritual well-being. Measurements of spiritual well-being, such as the Spiritual Well-Being Scale (Paloutzan & Ellison, 1982) and the FACIT-Spiritual Well-Being Scale (Peterman et al., 2014), include existentially-related items of meaning and purpose in life and values held. Acknowledging and assessing spiritual well-being helps to honor the full person as part of a holistic understanding of personhood which understands people as multidimensional, including the body, mind, and spirit. This is consistent with recommendations by the World Health Organization to address quality of life while assessing health by encompassing the multiple dimensions of personhood, including psychological, social, and spiritual dimensions (Ben-Arye, Steinmentz, & Ezzo, 2013).

Addressing spiritual well-being in the eudaimonic tradition also helps to address factors of well-being among populations who have been underrepresented in well-being research and literature. An overemphasis on hedonic conceptualizations and assessments of well-being may alienate and neglect the needs of cultural and religious groups (Eliot et al., 2012; Joshanloo, 2014; Lu, 2006). Spirituality has been identified as a protective factor in the African American

community by limiting the effects of distressed mental states (Boyd-Franklin, 2010; Lamis, Wilson, Tarantino, Lansford, & Kaslow, 2014). It has also been shown to be positively related to well-being through fostering social bonds and enhancing meaning making for many African Americans (Boyd-Franklin, 2010; Lamis et al., 2014; Mattis, 2002). Investigation of this eudaimonic dimension of well-being and spirituality among African Americans yields a clearer understanding of the relationship that may not be found or found to be as salient in research with dominant cultural groups. Similarly, others have found that a focus on eudaimonic spiritual well-being increases the relevance of well-being among those in Persian cultures (Joshani, 2014), Native American cultures (Mohatt, Ching Ting Fok, Burket, Henry, & Allen, 2011), and Asian cultures (Eliot et al., 2012; Kim et al., 2012; Lu, 2006). Religiosity, spirituality, and spiritual well-being provide a more complete understanding of overall well-being by helping to address the whole person and acknowledging important aspects of well-being among humanity's diverse population in a field that has traditionally set ideal standards of well-being based on primarily European-American standards and expectations (Ben-Arye et al., 2013; Harrell, 2014; Joshani, 2014).

Religiosity, Spirituality, and Overall Health

Religiosity and spirituality have powerful effects in the lives of those who value them. Literature has shown a beneficial relationship between religiosity and physical health, two domains of well-being often researched together. Religious meaning has been suggested to improve health from reducing symptoms of Irritable Bowel Syndrome to reducing diastolic blood pressure (Debruin, 2006; Larson et al., 1989). Some of these benefits may be due to behaviors encouraged or discouraged by religious or spiritual beliefs. Longitudinal studies suggest that higher religiosity improved physical health by encouraging healthier behaviors

(Strawbridge et al., 2001; Wills, Yeager, & Sandy, 2003). Naghi et al. (2012) found that increased spirituality was associated with increased medication compliance in patients with chronic heart failure, therefore improving their prognosis.

Perhaps it is the perceptions of one's health, and not their health itself, that is affected by religiosity. The benefits of religiosity in patients with cancer were mediated by whether they viewed God as stern and judgmental or loving and forgiving (Meisenhelder, Schaeffer, Yanger, & Lauria, 2013). Johnstone et al. (2012) found that there were no health differences in their sample of 160 people, but those with higher levels of religiosity and spirituality held more positive attitudes about their health than those with lower levels of religiosity and spirituality. Diverse samples have shown that those who prioritize their religious beliefs above all else in organizing and understanding the world and who report a very close relationship with a higher power, tend to self-report their health statuses more positively than they actually are (Holt et al., 2012; Rogers et al., 2010).

These attitudes about physical health may translate to improved health. In an analysis of over 20 independent studies measuring religiosity in patients of cardiac surgery, Mouch and Sonnega (2012) concluded that increased levels of religiosity and spirituality increased patients' prognosis. They found that results consistently show religiosity and spirituality to be associated with higher levels of optimism before surgery, and lower levels of distress and depression after surgery, which tended to relate to fewer complications in surgery, shorter length of hospital stays, improved physical functioning post-operation, and reduced chance of post-operation short-term death (Mouch & Sonnega, 2012).

Rationale

Overall, the current research on well-being tends to be unidimensional and there is not a unified multidimensional measure of well-being that considers aspects that may be of relevance to individuals that are spiritual/religious. The Multidimensional Well-Being Assessment (MWA; Harrell, 2013) was developed to be a more inclusive measure of well-being. The MWA includes both the psychological and subjective domains of well-being (i.e., cognitive, affective, and behavioral), while also incorporating domains of well-being that are often measured separately such as spirituality, sense of community, transformational growth, and social-cultural identity. This study expands upon the current research on well-being by examining well-being in individuals with particular attention to spiritual well-being and perceived importance of spirituality to one's overall well-being. It is important to examine well-being in individuals who identify with a religious or spiritual orientation in order to aid mental health professionals, as well as primary care physicians and specialists, to better understand how religiosity/spirituality impacts well-being. This understanding may also have implications for designing effective treatments and enhancing treatment outcomes.

Research Questions

Research question 1. What is the internal consistency reliability of the MWA transcendent well-being subscales (Religion-Spirituality and Meaning-Purpose-Flow) among those who report a specific religious or spiritual identification?

Hypothesis 1. It is expected that the MWA transcendent subscales will each yield an alpha coefficient of .70 or larger.

Research question 2. Is there evidence of construct validity for the MWA transcendent subscales for those who report a specific religious or spiritual identification?

Hypothesis 2. It is expected that the MWA transcendent subscales will show a pattern of significant correlations with the following validation scales: SWLQ, SPANE-P, Flourishing Questionnaire, and the PWI.

Research question 3. Are there differences on the MWA transcendent subscales between those who rate religion/spirituality among the top 5 determinants of their overall well-being compared to those who do not rate it among their top 5?

Hypothesis 3. It is expected that there will be significant differences in Religious-Spiritual Transcendent Well-Being and Meaning-Purpose-Flow Transcendent Well-Being such that those who rate religion/spirituality among their top 5 determinants of overall well-being will have higher Transcendent Well-Being Scores.

Research question 4. Are there differences on the MWA transcendent subscales between those who rate religion/spirituality as very important to their overall well-being compared to those who do not?

Hypothesis 4. It is expected that there will be a significant difference on Religious-Spiritual Transcendent Well-Being and Meaning-Purpose-Flow Transcendent Well-Being such that those who rate religion-spirituality as very important to their overall well-being will have higher Transcendent Well-Being Scores.

Descriptive question 1. What is the relationship between transcendent well-being and the other dimensions of well-being measured by the MWA?

Descriptive question 2. Are there demographic differences on age, gender, race/ethnicity, level of education, relationship status, parental status, stress level, illness interference, income, and socioeconomic status on the transcendent well-being among those who rate religion/spirituality in their top five determinants of overall well-being?

Descriptive question 3. What differences of transcendent well-being and eudaimonic well-being are observed across diverse religious affiliations?

Exploratory question. What are the differences in validity coefficients between the spirituality MWA transcendent subscales as ratio scores versus as weighted scores?

Chapter 3. Methodology

Development of the Multidimensional Well-Being Assessment

The Multidimensional Well-Being Assessment (MWA; Harrell, 2013) was developed for the purpose of establishing a culturally-informed, inclusive, and multidimensional measure of well-being that takes into account the multiple contexts of well-being. It was developed with a primary purpose of being more inclusive of all aspects of well-being. The MWA is a well-being measurement that incorporates several important aspects of well-being. Many aspects of well-being measured by the MWA have not been included in other comprehensive scales of well-being, such as transformational well-being, collective well-being, and transcendent well-being. What makes the MWA a unique contribution to well-being research is the multidimensional construct of well-being in a single set of subscales that have been developed and tested concurrently.

Development of the MWA included identifying core dimensions of well-being emerging from the scholarly literature with particular attention to culturally diverse populations, generating an exhaustive pool of items for the MWA, and reducing the number of items through a Q-sort procedure. This process resulted in a 160-item scale with five primary well-being domains and two to four dimensions within each domain (see Appendix B). The five primary well-being domains and dimensions are as follows: Psychological Well-Being (Emotional, Functional, Awareness, Transformational), Physical Well-Being (Physical Health, Environment, Safety), Transcendent Well-Being (Meaning-Purpose-Flow, Spirituality and Religion), Relational Well-Being (Prosocial behavior, Relationship Quality), and Collective Well-Being (Cultural Identity, Community Connectedness, Participation and Action, National Context).

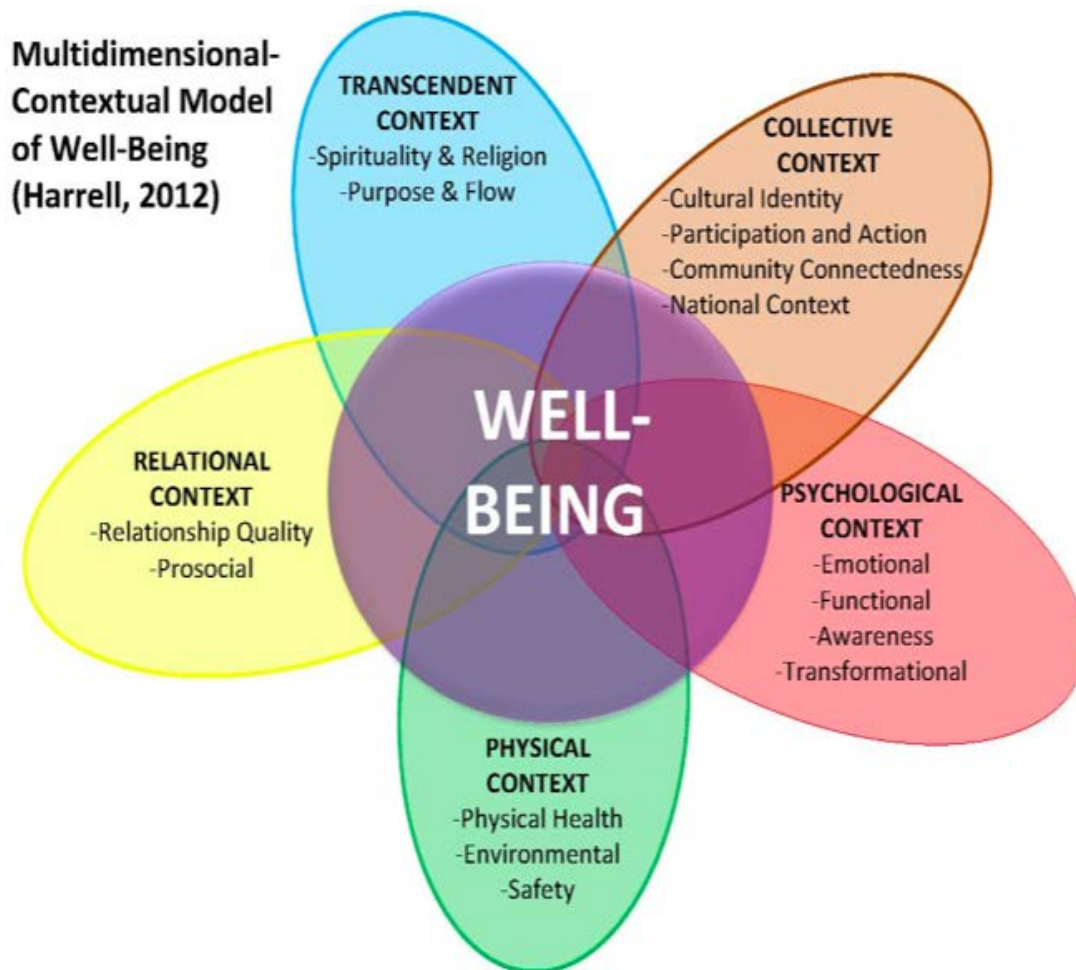


Figure 1. Multidimensional-Contextual Model of Well-Being. From Development of a Framework and Measure of Multiple Contexts of Well-Being: Personal, Relational, Collective, Transcendent, and Physical, by Harrell et al. (2012). Reprinted with permission.

Overview of the Well-Being Project. The larger psychometric study, The Well-Being Project, was in progress at the time of this dissertation. This larger project aimed to recruit a diverse sample of approximately 800 participants from community and student populations. This study sought to understand well-being among those who identify a particular religious or spiritual affiliation. Participants were selected from the archival database of the larger study that

reflect the target characteristics of the study. The larger psychometric study was approved by the university Institutional Review Board and approximately 700 questionnaires were collected.

In the larger study, data was collected online through a website or as a paper-and-pencil questionnaire. The online questionnaire could be completed from any device (e.g., computer, smartphone, tablets) where internet connection is available. Only online data was accessed for this study.

Potential participants in the larger study were recruited in several ways. The first method of recruitment utilized snowball methods (i.e., person-to-person recommendation, spreading the word, social networking sites). The second method of recruiting participants involved gaining permission from the heads of identified organizations to provide information or make announcements directing members to the online questionnaire or to conduct pencil-and-paper administrations during meetings or gatherings. Another method of recruitment distributed and/or posted written or electronic announcements in a variety of community and university settings that directed participants to the online questionnaire. Finally, another method involved securing permission to do a group face-to-face administration in meetings of classes or organizational groups

All potential participants received Information for Research Participants (see Appendix A) either online or in hardcopy form. If participants were recruited in person then the “Information for Research Participants” document was reviewed verbally by a research staff member, and addressed questions about participation in the research. The questionnaire administrator put particular emphasis on the voluntary nature of participation (see Appendix A). Participants had the option of entering a weekly prize drawing for a \$30.00 gift certificate to

their choice of over 100 retail stores, restaurants, and entertainment venues through giftcertificates.com.

Participants

The sample for the current study included 492 participants that completed the online questionnaires in the larger Well-Being Project as of March 1, 2015. The minimum number of participants was determined by using power tables developed by Cohen (1992), using a power specification of .80 and a medium effect size with a significance level of .05.

Measures of Well-Being

Multidimensional Well-Being Assessment (MWA; Harrell, 2013; See Appendix A). The principal investigator of the larger psychometric study developed the MWA for the primary purpose of contributing an instrument to the measurement of well-being that is comprehensive and more inclusive of aspects of well-being that may be particularly relevant to racial/ethnic minority groups and those of lower socioeconomic status. In particular, the MWA is the first well-being measurement to include transformational well-being, collective well-being, and transcendent well-being within a comprehensive assessment of the construct. These aspects of well-being emerge from the literature in multicultural psychology where themes of collectivism, spirituality, and overcoming adversity are prominent (Jackson, 2006). Conceptualizing well-being that is inclusive of these ideas and measuring the resulting multidimensional construct in a single multiscale instrument is a unique contribution of the MWA. It is a 160-item measure, assessing five general wellness contexts and 2-4 dimensions of well-being within each context with a total of 15 Well-Being Dimensions. These include the Psychological Wellness context comprised of four dimensions of well-being (Emotional, Functional, Transformational, and Awareness), the Physical Wellness context comprised of three dimensions of well-being (Health

and Body, Environmental, and Safety), the Relational Wellness context comprised of two dimensions of well-being (Prosocial and Relationship Quality), the Collective Wellness context comprised of four dimensions of well-being (Community, Sociocultural Identity, Participatory, and National Context) and the Transcendent Wellness context comprised of two dimensions of well-being (Meaning-Purpose-Flow and Spiritual-Religious). Items are rated on a 5-point Likert-type scale. The respondent is asked to rate each item based on how much the statement has been true for them over a specific time frame (e.g., past week, past 2 weeks, past month). Responses range from “Never/Not at all” to “Always/Extremely.” Scores are calculated for each Wellness Context, as well as for each dimension of well-being by adding the ratings and dividing by the number of items so that scores are comparable across domains and dimensions.

In June 2013, preliminary psychometric data was explored which indicated that the top five contributors to well-being included: “The quality of my relationships with the people closest to me,” “Having positive emotions and feelings,” “My physical health,” “My daily activities and achievements,” and “Having a sense of meaning and purpose.” Initial alpha reliabilities and validity coefficients were computed for the initial 94 participants (Harrell et al., 2013). They are summarized in Tables 1 and 2 below.

Table 1

Reliability Coefficients for MWA Well-Being Dimensions

Context and Dimension	# Of Items	Cronbach's Alpha	Mean	Standard Deviation
Physical	31	.90	4.58	0.60
Health	12	.84	4.11	0.78
Environment	11	.78	4.48	0.70
Safety	8	.83	5.15	0.73
Psychological	40	.96	3.96	0.72
Emotional	12	.92	4.08	0.85
Functional	10	.83	4.09	0.72
Awareness	6	.75	4.80	0.82
Transformative	12	.88	3.67	0.86
Relational	27	.91	4.24	0.71
Relationship Quality	15	.88	4.41	0.83
Prosocial	12	.89	4.08	0.83
Collective	35	.94	3.38	0.87
Identity	12	.86	3.59	1.00
Community	10	.86	3.60	0.97
Participatory	8	.85	3.01	1.17
National	5	.70	3.31	0.95
Transcendent	27	.94	3.48	1.06
Meaning-Purpose	14	.89	3.70	0.92
Spirituality	13	.94	3.28	1.38

Table 2

Validity Coefficients for the MWA Well-Being Dimensions

Context and Dimension	SWLQ	Flourishing Scale	SPANE-Positive	SPANE-Negative
Physical	.36**	.41**	.46**	-.56**
Health	.32*	.45**	.54**	-.55**
Environment	.31*	.40**	.44**	-.49**
Safety	.26*	.16	.15	-.35**
Psychological	.48**	.64**	.69**	-.63**
Emotional	.61**	.68**	.81**	-.72**
Functional	.49**	.55**	.60**	-.61**
Awareness	.25*	.43**	.54**	-.52**
Transformative	.38**	.59**	.52**	-.42**
Relational	.44**	.53**	.55**	-.42**
Relationship Quality	.57**	.52**	.65**	-.48**
Prosocial	.17	.38**	.27*	-.23
Collective	.18	.49**	.40**	-.29*
Identity	.19	.49**	.45**	-.36**
Community	.33**	.59**	.49**	-.38**
Participatory	.00	.31*	.16	-.09
National	.12	.32*	.31*	-.21
Transcendent	.28*	.52**	.56**	-.49**
Meaning	.46**	.60**	.60**	-.49**
Spirituality	.14	.40**	.46**	-.43**

The Background Questionnaire (Harrell, 2013; Appendix C). The Background Questionnaire is a 15-item demographic questionnaire developed by the investigator to obtain descriptive information about the research participants. There are 13 questions that request information regarding the participant's gender, age, race/ethnicity, country of birth and residence, zip/postal code, education, employment, relationship status, parental status, and financial situation. Two additional questions ask if the past 2 weeks had been particularly impacted by an illness or stress.

Questionnaire for Eudaimonic Well-Being (QEWB). (Waterman et al., 2010; See Appendix H). The QEWB is a 21-item self-report measure utilizing a 5-point Likert scale. The QWEB measures well-being as conceptualized in eudaimonic philosophy by quantifying aspects of self-discovery, perceived development of potential, sense of meaning and purpose in life,

intense involvement in activities, investing significant effort in activities, and enjoyment in personally expressive activities (Waterman et al., 2010). Internal consistency was statistically substantial (Cronbach's $\alpha = 0.85$) and the convergence with measures of subjective well-being and psychological well-being were 0.47 and 0.63, respectively.

Flourishing Scale. (Diener et al., 1985; Appendix E). The Flourishing Scale is a self-report measure of psychological and social functioning, theoretically based in psychological and social well-being. It is an 8-item measurement assessing positive relationships, feelings of competence, and a sense of purpose. Higher scores indicate psychological strength and optimistic view of self and future. Internal consistency was statistically significant (Cronbach's $\alpha = .87$; Diener et al., 2010). Furthermore, the convergence with Satisfaction with Life Scale was .62 (Diener et al., 2010). The Flourishing Scale also correlates with other well-being measures (e.g., Ryff scales of Psychological Well-being, Deci and Ryan's Basic Need Satisfaction in General Scale) at significant levels.

Personal Well-being Index (PWI). (Cummins, 2006). The PWI is a 7-item self-report measure of subjective dimensions of quality of life. Participants rate items on a 10-point Likert scale where 0 is completely dissatisfied and 10 is completely satisfied. The following domains are rated with the aforementioned scale: achieving in life, community-connectedness, future security, health, relationships, safety, and standard of living. The PWI has been utilized in approximately 50 countries and provinces. Cronbach's α ranges from .70 to .85. The PWI's correlates with the Satisfaction of Life Scale at .78. Inter-domain correlations are moderate ranging from .30 to .55 and item-total correlations are at least .50. In addition, the index has also demonstrated good test-retest reliability across a few week intervals with a correlation coefficient of 0.84 (Lau, Cummins, & McPherson, 2005).

The Satisfaction with Life Scale (SWLS). (Diener, Emmons, Larson, & Griffin, 1985; Appendix G). The SWLS is a measure utilized to assess global life satisfaction and judgments of subjective well-being (Diener et al., 1985). Items are rated on a 7-point scale, ranging from strongly disagree to strongly agree. The SWLS has strong internal reliability and moderate temporal stability. The Cronbach's alpha found by Diener et al., 1985 is 0.87; however, several other researchers found this coefficient alpha ranging from .79 to .89 (Pavot & Diener, 1993). The internal consistency of the five items were .81, .63, .61, .75, and .66 (Diener et al., 1985). In its validation, the correlations with other subjective measures of well-being ranged from 0.5 - 0.75. The SWLS is one of the most widely used measurements for assessment of subjective well-being. The psychometric properties of the SWLS were established with diverse populations, including non-psychiatric medical outpatient populations and in several different countries (Arrindell, Meeuwesen, & Huyse, 1991).

The Scale of Positive and Negative Experience (SPANE-P). The SPANE is a 6-item measure assessing positive feelings. This measurement assesses subjective well-being by measuring positive feelings (Diener et al., 2009). Three of the items are general (e.g., positive) and three subscales are more specific (e.g., joyful). In particular, the scale assesses positive experiences and feelings based on the frequency of feelings during the past month. Internal consistency reliability has a Cronbach's alpha of .84.

Recruitment and Data Collection

The recruitment procedure of this study was derived from the larger psychometric study and participants were recruited in accordance with an approved application to the Institutional Review Board (IRB) of Pepperdine University. The target sample for the current study included individuals that self-identified as having a specific religious or spiritual affiliation. Data

collection utilized non-random sampling. As data collection was in still in progress and the researcher was part of the larger project staff, approved data collection methods were used with a focus on locations with higher levels of individuals with spiritual and religious affiliations (e.g., churches and religiously affiliated universities). The researcher contacted participants through list-serves, social media, and posted advertisements directed participants to the study through the university's Qualtrics interface (https://pepperdinegsep.azl.qualtrics.com/SE/?SID=SV_b26n119407u2pvL), or the MWA website (www.wellbeingresearch.net).

Data Analysis

The Statistical Package for the Social Sciences (SPSS) 22 was used to analyze data. Data analysis included descriptive analyses, internal consistency analysis, correlational analyses, and MANOVAs to test the hypotheses and examine the descriptive research questions, explore relationships between transcendent well-being, and overall well-being among adults who have a specific religious or spiritual affiliation.

The researcher calculated coefficient alphas for the different dimensions of well-being assessed by the MWA. Convergent validity was assessed by performing bivariate correlations between the MWA scales and selected validation measures including the PWI (Cummins et al., 2006), SPANE-P (Diener et al., 2009), and SWLS, Flourishing Scale (Diener et al., 2009).

Chapter 4. Results

At the time of this study, a total of 571 participants completed the MWA, with 492 (86.2%) of the participants meeting the inclusion criteria of having an identified religious or spiritual affiliation. Of the 492 participants who met inclusion criteria, 392 completed the SWLQ, 386 completed the SPANE-P, 390 completed the Flourishing Questionnaire, and 380 completed the PWI. Approximately 10.9% of the participants identified as Jewish, 20.1% Protestant Christian, 17.7% Nondenominational or other Christian, 15.8% Catholic, 4.0% Muslim, 1.8% Buddhist, 1.8% Hindu, 1.1% New Age or New Thought Spirituality, 11.4% Spiritual with no specific religious belief system, 7.4% Agnostic, 6.0% Atheist, and 1.8% other spiritual or religious belief system.

Table 3

Religious/Spiritual Affiliations

Religious/Spiritual Identification	<i>n</i>	Frequency
Protestant Christian	115	20.1%
Nondenominational Christian or other Christian	101	17.7%
Catholic	90	15.8%
Spiritual with no specific religious belief system	65	11.4%
Jewish	62	10.9%
Agnostic	42	7.4%
Atheist	34	6.0%
Muslim	23	4.0%
Buddhist	10	1.8%
Hindu	10	1.8%
Other spiritual or religious belief system	10	1.8%
New Age/New Thought Spirituality	6	1.1%

Participants who completed the MWA consisted of 440 females (77.1%) and 131 males (22.9%). Ages ranged from 18 years to 77 years with a mean age of 33.5 ($SD=14.09$). Approximately 7.2% of the sample identified as African/Black American/Afro Caribbean/Black African, 1.2% Middle Eastern/Arab decent, 11.2% Persian/Iranian decent, 10.5% Latino/Hispanic decent (Mexican, Central American, South American, Spanish), 12.1% Asian/Pacific Islander decent, 51.3% White (North American, European, South African, Australian, Multiethnic White, etc.), 5.8%, and 0.7% felt the above categories did not capture their racial-ethnic group and identified as Other, which may have included Native Americans or other Indigenous populations.

The highest level of education for a majority of the sample (38.5%) was a graduate or professional degree, for 35.2% it was college or university degree, for 6.8% it was a community college, vocational, or trade school degree, and the highest level of education for 19.4% of the population was high school or less.

A majority of the sample stated they were in a permanent relationship with a life partner (32.7%), 21.5% were in an intimate relationship with a boyfriend or girlfriend, 17.3% were dating or going out casually, and 28.4% were not dating at all. Most of the participants (73.6%) were not married and 26.4% were married. A majority of the participants (85.3%) were not currently parents of children birth to 18 years compared to 14.7% who were parents of minors.

When questioned about current income, 97 (19.7%) participants did not answer. Of those who did, 17.5% reported a household income of less than \$25,000, 15.2% reported an income between \$25,000 and \$50,000, 24.7% reported an income between \$50,000 and \$100,000, 17.5% reported an income between \$100,000 and \$250,000, 5.8% reported an income between \$250,000 and \$500,000, and 2.3% reported an income of greater than \$500,000. When

questioned about their current socioeconomic condition, 1.1% reported that their basic needs such as food and shelter were not always met, 12.3% reported having basic needs met, but without money for extras, 41.9% reported having needs met with the ability to purchase extras, 24.3% reported being able to purchase many of the things they wished for, 17.7% reported the ability to purchase luxury items (e.g., international vacations and new vehicles) within limits, and 2.6% reported being able to buy nearly anything they wanted at any time they wanted.

Table 4

Participant Demographics

Demographic	<i>n</i>	Frequency
<u>Race/Ethnicity</u>		
White (North American, European, South African, Australian, Multiethnic White, etc.)	293	51.3%
Middle Eastern/Arab/Iranian decent	71	12.4%
Asian/Pacific Islander	69	12.1%
Latino/Hispanic decent (Mexican, Central American, South American, Spanish)	60	10.5%
African/Black American/Afro Caribbean/Black African	41	7.2%
Multiracial/Multiethnic Minority	33	5.8%
Other (may include Native American or Indigenous populations)	4	0.7%
<u>Level of Education</u>		
Graduate/Professional Degree (e.g., MBA, Ph.D., M.D.)	220	38.5%
College/University Degree (e.g., B.A., B.S.)	201	35.2%
High School Degree/Equivalent or less	111	19.4%
Community College, Vocational/Trade School Graduate (e.g., Cosmetology, Electrician)	39	6.8%

(continued)

Demographic	<i>n</i>	Frequency
<u>Current Income Per Year</u>		
\$50,000-1000,000	141	24.7%
Less Than \$25,000	100	17.5%
\$100,000-150,000	100	17.5%
\$25,000-50,000	87	15.2%
\$250,000-500,000	33	5.8%
More than \$500,000	13	2.3%
<u>Socioeconomic Status</u>		
I have everything I need and a few extras	239	41.9%
I am able to purchase many of the things I want	139	24.3%
Within limits, I am able to have luxury items (e.g., international vacations, new cars, etc.)	101	17.7%
My basic needs are met (e.g., food, shelter, clothing) but no extras	70	12.3%
My basic needs (e.g., food and shelter) are not always met	6	1.1%

Preliminary Analysis

Data cleaning. The variables were cleaned by observing frequencies, means, and minimum and maximum scores. Participants missing two or more demographics and/or who neglected to respond to 10 or more items on the MWA were removed from the dataset. After cleaning data, the dataset included 492 participants. There were no significant outliers found in the data set.

Data was selected for gender, age, levels of perceived stress, ethnic identification, religious affiliation, level of education, financial status, household income, work or student status, occupation, sexual orientation, marital and relationship status, child or elderly caregiver status, place of birth, parent's place of birth, and length of time living in the United States to

examine the general tendencies of the data and to describe the sample in sufficient detail. There was variability among the participants among many of these variables, suggesting that the sample represented a cross-section of adults. It is noteworthy that the sample was significantly skewed toward women with approximately three women for every man. Furthermore, more than half of the sample identified as White. The following demographic and background variables were selected to examine in this study: religious/spiritual association, gender, age, racial-ethnic identity, education level, relationship status, parental status, stress level, illness interference, income, and socio-economic level.

Internal Consistency Reliability Analysis of the MWA Transcendent Well-Being Scale

The first hypothesis of this study anticipated that the MWA transcendent subscales would each yield an alpha coefficient of .70 or larger and this hypothesis was confirmed. Internal consistency reliability analyses were conducted and Cronbach's alphas were determined for the two subscales of the transcendent dimension of the MWA. Table 5 presents the results for the subscales as well as mean and standard deviation scores.

Both of the subscales for the MWA Transcendent Context demonstrated strong reliability, .885 for the Meaning Subscale and .923 for the Spirituality Subscale.

Table 5

Reliability Coefficients and Mean Values for the MWA Transcendent Dimension Subscales

Context and Dimension	# of Items	Cronbach's Alpha	Mean (SD)
Transcendent Well-Being	27	.943	3.369 (1.287)
Meaning Subscale	14	.885	3.824 (1.190)
Spirituality Subscale	13	.923	2.851 (1.479)

Scale Validity Analyses

The second hypothesis of this study predicted that the MWA transcendent subscales would show a pattern of significant correlations with the validation scales SWLQ, SPANE-P, Flourishing Questionnaire, and the PWI. This hypothesis was also confirmed. A series of bivariate correlations between the validity scales demonstrated the MWA to be a valid measure of well-being. Table 6 presents the validity coefficients for the MWA dimensions of transcendent well-being. Significant positive correlations were found between the dimensions and the SWLQ, SPANE-P, Flourishing Questionnaire, and the PWI.

Table 6

Validity Coefficients for the TWB Dimensions

Dimension	SWLQ	SPANE-P	Flourishing Questionnaire	PWI
Spirituality	.265**	.311**	.339**	.414**
Meaning	.436**	.520**	.571**	.506**

Note. ** $p < .01$

TWB Among Those Who Rate Religion-Spirituality in Top Five Determinants of Overall Well-Being

The third hypothesis expected that those who rate religion/spirituality among their top five determinants of overall well-being would have higher Transcendent Well-Being (TWB) scores than those who did not identify religion-spirituality in their top five determinants. This hypothesis was supported. This hypothesis was tested using a MANOVA procedure with the TWB subscales as the dependent variables.

Among the participants who completed the MWA, 158 participants rated religion/spirituality among the top five determinants of overall well-being and 408 participants did not rate religion-spirituality among the top five determinants of their overall well-being. On

the Religious-Spiritual Transcendent Well-Being dimension, those who rated religion-spirituality in their top five determinants scored higher ($M=40.52$, $SD=11.65$) than those who did not ($M=19.63$, $SD=13.33$). On the Meaning-Purpose-Flow Transcendent Well-Being dimension, those who rated religion-spirituality in their top five determinants scored higher ($M=42.25$, $SD=11.32$) than those who did not ($M=35.68$, $SD=11.59$). This provides additional support for the construct validity of the two subscales of Transcendent Well-Being.

After the equalities of variance were assessed by the Levene's Test for homogeneity of variance, there were significant differences ($p=.002$) on the Religious-Spiritual Transcendent Well-Being dimension of well-being, violating the assumption of homogeneity of variance. Therefore, for the religious-spiritual transcendent well-being dimension, the significance criteria was modified from $p \leq .05$ to a more conservative $p \leq .01$. The criteria for significance remained at $p \leq .05$ for Meaning-Purpose-Flow Transcendent Well-Being dimension since the Levene's Test for homogeneity of variance was not significant ($p=.379$).

MANOVA results indicated significant differences between those who rated religion-spirituality among their top five determinants of overall well-being and those who did not, Wilks' Lambda = .637, $F(2,563) = 160.28$, $p < .000$. Univariate tests indicate that those who rated religion/spirituality among their top five determinants of overall well-being scored significantly higher on the Religious-Spiritual Transcendent Well-Being dimension ($F(1,564)=299.348$), $p < .01$ and Meaning-Purpose-Flow Transcendent Well-Being dimension ($F(1,564)=36.972$), $p < .05$.

TWB Among Those Who Rate Religion-Spirituality as Very Important

The fourth hypothesis expected a significant difference on Religious-Spiritual Transcendent Well-Being and Meaning-Purpose-Flow Transcendent Well-Being such that those

who rate religion-spirituality as *very important* to their overall well-being would have higher Transcendent Well-Being Scores compared to those who did not rate religion-spirituality as very important. This hypothesis was supported.

Among the participants who completed the MWA, 200 participants rated religion/spirituality as very important to their overall well-being and 358 participants did not. On the Religious-Spiritual Transcendent Well-Being dimension, those who rated religion-spirituality as very important scored higher ($M=39.62$, $SD=11.04$) than those who did not ($M=17.62$, $SD=12.43$). On the Meaning-Purpose-Flow Transcendent Well-Being dimension, those who rated religion-spirituality as very important scored higher ($M=42.31$, $SD=11.42$) than those who did not ($M=34.94$, $SD=11.33$).

The equalities of variance were assessed by the Levene's Test for homogeneity of variance and found a significant difference ($p=.014$) on the Religious-Spiritual Transcendent Well-Being dimension of well-being, violating the assumption of homogeneity of variance. Therefore, for the religious-spiritual transcendent well-being dimension the significance criteria was adjusted from $p \leq .05$ to a more conservative $p \leq .01$. The criteria for significance remained at $p \leq .05$ for Meaning-Purpose-Flow Transcendent Well-Being dimension since the Levene's Test for homogeneity of variance was not significant ($p=.784$).

MANOVA results indicated significant differences between those who rated religion/spirituality as important and those who did not, Wilks' Lambda = .547, $F(2,555) = 229.66$, $p < .000$. Univariate tests indicate that those who rated religion/spirituality as important had significantly higher scores on the Religious-Spiritual Transcendent Well-Being dimension ($F(1,556)=434.656$), $p < .01$ and Meaning-Purpose-Flow Transcendent Well-Being dimension ($F(1,556)=53.944$), $p < .05$.

Relationship of TWB with Other Contexts and Dimensions of Well-Being

The Transcendent well-being context, including the spirituality and meaning dimensions, were examined in relationship to the other contexts and dimensions of well-being on the MWA. The transcendent well-being scales were significantly correlated with nearly all other contexts and dimensions of well-being ($p < .05$). The only exception was that the Religious-Spiritual Transcendent Well-Being was not significantly correlated with the Safety Physical Well-Being dimension.

Table 7

Transcendent Well-Being Related to Other Contexts and Dimensions of Well-Being

	TWB	TWB-S	TWB-M
PWB	.425**	.288**	.505**
PWB-E	.392**	.280**	.450**
PWB-H	.495**	.343**	.575**
PWB-S	.086*	.026	.144**
YWB	.718**	.486**	.854**
YWB-E	.631**	.426**	.750**
YWB-F	.586**	.375**	.725**
YWB-T	.714**	.504**	.821**
YWB-A	.609**	.407**	.731**
RWB	.598**	.382**	.740**
RWB-P	.564**	.349**	.713**
RWB-Q	.504**	.331**	.611**
CWB	.698**	.542**	.735**
CWB-I	.646**	.534**	.639**
CWB-C	.591**	.451**	.634**
CWB-N	.399**	.309**	.424**
CWB-P	.551**	.397**	.624**

Note. * $p < .05$; ** $p < .01$; PWB=Physical Well-Being Context; PWB-E=Environment Dimension; PWB-H=Health Dimension; PWB-S=Safety Dimension; YWB=Psychological Well-Being Context; YWB-E=Emotional Dimension; YWB-F=Functional Dimension; YWB-T=Transformative Dimension; YWB-A=Awareness Dimension; RWB=Relational Well-Being Context; RWB-P=Prosocial Dimension; RWB-Q=Relationship Quality Dimension; CWB=Collective Well-Being Context; CWB-I=Identity Dimension; CWB-C=Community Dimension; CWB-N=National Dimension; CWB-P=Participatory Dimension

Importance of Religion-Spirituality Across Demographic and Background Variables

Of those who completed the MWA, 27.8 % ($n=159$) rated religion/spirituality among their top five determinants of overall well-being. Demographic differences were assessed by religion, age, gender, race/ethnicity, level of education, relationship status, parental status, stress level, income, and socioeconomic status by using chi-square analysis because all variables were categorical. Significant differences were found among religion, race/ethnicity, education level, and relationship status.

Those who rated religion/spirituality among their top five determinants differed significantly based on religious identification. Protestant and Nondenominational Christians were more likely to place religion/spirituality in their top five determinants than other religious identifications with more than 50% of both groups including it. New Age/New Thought were next with 33% rating religion-spirituality in their top five, yet this should be interpreted cautiously given the small number of people reporting this religious identification ($\chi^2(11) = 146.98 p < .05$).

Table 8

Religious/Spiritual Identification and Religiosity/Spirituality in Top 5 Determinants of Overall Well-Being

Religious/Spiritual Identification	Religion/Spirituality in Top 5 <i>n</i> (%)	Religion/Spirituality Not in Top 5 <i>n</i> (%)
Protestant Christian	67 (58.3%)	48 (41.7%)
Nondenominational/Other Christian	54 (53.5%)	47 (46.5%)
New Age/New Thought	2 (33.3%)	4 (66.7%)
Spiritual		
Buddhist	2 (20%)	8 (80%)
Other spiritual or religious belief system	2 (20%)	8 (80%)
Jewish	11 (17.7%)	51 (82.3%)
Catholic	15 (16.7%)	75 (83.3%)
Hindu	1 (10%)	9 (90%)
Spiritual with no specific religious belief system	3 (4.6%)	62 (95.4%)
Muslim	1 (4.3%)	22 (95.7%)
Atheist	1 (2.9%)	33 (97.1%)
Agnostic	0 (0%)	42 (100%)

There were significant differences in race/ethnicity as African Americans were more likely to rate religion/spirituality in the top five determinants of their well-being compared to other groups ($\chi^2(5) = 14.47, p < .05$).

Table 9

Race/Ethnicity and Religiosity/Spirituality in Top 5 Determinants of Overall Well-Being

Race/Ethnicity	Religion/Spirituality in Top 5 <i>n</i> (%)	Religion/Spirituality Not in Top 5 <i>n</i> (%)
African American	20 (48.8%)	21 (51.2%)
White	84 (28.7%)	209 (71.3%)
Asian/Pacific Islander	19 (27.5%)	50 (72.5%)
Multiracial Minority	9 (27.3%)	24 (72.7%)
Latino/Hispanic	13 (21.7%)	47 (78.3%)
Middle Eastern/Arab/Iranian	12 (16.9%)	59 (83.1%)

There were significant education level differences with those with a high school degree or less being more likely to rate religion/spirituality among the top five determinants of their well-being ($\chi^2(3) = 19.35, p < .05$).

Table 10

Education Level and Religiosity/Spirituality in Top 5 Determinants of Overall Well-Being

Education Level	Religion/Spirituality in Top 5 <i>n</i> (%)	Religion/Spirituality Not in Top 5 <i>n</i> (%)
High School Degree, Equivalent, or less	49 (44.1%)	62 (55.9%)
Community College, Vocational /Trade School Graduate	7 (17.9%)	32 (82.1%)
College/University Degree	52 (25.9%)	149 (74.1%)
Graduate Degree	51 (23.2%)	169 (76.8%)

There were also differences in relationship status with those not currently dating more likely to rate religion/spirituality in their top five determinants of overall well-being ($\chi^2(3) = 10.92, p < .05$).

Table 11

Relationship Status and Religiosity/Spirituality in Top 5 Determinants of Overall Well-Being

Relationship Status	Religion/Spirituality in Top 5 N(%)	Religion/Spirituality Not in Top 5 N(%)
Not Currently Dating	60 (37%)	102 (67%)
Dating Casually	20 (20.2%)	79 (79.8%)
In Intimate Relationship	29 (23.6%)	94 (76.4%)
In Permanent Relationship	50 (26.7%)	137 (73.3%)

TWB and Eudaimonic Well-Being Across Religious Affiliations

Overall transcendent well-being, the spirituality and meaning dimensions measured by the MWA, as well as eudaimonic well-being, being were compared across religious affiliations.

Table 12 shows the mean scores for each measure across religious affiliations.

Table 12

Transcendent Well-Being and Eudaimonic Well-Being Across Religious Affiliations

Religious/Spiritual Identification	TWB M (SD)	TWB-S M (SD)	TWB-M M (SD)	EUD WB M (SD)
Jewish	2.06 (0.83)	1.70 (1.06)	2.48 (0.82)	61.08 (10.57)
Protestant Christian	2.80 (0.80)	2.74 (0.99)	2.86 (0.82)	61.51 (8.95)
Nondenominational or other Christian	2.73 (0.87)	2.64 (1.03)	2.82 (0.82)	57.45 (8.78)
Catholic	2.46 (0.91)	2.10 (1.11)	2.83 (0.88)	58.47 (10.65)
Muslim	2.11 (0.87)	1.74 (1.09)	2.49 (0.75)	47.33 (10.69)
Buddhist	2.46 (0.58)	2.11 (0.73)	2.81 (0.72)	58.33 (9.89)
Hindu	2.07 (0.75)	1.80 (1.04)	2.34 (0.58)	54.00 (7.81)
New Age/New Thought Spiritual	2.93 (0.63)	2.65 (0.91)	3.20 (0.66)	67.60 (9.63)
Spiritual-no specific religious belief system	1.92 (0.83)	1.35 (0.95)	2.49 (0.90)	59.80 (9.58)
Agnostic	1.44 (0.54)	0.60 (0.59)	2.28 (0.75)	57.15 (12.06)
Atheist	1.37 (0.45)	0.35 (0.41)	2.40 (0.78)	58.07 (12.80)
Other spiritual/ religious belief system	2.55 (0.90)	1.96 (1.26)	3.14 (1.03)	55.20 (9.01)

Multiple regressions were performed to assess the contribution of the religious identification and race/ethnicity to transcendent well-being. Demographic variables were recoded as binary, dummy variables (1=target category, 0=all others) and selected for inclusion into the regression analysis based on results chi-square analysis. Analysis showed that identifying as Atheist, Agnostic, or White was predictive of lower scores on the spiritual dimension while

identifying as Protestant, Nondenominational/Other Christian, or Catholic was predictive of higher scores on spiritual dimension of transcendent well-being. These six variables represented approximately 36% of the explained variance in spiritual well-being. With respect to meaning dimension, identification as Agnostic, Atheist, and Middle Eastern/Arab/Iranian decent was predictive of lower well-being scores, accounting for approximately 6% of the variance.

Validity in TWB Using Ratio and Weighted Scores

The final inquiry in this study explored the difference of using ratio scores and weighted scores in determining the validity of the MWA Transcendent Well-Being subscales to test if weighing dimensions of well-being based on importance more accurately represents well-being. The ratio score was determined by the sum of the items in each MWA dimension of well-being divided by the number of items. The weighted score was determined by multiplying the ratio score by the degree of importance participants rated religion/spirituality in determining their well-being. The relationship of both scores to the PWB, SPANE-P, SWLS, and Flourishing Scale was examined in order to inform the relative validity of the two computation methods (ratio and weighted). A series of bivariate correlations between the MWA scores and the validation scales (i.e., SWLQ, SPANE-P, Flourishing Questionnaire, PWI) was conducted and found no significant differences in validity coefficients when using ratio scores and weighted scores.

Chapter 5. Discussion

This focus of this study was to gain a better understanding of well-being among those who report having a religious or spiritual identity utilizing a recently developed measure, the Multidimensional Well-Being Assessment (Harrell, 2013; Harrell et al., 2012, 2013). Specifically, this study examined relationships of transcendent well-being and its dimensions among individuals with identified religious or spiritual orientations. All hypotheses were supported and consistent with findings in literature. Additionally, significant transcendent well-being differences were found between those with different demographics and backgrounds. This study also explored the importance of transcendent well-being, particularly religion and spirituality, in relationship to sense of overall well-being and possible effects related to valuing particular dimensions of well-being.

Reliability and Validity of the MWA Transcendent Well-Being Subscales

Reliability and validity analysis of the MWA Transcendent subscales showed that the scale is a reliable measure of transcendent well-being as Cronbach's alpha was above .70 for the meaning subscale (.885) and the spirituality subscale (.923). Reliability analysis conducted in the present study was similar to the preliminary analysis conducted as part of the earlier psychometric study validating the MWA (Harrell et al., 2013) with dimensions reliability ranging from .89 to .94. This study contributes to previous findings that the MWA is a reliable measure of transcendent well-being.

Validity of the MWA Transcendent Well-Being subscales was confirmed as they were significantly correlated with alternate measures of transcendent well-being, the SWLS, SPANE-P, Flourishing Questionnaire, and the PWI, as hypothesized. These findings were also similar to the earlier psychometric study validating the MWA which also used the SWLS, SPANE-P, and

the Flourishing Questionnaire as alternate measures of well-being (Harrell et al., 2012). The exception is that this study showed that the spirituality subscale of transcendent well-being showed a significant correlation with the SWLS at $p < .01$, whereas there was not a significant correlation between the spirituality subscale of transcendent well-being on the MWA and the SWLS, even at the $p < .05$ level, in previous studies. The SWLS is a measure of one's satisfaction with life, a cognitive-judgmental aspect according to the creators of the measure (Diener et al., 1985), which is distinct from the construct of religiosity or spirituality. Therefore, it is not completely surprising that a smaller sample did not find a significant correlation (Harrell et al., 2013). However, the results of this study support previous research findings that well-being dimensions are distinct yet frequently interrelated (Compton et al., 1996; Robbins, 2008) and increased religiosity and spirituality increase subjective feelings of happiness and positive attitudes (Johnstone et al., 2012; Koenig et al., 2001).

Rating and Importance of Religion/Spirituality

Among those who participated in the study, approximately 28% rated religion/spirituality among the top five determinants of overall well-being and approximately 36% rated religion-spirituality as *very important* to their overall well-being. This suggests that religion and spirituality are important, valued aspects to a large portion of the population and shape the worldview, confirming the findings of Shafranske and Sperry (2005). Participants in these groups displayed significantly higher levels of transcendent well-being on both the religion subscale and the meaning subscale than those who did not rate religion-spirituality in their top five determinants of overall well-being and those who did not rate religion-spirituality as *very important* to their well-being. This suggests that religion, spirituality, or both influence behaviors and provide an important sense of meaning and purpose for those who value religiosity or

spirituality in reference to their overall well-being, confirming earlier research with similar findings (Jackson & Bergeman, 2011; MacDonald, 2000; McClain et al., 2003).

Transcendent Well-Being and Overall Well-Being

This study showed that transcendent well-being is significantly correlated with other dimensions of overall well-being. Most contexts and dimensions on the MWA were significantly correlated with the Transcendent Well-Being, Transcendent-Religiosity dimension, and the Transcendent-Meaning dimension, supporting the hypothesis that Transcendent Well-Being and its dimensions on the MWA are correlated with other contexts and dimensions of well-being as measured by the MWA. The one exception to this was the finding that the Transcendent-Spiritual dimension did not show a relationship with the Physical-Safety dimension. Other studies of the MWA have also found the Physical-Safety dimension of well-being to be a more independent dimension of well-being, showing a small or no relationship to other dimensions (Moshfegh, 2014).

The strong, significant relationships between transcendent well-being and overall well-being supports research finding that distinct well-being dimensions are often interrelated (Compton et al., 1996; Robbins, 2008) and transcendent well-being is an important part of well-being as a whole (Friedman & Robbins, 2008). Both religiosity and meaning/purpose have been shown impact other dimensions of well-being (Deci & Ryan, 2008; Keyes et al., 2002) and this study confirms that measuring transcendent well-being is important to studying well-being overall.

Demographic and Background Differences

Analyses were conducted to examine possible differences among 10 demographic variables: religion, age, gender, race/ethnicity, level of education, relationship status, parental

status, stress level, income, and socioeconomic status, with individuals who rated religion/spirituality in their top five determinants of well-being. Significant differences were found among four of the ten demographic variables: religion, race/ethnicity, education level, and relationship status. Age, gender, parental status, stress level, and income analyses did not show any significant differences on any dimension of well-being.

Religious/spiritual orientation. This study found that groups based on religious/spiritual orientation differed significantly when rating religion/spirituality in their top five determinants of overall well-being. Protestant and nondenominational Christians were more likely than other religious/spiritual groups to place it in their top five with more than 50% of both groups placing it at or near the top. No other group of more than 10 participants reached 20%. Those identifying as Jewish had the next highest percentage at approximately 18% followed by Catholics at approximately 17%. Some groups had higher percentages such as New Age/New Thought (33%), Buddhist (20%), and Other spiritual or religious belief system (20%), but any interpretations about these groups must be made cautiously due to low numbers of participants in each group (i.e., 10 participants or less). Regression analysis found Protestant Christians, nondenominational Christians, and Catholics exhibited higher religious/spiritual transcendent well-being while those who identify as atheist or agnostic exhibited lower religious/spiritual well-being, accounting for approximately 36% of the variance.

There are several possible explanations for Protestant and nondenominational Christians to rank religion-spirituality in their top five determinants of overall well-being. Christianity is the dominant religious identification in the United States (Djupe & Grant, 2002) and it has been shown that displays of religious beliefs congruent with the dominant culture are positively associated with subjective well-being (Lun & Bond, 2013). It is also possible that Protestant and

nondenominational Christians rank this dimension in their top five determinants due to an increased importance in their worldview through political action. This would support Djupe and Grant's (2002) finding that Protestant and Evangelical Christians are more likely to be politically active than other identified religious affiliations.

This finding may be related to this study's other finding of significant differences among race/ethnicity as almost half of the African Americans in this study rated religion/spirituality in their top five determinants of overall well-being, much more than any other group. According to Pew Research, African Americans in the United States identify as Protestant Christian at a much higher rate than other religious affiliations and, as a group, are more likely to report religion as important in their daily lives (Pew Research Center, 2009).

Race/ethnicity. There were significant differences in race/ethnicity of those who rated religion/spirituality in their top five determinants of well-being. African Americans were the most likely to endorse religiosity/spirituality as important to their overall well-being with almost half (48.8%) rating it in their top five determinants, almost twice as frequently as Whites which were the second most frequent group to rate it in the top five. This supports research findings that suggest religiosity/spirituality is often important to derive meaning, enhance social bonds, and is often used to mediate the effects of distress in the African American community as compared to other ethnic groups (Boyd-Franklin, 2010; Lamis et al., 2014; Mattis, 2002). This also appears to support Joshanloo's (2014) assertion that religiosity and spirituality are important to many African Americans' well-being yet it has been largely neglected in well-being research.

It is also notable that the racial/ethnic group including Middle Eastern/Arab/Iranian individuals reported the lowest frequency of rating religiosity/spirituality in their top five determinants at 16.9%. Additionally, regression analysis in this study found those of Middle

Eastern, Arab, and Iranian/Persian descent reported lower meaning-based transcendent well-being, accounting for approximately 6% of the variance.

There may be several reasons for this finding in the present study. Although this group is similar geographically, it is a highly diverse group with fundamental differences which may limit this finding's applicability. However, these groups, those of Middle Eastern, Arab, and Iranian/Persian decent typically share the commonality of endorsing a religious affiliation (Bernard, 1998). It is possible that individuals in this group have an identified religious or spiritual orientation but do not find that it determines their overall well-being. It may also be possible that individuals in this group underreported the importance of their religious/spiritual well-being to their overall well-being due to the hostility and prejudice overtly present in the social climate of the United States, where this research was conducted, supporting hypotheses that these groups may experience discrimination and marginalization in the United States because of their religious affiliation (Ahmed, 2010). Lun and Bond (2013) found that well-being was negatively impacted among individuals who live in areas where the dominant culture is less accepting toward their religious practices. Ranking this aspect of well-being less important may be a protective factor for those whose religious practices cause distress due to their environment. Another study of the MWA found that a sample of Iranian participants who scored high in religiosity also scored high on a measure of distress (Moshfegh, 2014).

An alternate explanation is that the location of the study may also have impacted this finding in other ways. Although efforts were made to recruit a diverse sample, most snowballing techniques and community recruitment took place in Southern California and many in this region of Middle Eastern, Arab, and Iranian/Persian decent immigrated due to religious intolerance (Bozorgmehr, 1997). This history may impact the value one has in religiosity/spirituality

determining overall well-being. Replication of this study is needed to further explore these findings.

Results showed that Whites displayed lower spiritual-based transcendent well-being. Whereas religion and spirituality may increase well-being among oppressed populations (e.g., African Americans) by enhancing social bonds and mediating the stress of living within racist structures (Joshani, 2014), those within the dominant culture may not attribute their well-being to spiritual experiences in the same way. Similar findings have been found among physical health as religion and spirituality has shown health benefits among African Americans, whereas the benefits are absent among Whites (Steffen, Hinderliter, Blumenthal, & Sherwood, 2001).

Level of education. Significant differences were found in level of education for those who rated religion/spirituality in the top five determinants of their overall well-being. Those who had obtained a high school degree, its equivalent, or no degree at all rated this aspect of their lives in the top five determinants of their well-being more frequently than community college, vocational or trade school graduates, those with a college or university degree, and those with a graduate degree. This finding is similar to international studies reporting that less education is correlated with higher rates of spirituality and faith (WHOQOL SRPB Group, 2006).

Relationship status. There were significant differences in ranking religion and spirituality in the top five determinants of well-being among different relationship statuses with those not currently dating rating it in their top five more frequently than those who stated they were dating casually, in intimate relationships, or in permanent relationships. This finding seems to be rather unique, although relationship status and religiosity does not seem to be well-represented in the research. It is known that relationships provide stability, companionship, and various other positive aspects. Others have hypothesized that being in a relationship can provide

more financial stability which may lead to improved environmental, safety, and physical health dimensions of well-being (Lehmiller, 2008; Willoughby & Belt, 2016). It is possible that participants in dating, intimate, or permanent relationships find these other aspects of well-being more important to them, leaving religion/spirituality lower on their list of priorities. Perhaps deficits in other dimensions of well-being increase the importance of religion/spirituality among those not in romantic relationships. Further research and replication of this study are needed to explore these findings and hypotheses.

Exploring the Use of Weighted and Ratio Scores when Scoring the MWA

The MWA is unique among other measures of well-being in that it identifies several aspects and dimensions of well-being and generates a score for each as well as assessing the importance of each dimension of well-being. The development of the measure took into account individual preferences and agency in determining what well-being means to participants by designating aspects of well-being and directing participants to rank the determinants of their well-being and to value how important each dimension is to each participant.

This study explored whether ranking and valuing aspects of well-being increased the validity of the measure by giving more importance to the aspects participants found to be more important to their personal well-being. This was done by exploring differences in validity coefficients between the spirituality MWA transcendent subscales as ratio scores versus weighted scores. This study found no significant differences in validity and finds no support for using weighted ratios based on differences in validity. This suggests that transcendent well-being defined by the MWA is a stable construct despite personal views of how important it may or may not be. It will be important to expand this to the other contexts and dimensions of well-being on the MWA to further explore this finding.

Limitations of Present Study

Constructs such as well-being, health, spirituality, and religiosity may be universal, yet they are expressed and understood differently in different contexts and cultures. While this study attempts to be sensitive and allow representation of a multicultural understanding of these constructs, the principal researchers and the majority of the participants in this study reside in the United States and are influenced by the Western hermeneutic of these constructs, even if it is not fully adopted.

The addition of transformative well-being, collective well-being, and transcendent well-being to other dimensions of well-being is unique and although psychological literature gives credence to the importance of these aspects in a multidimensional conceptualization, there is little quantitative data to support the importance. The research reported here will require replication, preferably in different geographical locations and cultures, to support the data and conclusions made.

Another limitation of this study is the sample. One distinct challenge is the disproportionate amount of females to males in the sample and the overrepresentation of those identified as White. In addition, there was a disproportionate amount of educated individuals and those with higher socioeconomic status. The sample is also over-representative of Christians compared to other religious affiliations. While this is reflective of demographics in the United States, it is important to be cautious when interpreting results for all people who identify as religious or spiritual and this is particularly true internationally.

It is also important to take into account that the MWA is a newly created measure of well-being and interpretations utilizing the MWA should be taken with caution. Furthermore, this study uses correlational data that may be used to show and describe relationships, yet it

cannot claim to report the cause of a relationship. Thus it will be important for future research to examine all of the dimensions of well-being more consistently.

Contributions of the Present Study

This study sought to examine the measurement and correlates of transcendent well-being among adults who report a religious/spiritual affiliation. Greater knowledge of the transcendent dimension of well-being provides a better understanding of the human condition by being inclusive of aspects of well-being that have received minimal attention to this point in the research. This increased understanding may have implications for clinical practice by allowing practitioners to understand the importance of these aspects of their clients' lives and may lead to improvements in their well-being.

Another objective of this research study was to contribute to the validation the Multidimensional Well-Being Assessment. The inclusion of a scale that comprehensively includes aspects of well-being, particularly a scale that may be relevant to racial/ethnic minority groups and those of lower socioeconomic status, is invaluable in the fields of psychological research and practice as we broaden multicultural understanding. Furthermore, the MWA was developed to incorporate important dimensions of well-being that have received minimal attention in previous measurements of well-being. These dimensions include transformative well-being, collective well-being, and transcendent well-being. Conceptualizing well-being inclusive of these ideas and measuring the resulting multidimensional construct in a single instrument is unique. The MWA, as a comprehensive and culturally-inclusive measure of well-being, gives the ability to measure of effectiveness of interventions to improve mental health, not merely the reduction of symptomatology.

Future Research

There are several issues raised by this study that warrant further investigation. Replication in general would provide additional testing of many of the findings that have not been reported in previous research. It would also be valuable to study a larger and more diverse sample of religious affiliations that may help confirm or challenge the findings of this study, particularly findings of those who rate religion/spirituality in the top five determinants of their well-being. Future studies would also benefit from samples that have a more balanced distribution of gender, education levels, and socioeconomic status in order for findings to be more generalizable.

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APPENDIX A

Information for Research Participants

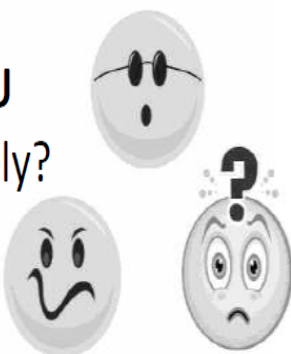
The Harrell Research Group



Well-Being Project

Individual Adult Questionnaire

How have **YOU**
been doing lately?



Dr. Shelly P. Harrell and The Harrell Research Group at Pepperdine University invite you to participate in a large research study on well-being. We want to better understand and measure well-being for different people in different life situations. We are trying to get a diversity of people to complete our questionnaire and help us learn more about what makes life GOOD!

This questionnaire will take about 40 minutes to complete. Participating in our research study makes you eligible for one of our WEEKLY PRIZE DRAWINGS for a chance to win a \$30 gift certificate to your choice of over 100 retail stores, restaurants, and entertainment venues through GiftCertificates.com. The Prize Drawing Entry Form can be found at the end of this questionnaire.

Please read the attached "Information for Research Participants". You can return the completed questionnaire to us in any of the following ways:

BY FAX: 888-380-7835

BY EMAIL AS A SCANNED ATTACHMENT: wellbeing@harrellresearchgroup.org

BY POSTAL MAIL: The Well-Being Project
c/o Dr. Shelly Harrell
Pepperdine University
6100 Center Drive, 5th floor
Los Angeles, CA 90045

THANK YOU FOR YOUR PARTICIPATION!
PLEASE SPREAD THE WORD ABOUT OUR PROJECT!
(www.wellbeingresearch.net)

INFORMATION FOR RESEARCH PARTICIPANTS

Harrell Research Group (HRG) Well-Being Project: Adult Questionnaire Study

- ✓ **DESCRIPTION.** The "HRG Well-Being Project: Adult Questionnaire Study" is a research study being conducted by Shelly P. Harrell, Ph.D. and The Harrell Research Group at Pepperdine University's Graduate School of Education and Psychology. This study is part of a group of research projects designed to gain a more inclusive and comprehensive understanding of well-being among a diversity of adults (18 years or older).
- ✓ **PAPER QUESTIONNAIRE COMPLETION.** Participation in this research involves completing a questionnaire about your recent feelings and experiences, both positive and negative. Completion of this study's questionnaire will take approximately 45 minutes. Participants who receive the questionnaire at a meeting or event will be given written instructions regarding where it can be returned. Participants who download the questionnaire from our website can **fax it back to us at 888-380-7835 or email it back to us as a scanned attachment to wellbeing@harrellresearchgroup.org**. Participants may also choose to return a completed questionnaire by postal mail to: The Well-Being Project, c/o Dr. Shelly Harrell, Pepperdine University, 6100 Center Drive, 5th floor, Los Angeles, CA, USA 90045.
- ✓ **PARTICIPATION.** Research participation is entirely voluntary. You can choose to not participate at all, or to withdraw from the research by not finishing the questionnaire at any time without any negative consequence. You also have the choice of participating in the [online version of the study](#) which has its own "Information for Research Participants" document. Each person may only participate in this research only ONE TIME, choosing either the questionnaire study or the online study.
- ✓ **THE PRIZE DRAWING.** Anyone who completes the questionnaire can choose to enter the weekly prize drawing for a \$30 gift certificate to a choice of over 100 stores, restaurants, movie theaters, and hotels including Macy's, Bloomingdales, Bed Bath & Beyond, Staples, Old Navy, TJ Maxx, Sears, Bath & Body Works, AMC & Loews Theaters, Barnes and Noble, F.Y.E., Fandango, Red Lobster, Chili's, Boston Market, Hyatt Hotels, and many others. (See <http://www.giftcertificates.com> for a complete list.) One winner will be randomly selected each week from the group of people who have completed a questionnaire during the previous week. A **complete** questionnaire is required in order to be entered into the prize drawing.
 - A valid email address, initials of your first and last name, and your state/country of residence are required for entry into the prize drawing. Email addresses will not be used for any purpose other than announcing the results of the prize drawing. Email addresses will not be associated (physically or electronically) with the questionnaire responses. Each week, the winner's initials and state/country of residence will be announced on the project website and the winner will be notified by email. Additional details about the weekly prize drawings can be found at <http://wellbeingresearch.blogspot.com/2013/01/prizedrawinginfo.html>.
- ✓ **CONFIDENTIALITY.** Participant names are not obtained for this research study. Email addresses, that may include names, will be kept separately from the questionnaires and it will not be possible to connect email addresses with questionnaire responses as they will be separated into different databases. In addition, ALL data will be kept confidential and will only be accessible to the research staff of The Harrell Research Group. Finally, any presentation or publication of the results of this research project will not identify specific participants or institutions. Only general statistics and grouped data will be shared.

- ✓ **SECURITY:** All electronic data will be password protected and available only to research staff. Electronic questionnaire data will be maintained in password-protected files for a minimum of 7 years. Data sets created for the purpose of conducting the Prize Drawings will be kept separately from the questionnaire data, encrypted, and password protected. Prize Drawing files will be deleted after 5 years. Passwords will be changed annually to maintain the security of the data. Paper questionnaires will be entered into the electronic questionnaire database using numeric codes. Any hardcopy questionnaires will be kept in a locked file cabinet in a locked office on the West Los Angeles campus of Pepperdine University and then destroyed after 5 years.
- ✓ **BENEFITS:** Participation in the Well-Being Project does not guarantee any specific benefits to participants. However, some participants may experience one or more of the following: (1) finding it interesting to answer questions about your well-being, (2) learning more about different ways well-being can be experienced, (3) feeling positive about contributing to research that may help the field of psychology to better understand well-being, and (4) feeling positive about informing the development and validation of a comprehensive and inclusive questionnaire on well-being.
- ✓ **RISK:** While all research involves some risk, this research study is considered to involve only minimal risk. The primary risks include possible boredom or emotional discomfort when thinking about one's health and well-being. Participants are free to take breaks or to discontinue participation any time. In the event of emotional discomfort, participants may want to consider the resources listed below.
- ✓ **RESOURCES:** A list of well-being and mental health resources is available on the project website at <http://wellbeingresearch.blogspot.com/p/resources.html>. These include:
 - Psychology Today: therapists.psychologytoday.com
 - Positive Psychology Center/Authentic Happiness: www.authentichappiness.sas.upenn.edu
 - American Psychological Association (APA): www.apa.org
 - National Institute of Mental Health: www.nimh.nih.gov
 - The National Alliance on Mental Illness (NAMI): 1 (800) 950-NAMI (6264); www.nami.com
 - National Suicide Prevention Lifeline: 1-800-273-TALK (8255), www.suicidepreventionlifeline.org
 - Pepperdine University Community Counseling Centers (IN THE LOS ANGELES, CA AREA):
 - Encino- (818) 501-1678; gsep.pepperdine.edu/clinics/encino;
 - Irvine- (949) 223-2570; gsep.pepperdine.edu/clinics/irvine;
 - West Los Angeles- (310) 568-5752; gsep.pepperdine.edu/clinics/west-los-angeles
- ✓ **QUESTIONS:** Many questions about this research are addressed in the Frequently Asked Questions (FAQs) section of the project website at <http://wellbeingresearch.blogspot.com/p/info-faqs.html>. Additional questions or concerns about the project may be directed to the Harrell Research Group staff at (424) 235-5030 or at support@harrellresearchgroup.org. Dr. Harrell can be contacted at sphphd@harrellresearchgroup.org. Questions about research participant rights should be directed to Doug Leigh, Ph.D., Chairperson of the Graduate and Professional Schools Institutional Review Board, Pepperdine University, Graduate School of Education and Psychology, 6100 Center Drive, Los Angeles, CA 90045, (310) 568-2389, doug.leigh@pepperdine.edu.

By choosing to return a completed questionnaire, I am affirming that all information above has been read and understood, and I am agreeing to be a research participant in The Well-Being Project.

APPENDIX B

Multidimensional Assessment Measure

0=NEVER/NOT AT ALL= Not true for me during the past 2 weeks, not even one time
 1=RARELY/A LITTLE= True for me only a few times during the past 2 weeks
 2=SOMETIMES/SOMEWHAT= True for me about half the time
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 4=VERY FREQUENTLY/ALMOST ALWAYS= True for me usually everyday
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 N/A=DOES NOT APPLY TO ME= This statement doesn't relate to my life at all

	Very						
	Never	Rarely	Sometimes	Mostly	Frequently	Always	N/A
1. I was satisfied with how things were going in my life.	0	1	2	3	4	5	N/A
2. I felt strong and empowered.	0	1	2	3	4	5	N/A
3. I handled my daily challenges well, coped effectively with everyday stress/problems.	0	1	2	3	4	5	N/A
4. I felt like my life had meaning, like I'm here for a purpose.	0	1	2	3	4	5	N/A
5. I was creative or had good ideas.	0	1	2	3	4	5	N/A
6. I did something to help make the world a better place.	0	1	2	3	4	5	N/A
7. I felt caring and loving feelings towards the people closest to me.	0	1	2	3	4	5	N/A
8. I was able to relax or calm myself when I needed to.	0	1	2	3	4	5	N/A
9. There was someone I could trust with my most personal/private thoughts and feelings.	0	1	2	3	4	5	N/A
10. I was able to use or display my knowledge, skills, and/or talents.	0	1	2	3	4	5	N/A
11. I made good decisions.	0	1	2	3	4	5	N/A
12. I felt safe getting to and from the places I needed to go.	0	1	2	3	4	5	N/A
13. I felt physically healthy and strong enough to handle the demands of my daily activities.	0	1	2	3	4	5	N/A
14. There was someone who encouraged, supported, or motivated me.	0	1	2	3	4	5	N/A
15. I took time to "smell the roses", really noticing and enjoying things from my senses (e.g., aromas, sounds, tastes).	0	1	2	3	4	5	N/A
16. I actively participated in an organization related to my culture or another community that is important to me.	0	1	2	3	4	5	N/A
17. I had positive interactions with people (neighbors, co-workers, salespersons, etc).	0	1	2	3	4	5	N/A
18. I spent time in places with lots of grass, flowers, trees, clean rivers, lakes, or beaches, etc.	0	1	2	3	4	5	N/A
19. I spent time doing my hobbies, special projects, or other activities that I enjoy.	0	1	2	3	4	5	N/A
20. I did some type of physical exercise for fitness, strength, endurance or fun.	0	1	2	3	4	5	N/A
21. I showed patience with a person or situation.	0	1	2	3	4	5	N/A
22. I was open to new things; willing to step out of my comfort zone.	0	1	2	3	4	5	N/A
23. I felt proud of my cultural heritage (or the history/background of another group in society important to my identity).	0	1	2	3	4	5	N/A
24. I was satisfied with my situation related to romance or intimacy.	0	1	2	3	4	5	N/A
25. I was comforted by the presence of a Higher Power/God in my life.	0	1	2	3	4	5	N/A
26. I had a positive event or activity to look forward to.	0	1	2	3	4	5	N/A
27. People in my neighborhood know each other and can depend on each other.	0	1	2	3	4	5	N/A
28. I felt safe from physical harm from people I know.	0	1	2	3	4	5	N/A
29. I felt compassion or sympathy for someone.	0	1	2	3	4	5	N/A
30. I was able to be myself, to be "real" with the people I care about (didn't have to pretend or be fake).	0	1	2	3	4	5	N/A
31. I felt respected by others for my positive qualities or actions.	0	1	2	3	4	5	N/A
32. My faith or spirituality was strengthened through reading, classes or discussions.	0	1	2	3	4	5	N/A
33. I felt like I was "home" when I was with people from my culture (or another group in society important to my identity).	0	1	2	3	4	5	N/A
34. I bounced back or recovered from any disappointments or bad things that happened.	0	1	2	3	4	5	N/A
35. I listened to what my body needed in terms of rest, water, food, etc.	0	1	2	3	4	5	N/A
36. There was plenty of open space in my community; it was not overcrowded by people or traffic	0	1	2	3	4	5	N/A
37. My home country was strong and stable in terms of leadership and political matters.	0	1	2	3	4	5	N/A

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	Never	Rarely	Sometimes	Mostly	Very Frequently	Always	N/A
38. My faith and spiritual beliefs were strong.	0	1	2	3	4	5	N/A
39. I had someone in my life who "has my back", who is there for me when I need them.	0	1	2	3	4	5	N/A
40. I felt emotionally connected to my culture or another group in society that is important to me (e.g., religious, disability, sexual orientation, military, large extended family, etc.).	0	1	2	3	4	5	N/A
41. I gained a greater knowledge and understanding of a local, national, or global issue.	0	1	2	3	4	5	N/A
42. I was "moved" by creative expression, had a strong emotional connection or experience related to music, art, dance, etc.	0	1	2	3	4	5	N/A
43. I felt accepted and welcomed by people at my workplace, school, or other place where I spend a lot of time.	0	1	2	3	4	5	N/A
44. I felt joy and happiness inside.	0	1	2	3	4	5	N/A
45. I felt connected to a purpose larger than my personal life.	0	1	2	3	4	5	N/A
46. I was able to relieve (or didn't experience any) symptoms of stress in my body (e.g., neck/back tension, headache, stomachache, dizziness, trouble breathing, etc.).	0	1	2	3	4	5	N/A
47. I supported someone in getting through a difficult situation.	0	1	2	3	4	5	N/A
48. I was satisfied with my sexual functioning and activity.	0	1	2	3	4	5	N/A
49. I had a network of people available to me that were important sources of help and support in my life.	0	1	2	3	4	5	N/A
50. I felt really "alive", present and engaged with the here-and-now moments of my life.	0	1	2	3	4	5	N/A
51. I felt good about the direction my home country was going in.	0	1	2	3	4	5	N/A
52. I was a leader or took initiative to start some action for change in my community or organization.	0	1	2	3	4	5	N/A
53. I had a strong awareness of how I was feeling and what I needed.	0	1	2	3	4	5	N/A
54. I was confident in myself, my self-esteem was high.	0	1	2	3	4	5	N/A
55. The water, electricity, and plumbing worked fine where I was living.	0	1	2	3	4	5	N/A
56. I felt loved by and/or in a close relationship with a Higher Power/God in my life.	0	1	2	3	4	5	N/A
57. I felt a strong sense of gratitude, an appreciation for both the ups and downs in my life.	0	1	2	3	4	5	N/A
58. I effectively managed any physical pain or health problems I was having.	0	1	2	3	4	5	N/A
59. I did something to try to resolve a conflict or improve a relationship.	0	1	2	3	4	5	N/A
60. I enjoyed special time with a pet or other animal.	0	1	2	3	4	5	N/A
61. I felt at peace inside of myself.	0	1	2	3	4	5	N/A
62. I worked together with others on an issue of mutual concern in my community, workplace, school, or other setting.	0	1	2	3	4	5	N/A
63. I felt guided by a vision or mission for my life.	0	1	2	3	4	5	N/A
64. I observed or learned something positive about my culture (or another group in society that is very important to my identity).	0	1	2	3	4	5	N/A
65. I showed kindness, did something nice for someone.	0	1	2	3	4	5	N/A
66. I felt like things were improving in my life.	0	1	2	3	4	5	N/A
67. I avoided things that are harmful or dangerous to my health (e.g., cigarettes, excessive alcohol, illegal drugs, driving recklessly, etc.).	0	1	2	3	4	5	N/A
68. How I lived my daily life was consistent with my spiritual or religious beliefs.	0	1	2	3	4	5	N/A
69. I enjoyed spending time in my neighborhood or local community.	0	1	2	3	4	5	N/A
70. I felt connected to the rhythms and patterns of nature (e.g., animals, trees, oceans, stars, mountains, or other living things).	0	1	2	3	4	5	N/A

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	Never	Rarely	Sometimes	Mostly	Very Frequently	Always	N/A
71. I felt good about how I was fulfilling my role in my family, culture, or in another group in society most important to me.	0	1	2	3	4	5	N/A
72. I did or said something to lift someone's spirits.	0	1	2	3	4	5	N/A
73. I felt safe from gang violence, terrorism, police (or military) violence.	0	1	2	3	4	5	N/A
74. I had an amazing or "peak" experience (e.g., heightened awareness, awe, intense connection with another person, a creative burst, a revelation).	0	1	2	3	4	5	N/A
75. I did a good job at work, school, or with my other responsibilities.	0	1	2	3	4	5	N/A
76. I spent time in meditation, personal reflection, or deep contemplation.	0	1	2	3	4	5	N/A
77. I intervened or stood up for someone in a situation involving injustice or unfairness.	0	1	2	3	4	5	N/A
78. I felt a strong sense of belonging in my neighborhood (e.g., it felt like home to me).	0	1	2	3	4	5	N/A
79. I assisted someone in need.	0	1	2	3	4	5	N/A
80. I enjoyed expressing and sharing my spirituality with other people or in a faith community.	0	1	2	3	4	5	N/A
81. I gave good advice or guidance to someone.	0	1	2	3	4	5	N/A
82. I lived with integrity, was true to myself and my values ("walked my talk").	0	1	2	3	4	5	N/A
83. My living environment was generally safe and healthy (e.g., free from mold, industrial pollution, dangerous chemicals, rodents, broken glass, peeling paint, etc.).	0	1	2	3	4	5	N/A
84. I felt supported by people at my workplace, school, or other place where I spend a lot of time.	0	1	2	3	4	5	N/A
85. I felt a greater understanding of myself (e.g., why I am the way that I am, why I do the things that I do).	0	1	2	3	4	5	N/A
86. I felt safe from hate crimes, violence, or discrimination based on something about me like my race, religion, gender, sexual orientation, disability, etc.	0	1	2	3	4	5	N/A
87. I had companionship or a good social life, people to talk to or do things with.	0	1	2	3	4	5	N/A
88. The beauty and miracles of nature made me feel closer to a Higher Power/God.	0	1	2	3	4	5	N/A
89. I felt safe from sexual violence or exploitation.	0	1	2	3	4	5	N/A
90. I was "in the zone", got totally lost or immersed in an activity that I enjoyed.	0	1	2	3	4	5	N/A
91. I felt better about something that had been bothering me.	0	1	2	3	4	5	N/A
92. I received valuable counsel from a minister, rabbi, imam, priest, guru, pastor, or other religious leader.	0	1	2	3	4	5	N/A
93. I stopped to pay attention to what I was feeling emotionally and/or physically.	0	1	2	3	4	5	N/A
94. I had a strong sense of my values, what is most important to me.	0	1	2	3	4	5	N/A
95. My spiritual/religious beliefs and activities gave me strength and guidance through the challenges I faced.	0	1	2	3	4	5	N/A
96. I got along well with family members.	0	1	2	3	4	5	N/A
97. I was guided positively by my intuition about things.	0	1	2	3	4	5	N/A
98. The place where I live was mostly free from very loud noises such as traffic, trains, gunshots, sirens, etc.	0	1	2	3	4	5	N/A
99. I felt positively connected with the soul or spirit of another person (living or deceased).	0	1	2	3	4	5	N/A
100. I felt accepted by many people in my culture (or another group in society that is very important to me).	0	1	2	3	4	5	N/A

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	Never	Rarely	Sometimes	Mostly	Very Frequently	Always	N/A
101. I had a feeling of wisdom, insight, or understanding about life.	0	1	2	3	4	5	N/A
102. My neighborhood or local community was an important part of my life.	0	1	2	3	4	5	N/A
103. I felt a lot of national pride in my home country.	0	1	2	3	4	5	N/A
104. I resisted temptation; said "no" to something that would have been bad for me.	0	1	2	3	4	5	N/A
105. I felt connected to all of humanity regardless of race, nationality, social class, etc.	0	1	2	3	4	5	N/A
106. I expressed gratitude or appreciation to someone.	0	1	2	3	4	5	N/A
107. I participated in or contributed to positive change on a social justice issue or cause.	0	1	2	3	4	5	N/A
108. I motivated, encouraged, or cheered someone on.	0	1	2	3	4	5	N/A
109. I displayed my identification with my culture or another important identity group (symbols, clothing, language, artwork, home décor, bumper stickers, etc.).	0	1	2	3	4	5	N/A
110. I felt safe from threats, verbal abuse, emotional abuse, or stalking.	0	1	2	3	4	5	N/A
111. My basic needs were met (e.g., shelter, food, clothing).	0	1	2	3	4	5	N/A
112. I felt a clear awareness of who I am, my identity.	0	1	2	3	4	5	N/A
113. I helped someone understand or learn something.	0	1	2	3	4	5	N/A
114. I volunteered my time in the service of people in need, animals, the environment, or another cause important to me.	0	1	2	3	4	5	N/A
115. I was valued and respected at my workplace, school, or other place where I spend a lot of time.	0	1	2	3	4	5	N/A
116. Someone prayed or said blessings for me.	0	1	2	3	4	5	N/A
117. I got enough hours of peaceful, uninterrupted sleep.	0	1	2	3	4	5	N/A
118. I made sure I was informed about things happening in my neighborhood community.	0	1	2	3	4	5	N/A
119. I felt good about my friendships.	0	1	2	3	4	5	N/A
120. I was growing and learning important life lessons.	0	1	2	3	4	5	N/A
121. I felt secure and grounded by my roots in my culture or another group in society important to my identity.	0	1	2	3	4	5	N/A
122. I look forward to being at work, school, or another place where I spend a lot of time (other than where I live).	0	1	2	3	4	5	N/A
123. I learned something new, became more knowledgeable.	0	1	2	3	4	5	N/A
124. I extended forgiveness or let go of negative feelings that I was having toward someone.	0	1	2	3	4	5	N/A
125. I did something to move my life forward or head in the right direction.	0	1	2	3	4	5	N/A
126. I felt committed to making my home country a better place.	0	1	2	3	4	5	N/A
127. I was aware of the connection between my mind, my emotions, and what was going on in my body.	0	1	2	3	4	5	N/A
128. I felt loved.	0	1	2	3	4	5	N/A
129. I felt safe in the neighborhood where I live.	0	1	2	3	4	5	N/A
130. I spent time praying, reading religious/spiritual books, or listening to spiritual music.	0	1	2	3	4	5	N/A
131. I was productive, got things done.	0	1	2	3	4	5	N/A
132. I felt that my family was well-respected in our cultural community or another important community.	0	1	2	3	4	5	N/A
133. I was becoming a better person; something about me was changing for the good.	0	1	2	3	4	5	N/A
134. I felt like someone really understands me and knows me well.	0	1	2	3	4	5	N/A

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	Never	Rarely	Sometimes	Mostly	Very Frequently	Always	N/A
135. I felt inspired or excited about something.	0	1	2	3	4	5	N/A
136. My loved ones were safe from violence, abuse, or harassment.	0	1	2	3	4	5	N/A
137. Something good happened or turned out the way I wanted it to.	0	1	2	3	4	5	N/A
138. I had smiles, fun, and laughter in my life.	0	1	2	3	4	5	N/A
139. I got plenty of fresh outdoor air.	0	1	2	3	4	5	N/A
140. I felt good putting the needs of my family, culture, or other group (most important to me) above my own personal needs and wants.	0	1	2	3	4	5	N/A
141. I made progress dealing with a problem or getting rid of a bad habit.	0	1	2	3	4	5	N/A
142. I followed through on something, kept my word, or did what I said I would do.	0	1	2	3	4	5	N/A
143. I felt hopeful and optimistic.	0	1	2	3	4	5	N/A
144. I took good care of my health.	0	1	2	3	4	5	N/A
145. I witnessed or experienced spiritual healing.	0	1	2	3	4	5	N/A
146. I did something with excellence, something to be proud of.	0	1	2	3	4	5	N/A
147. I was able to purchase most (or all) of the material things that I wanted.	0	1	2	3	4	5	N/A
148. I did things during my free time (e.g., movies, music, books, websites, social activities) that reflected my culture or another group in society very important to my identity.	0	1	2	3	4	5	N/A
149. I was able to make something positive out of a negative situation.	0	1	2	3	4	5	N/A
150. Buildings and public areas in my neighborhood were kept in good condition.	0	1	2	3	4	5	N/A
151. I had a positive attitude, was in a good mood.	0	1	2	3	4	5	N/A
152. I enjoyed the physical comforts of home like my bed, my kitchen, or my bathroom.	0	1	2	3	4	5	N/A
153. I felt a strong sense of belonging at my workplace, school, or another place where I spend a lot of time.	0	1	2	3	4	5	N/A
154. I felt comfortable with my sexuality.	0	1	2	3	4	5	N/A
155. I had positive feelings about my home country.	0	1	2	3	4	5	N/A
156. I had enough privacy where I was living.	0	1	2	3	4	5	N/A
157. I took special care of my grooming or physical appearance (e.g., hair, clothing, face, body).	0	1	2	3	4	5	N/A
158. I had self-control.	0	1	2	3	4	5	N/A
159. I was a respectable member of my culture (or another group in society that I most identify with) and represented it well.	0	1	2	3	4	5	N/A
160. I ate mostly healthy and nutritious foods.	0	1	2	3	4	5	N/A

Next, please indicate the importance of each of the following in determining your well-being at this time in your life. Specifically: If what is going on in that area, positive or negative, affects how satisfied you are with your life then it would be considered MORE important to your well-being. If what is going on in that area of your life doesn't make much of a difference to how satisfied you are with your life then it would be considered LESS important to your well-being.

	Not at all Important	A little Important	Somewhat Important	Very Important
1. My daily activities and achievements.	1	2	3	4
2. Doing good things for other people.	1	2	3	4
3. Having positive emotions and feelings.	1	2	3	4
4. Having a sense of belonging to a strong community (e.g., workplace, neighborhood, school, or other organization).	1	2	3	4
5. Having strong self-awareness—being aware of what I am feeling, sensing, thinking.	1	2	3	4
6. My physical health and functioning.	1	2	3	4
7. My spirituality or religious experience.	1	2	3	4
8. Having a sense of meaning and purpose.	1	2	3	4
9. Being safe from harm or danger.	1	2	3	4
10. Improving myself and making progress on changes I'm working on.	1	2	3	4
11. Participating in positive social/community change.	1	2	3	4
12. A strong identity and connection to my culture (or another group in society central to my identity such as my religion, sexual orientation, or ability/disability status).	1	2	3	4
13. The physical environment where I am living.	1	2	3	4
14. The quality of my relationships with the people closest to me.	1	2	3	4
15. How things are going in the country I consider home.	1	2	3	4

Finally, **BEFORE YOU LEAVE THIS PAGE**, using the 15 areas of life listed above, please **CIRCLE THE THE FIVE (5) MOST IMPORTANT** areas for determining your well-being at this time in your life.

APPENDIX C

The Background Questionnaire

DATE: _____

FIRST, JUST A BIT ABOUT YOU: The purpose of this first section is to provide us with an overall description of the people who have participated in our research project. We appreciate your openness in sharing this information so that we can look at diverse experiences of well-being. Please remember that we have no way of identifying you personally. Our research will only accurately inform a greater understanding of well-being if participants respond honestly. Thank you for your participation!

1. Your Gender: _____ Male _____ Female

2. Your current age in years: _____

3a. Your Country of Birth: _____

3b. Your Mother's Country of Birth: _____

3c. Your Father's Country of Birth: _____

4. Your Country of Current Residence: _____

5. Length of time in your current country of residence (# of years): _____

6. Your current zip or postal code: _____

7a. Which ONE of the following broad categories BEST describes your general racial-ethnic group identification at this time in your life?

- Native American/American Indian/First Nations
- North American White
- Other White (European, South African, Australian, Russian, etc.)
- White Multiethnic- Please specify:
- Multiracial/Multiethnic Minority- Please specify:
- Black African (continental)
- African/Black American
- Afro-Caribbean (Jamaican, Haitian, Trinidadian, etc.)
- Afro-Latino (Dominican, Puerto Rican, Cuban, etc.)
- Mexican/Mexican American
- Latino/Hispanic- Central or South American (El Salvador, Guatemala, Brazilian, Peruvian, Columbian, etc.)
- White Latino/Hispanic
- Middle Eastern/Arab descent
- Persian/Iranian descent
- Pacific Islander (Tongan, Samoan, etc.)
- South Asian/Indian/Pakistani
- Chinese/Chinese American
- Korean/Korean American
- Japanese/Japanese American
- Southeast Asian (Vietnamese, Cambodian, Laotian, etc.)
- Other- Please specify:

7b. In your own words, please describe your racial-ethnic-cultural identity: (please be specific; Examples: "Afro Brazilian born and raised in the United States", "Southern White American", "Chinese Canadian", "Multiracial with Black and Korean", "Iranian American identifying primarily Jewish", "United States born White living in Japan for over 30 years and identifying primarily with Japanese culture" etc.)

8a. Which one of the following BEST describes your general religious/spiritual affiliation at this time in your life? (Please CIRCLE only ONE response)

- Jewish / Judaism
- Catholic / Catholicism
- Protestant Christianity (Methodist, Baptist, Lutheran, Episcopalian, etc.)
- Nondenominational or Other Christianity: _____
- Unitarian, Universalist
- Muslim / Islam
- Ba'hai
- Buddhism
- Hinduism
- Indigenous / Culture-Centered Religious Belief System
- Religious Science
- New Age or New Thought Spirituality
- Wiccan or Other Pagan Religion
- Other Spiritual or Religious Belief System (please specify): _____
- Spiritual with no specific religious belief system
- Agnostic
- Atheist
- None of the Above

8b. In your own words, please more specifically describe your religious/spiritual identification and/or belief system (e.g., non-practicing cultural Jew, African Methodist Episcopal, Progressive Christianity, Eastern Orthodox Christianity, Sunni Muslim, etc.):

9. What is the highest level of education that you have achieved?

- Some high school or less
- High School Degree or Equivalent
- Community College, Vocational or Trade School Graduate (e.g., Cosmetology, Electrician, etc.)
- College/University Degree (B.A., B.S., etc.)
- Graduate or Professional Degree (e.g., MBA, M.D., Ph.D.)

10. Are you currently in school or a training program?

- Yes, full-time
- Yes, part-time
- No

11. Are you currently working for pay?

- Working full-time for pay
- Working part-time for pay
- Not working for pay currently but looking for a job
- Not currently working for pay by choice

12. What is your profession, occupation, or vocation?

13. Which of the following BEST describes your relationship status over the PAST TWO WEEKS?

- Not currently dating at all
- Dating or going out casually
- In an intimate relationship with a boyfriend or girlfriend
- In a permanent relationship with my life partner

14. Please check any or all of the following that apply to you:

- Single, never married
- Currently married
- Living together with my spouse or life partner
- Separated from my current spouse or life partner
- Divorced
- Widowed

15. Which of the following best describes your sexual orientation identity at this time?

- Heterosexual
- Bisexual
- Gay or Lesbian (Homosexual)
- Questioning
- Other(please describe): _____

16. Are you currently a primary caregiver (physical, legal, financial responsibility) for an elderly person or dependent adult (older than 18 years)?

- Yes
- No

17a. Are you currently a parent or legal guardian of a child (birth-18 years)?

- Yes
- No

17b. If yes, how many children (birth-18 years old) currently live with you? _____

18a. Which of the following best describes your financial situation at this time?

- My basic needs like food and shelter are not always met.
- My basic needs are met (food, shelter, clothing) but no extras
- I have everything I need and a few extras.
- I am able to purchase many of the things I want.
- Within limits, I am able to have luxury items like international vacations, new cars, etc.
- I can buy nearly anything I want, anytime I want.

18b. In US Dollars, what was your approximate annual household income during the past year?

- Less than \$25,000
- \$25,000-\$50,000
- \$50,000-\$100,000
- \$100,000-\$250,000
- \$250,000-\$500,000
- More than \$500,000

19. During the PAST TWO WEEKS, how much stress have you experienced?

- Less than usual
- About the same as usual
- More than usual

20a. During the PAST TWO WEEKS, have you been negatively affected by an illness or condition that interfered with your regular lifestyle?

- Yes
- No

20b. Which, if any, of the following health conditions have you experienced over the PAST TWO WEEKS? (please check ALL that apply)

- Flu/Influenza or Severe Cold
- Moderate to Severe Allergic Reaction/Allergies
- Anemia
- Obesity
- Migraines or Chronic Headaches
- Chronic Back Pain
- Significant Cut or Wound from an injury
- Concussion or other Head Injury
- Musculoskeletal Injury (broken bones, torn ligaments, sprains, dislocations, Carpal Tunnels, etc.)
- Gastrointestinal Problem (diarrhea, constipation, food poisoning, etc.)
- Hernia
- Appendicitis, Kidney Stones, or other Acute Health Problem
- Pre-Diabetes or Insulin Resistance
- Diabetes
- High Blood Pressure (Hypertension)
- High Cholesterol
- Heart / Cardiovascular Disease

- Depression, Anxiety, Phobia, or PTSD
- Adult ADHD
- Cerebrovascular Disease (Stroke, TIAs)
- Musculoskeletal Disease (Lupus, Fibromyalgia, etc.)
- Gastrointestinal Disease (Ulcerative Colitis, Irritable Bowel Syndrome, Crohn's Disease, etc.)
- Neurological Disease (Epilepsy, Parkinson's, Multiple Sclerosis, Huntington's Disease, etc.)
- Alzheimer's Disease or other Memory Problem
- Cancer, Malignant Tumor, or Blood Disease
- Endocrine or Thyroid Disease
- Asthma or Other Respiratory Disease
- Arthritis
- Alcohol/Drug Abuse or Addiction
- Anorexia, Bulimia, or Binge Eating Disorder
- HIV / AIDS
- Epstein-Barr / Chronic Fatigue Syndrome
- Reproductive Problem
- Sleep Disorder
- Limited Mobility requiring an assistive device such as a walker or wheelchair
- Deafness or Hearing Problem
- Blindness or Vision Problem
- Other Physical or Mental Health Condition or Addiction that has been diagnosed by a health care professional (please specify): _____

21. Finally, please feel free to indicate below any important aspect of your identity or background (relevant to your well-being) that we have not included in the questions so far: _____

Appendix D
MWA Items by Dimension

OVERVIEW

5 Wellness Context Areas and 15 Dimensions of Well-Being (160 items)

THE PSYCHOLOGICAL CONTEXT OF WELLNESS

Psychological Well-Being (YWB) - 4 subscales; 40 items

Emotional Dimension (YWB-E)

Functional-Behavioral Dimension (YWB-F)

Awareness Dimension (YWB-A)

Transformational Dimension (YWB-T)

THE RELATIONAL CONTEXT OF WELLNESS

Relational Well-Being (RWB) – 2 subscales; 27 items

Prosocial Dimension (RWB-P)

Relationship Quality Dimension (RWB-Q)

THE COLLECTIVE CONTEXT OF WELLNESS:

Collective Well-Being (CWB) – 4 subscales; 35 items

Sociocultural Identity Dimension (CWB-I)

Community Dimension (CWB-C)

Participatory Dimension (CWB-P)

National Context Dimension (CWB-N)

THE TRANSCENDENT CONTEXT OF WELLNESS

Transcendent Well-Being (TWB) – 2 subscales; 27 items

Spiritual-Religious Dimension (TWB-S)

Meaning-Purpose-Flow Dimension (TWB-M)

THE PHYSICAL CONTEXT OF WELLNESS

Physical Well-Being (PWB) - 3 subscales; 31 items

Safety Dimension (PWB-S)

Health and Body Dimension (PWB-H)

Environmental Dimension (PWB-E)

The Physical Wellness Context (3 Dimensions, 31 items)

PHYSICAL WELL-BEING: Environmental (PWB-E; 11 items)

1. I got plenty of fresh outdoor air. (139)
2. The water, electricity, and plumbing worked fine where I was living. (55)
3. I spent time in places with lots of grass, flowers, trees, and/or clean rivers, lakes, beaches, etc. (18)
4. I enjoyed the physical comforts of home like my bed, my kitchen, or my bathroom. (152)
5. I had enough privacy where I was living. (156)
6. My living environment was generally safe and healthy (e.g., free from mold, industrial pollution, dangerous chemicals, rodents, broken glass, peeling paint, etc.). (83)
7. There was plenty of open space in my community; it was not overcrowded by people or traffic. (36)
8. I was able to purchase most (or all) of the material things that I wanted. (147)
9. The place where I live was mostly free from very loud noises such as traffic, trains, gunshots, sirens, etc. (98)
10. Buildings and public areas in my neighborhood were kept in good condition. (150)
11. My basic needs were met (e.g., shelter, food, clothing). (111)

PHYSICAL WELL-BEING: Body and Health (PWB-H; 12 items)

1. I took good care of my health. (144)
2. I got enough hours of peaceful, uninterrupted sleep. (117)
3. I avoided things that are harmful or dangerous to my health (e.g., cigarettes, excessive alcohol, illegal drugs, driving recklessly, etc.) (67)
4. I ate mostly healthy and nutritious foods. (160)
5. I effectively managed any physical pain or health problems I was having. (58)
6. I took special care of my grooming or physical appearance (e.g., hair, clothing, face, body). (157)
7. I did some type of physical exercise for fitness, strength, endurance, or fun. (20)
8. I felt physically healthy and strong enough to handle the demands of my daily activities. (13)
9. I was satisfied with my sexual functioning and activity. (48)
10. I was able to relieve (or didn't experience any) symptoms of stress in my body (e.g., neck/back tension, headache, stomachache, dizziness, trouble breathing, etc.) (46)
11. I listened to what my body needed in terms of rest, water, food, etc. (35)
12. I felt comfortable with my sexuality. (154)

PHYSICAL WELL-BEING: Safety (PWB-S; 8 items)

1. I felt safe getting to and from the places I needed to go. (12)
2. I felt safe from physical harm from people I know. (28)
3. I felt safe in the neighborhood where I live. (129)
4. I felt safe from sexual violence or exploitation. (89)
5. I felt safe from hate crimes, violence, or discrimination based on something about me like my race, religion, gender, sexual orientation, disability, etc..(86)
6. I felt safe from threats, verbal abuse, emotional abuse, or stalking. (110)

7. I felt safe from gang violence, terrorism, police (or military) violence. (73)
8. My loved ones were safe from violence, abuse, or harassment. (136)

The Psychological Wellness Context (4 Dimensions, 40 items)

PSYCHOLOGICAL WELL-BEING: Emotional (YWB-E; 12 items)

1. I felt strong and empowered. (2)
2. I felt hopeful and optimistic. (143)
3. I was satisfied with how things were going in my life. (1)
4. I had a positive attitude, was in a good mood. (151)
5. I was confident in myself; my self-esteem was high. (54)
6. I felt at peace inside of myself. (61)
7. I had self-control. (158)
8. I felt really “alive,” present and engaged with the here-and-now moments of my life. (50)
9. I felt joy and happiness inside. (44)
10. I was creative or had good ideas. (5)
11. I had smiles, fun, and laughter in my life. (138)
12. I felt inspired or excited about something. (135)

PSYCHOLOGICAL WELL-BEING: Functional-Behavioral (YWB-F; 10 items)

1. I did a good job at work, school, or with my other responsibilities. (75)
2. I made good decisions. (11)
3. I had a positive event or activity to look forward to. (26)
4. I was productive, got things done. (131)
5. I was able to use or display my knowledge, skills, and/or talents. (10)
6. I handled my daily challenges well, coped effectively with everyday stress/problems. (3)
7. Something good happened or turned out the way I wanted it to. (137)
8. I spent time doing my hobbies, special projects, or other activities that I enjoy. (19)
9. I followed through on something, kept my word, did what I said I would do. (142)
10. I did something with excellence, something to be proud of. (146)

PSYCHOLOGICAL WELL-BEING: Transformational (YWB-T; 12 items)

1. I bounced back or recovered from any disappointments or bad things that happened. (34)
2. I felt like things were improving in my life. (66)
3. I felt better about something that had been bothering me. (91)
4. I resisted temptation; said “no” to something that would have been bad for me. (104)
5. I was open to new things; willing to step out of my comfort zone. (22)
6. I was growing and learning important life lessons. (120)
7. I learned something new, became more knowledgeable. (123)
8. I was becoming a better person, something about me was changing for the good. (133)
9. I felt a greater understanding of myself. (e.g., why I am the way that I am; why I do the things that I do.) (85)
10. I did something to move my life forward or head in the right direction. (125)

- 11 I made progress dealing with a problem or getting rid of a bad habit. (141)
12. I was able to make something positive out of a negative situation. (149)

PSYCHOLOGICAL WELL-BEING: Awareness (YWB-A; 6 items)

1. I stopped to pay attention to what I was feeling emotionally and/or physically. (93)
2. I was aware of the connection between my mind, my emotions, and what was going on in my body. (127)
3. I had a strong awareness of how I was feeling and what I needed. (53)
4. I was able to relax or calm myself when I needed to. (8)
5. I felt a clear awareness of who I am, my identity. (112)
6. I took time to “smell the roses”, really noticing and enjoying things from my senses (e.g., aromas, sounds, tastes). (15)

The Relational Wellness Context (2 Dimensions, 27 items)

RELATIONAL WELL-BEING: Prosocial Behavior (RWB-P; 12 items)

1. I showed patience with a person or situation. (21)
2. I showed kindness, did something nice for someone. (65)
3. I assisted someone in need. (79)
4. I had positive interactions with people (neighbors, co-workers, salespersons, etc.) (17)
5. I did or said something to lift someone’s spirits. (72)
6. I felt compassion or sympathy for someone. (29)
7. I expressed gratitude or appreciation to someone. (106)
8. I motivated, encouraged, or cheered someone on. (108)
9. I supported someone in getting through a difficult situation. (47)
10. I did something to try to resolve a conflict or improve a relationship. (59)
11. I helped someone understand or learn something. (113)
12. I gave good advice or guidance to someone. (81)

RELATIONAL WELL-BEING: Relationship Quality (RWB-Q; 15 items)

1. There was someone who encouraged, supported, or motivated me. (14)
2. I got along well with family members. (96)
3. I felt good about my friendships. (119)
4. I was satisfied with my situation related to romance or intimacy. (24)
5. I had someone in my life who “has my back”, who is there for me when I need them. (39)
6. I felt loved. (128)
7. I felt caring and loving feelings towards the people closest to me. (7)
8. There was someone I could trust with my most personal/private thoughts and feelings. (9)
9. There was someone who really understands me and knows me well. (134)
10. I had companionship or a good social life, people to talk to or do things with. (87)
11. I was able to be myself, to be “real” with the people I care about (didn’t have to pretend or be fake). (30)
12. I extended forgiveness or let go of negative feelings that I was having toward someone. (124)
13. I enjoyed special time with a pet or other animal. (60)

14. I had a network of people available to me that were important sources of help and support in my life. **(49)**
15. I felt respected by others for my positive qualities or actions. **(31)**

The Collective Wellness Context (4 Dimensions, 35 items)

COLLECTIVE WELL-BEING: Sociocultural Identity (CWB-I; 12 items) [OPTIONS: The CWB-I scale can be given separately where participants are instructed to first identify a specific cultural or other societal group that they strongly identify with OR modified so that a particular group category (e.g., “my racial-ethnic group”) or specific group can be named in each item (e.g., “I felt secure and grounded by my roots in **Korean** culture.”).]

1. I was a respectable member of my culture (or another group in society that I most identify with) and represented them well. **(159)**
2. I felt secure and grounded by my roots in my culture or another group in society important to my identity. **(121)**
3. I felt strongly and emotionally connected to my culture or another group in society that is important to me. (e.g., religious, disability, sexual orientation, military, large extended family, etc.) . **(40)**
4. I felt that my family was well-respected in our cultural community or another important community. **(132)**
5. I displayed my identification with my culture or other important identity group (symbols, clothing, language, artwork, home decor, bumper stickers, etc.). **(109)**
6. I did things during my free time that reflected my culture or another group in society very important to my identity (e.g., movies, music, books, websites, social activities). **(148)**
7. I observed or learned something positive about my culture (or another group in society that is very important to my identity). **(64)**
8. I felt good putting the needs of my family, culture (or other group in society most important to me) above my own personal needs and wants. **(140)**
9. I felt proud of my cultural heritage (or the history/background of another group in society important to my identity). **(23)**
10. I felt like I was “home” when I was with people from my culture (or another group in society important to my identity). **(33)**
11. I felt accepted by many people in my culture (or another group in society that is very important to me). **(100)**
12. I felt good about how I was fulfilling my role in my family, culture, or in another group in society most important to me. **(71)**

COLLECTIVE WELL-BEING: Community Connectedness (CWB-C; 10 items)

1. I enjoyed spending time in my neighborhood or local community. **(69)**
2. I felt a strong sense of belonging in my neighborhood (e.g., it felt like “home” to me). **(78)**
3. People in my neighborhood know each other and can depend on each other. **(27)**
4. My neighborhood or local community was an important part of my life. **(102)**

5. I made sure I was informed about things happening in my neighborhood community. (118)
6. I felt a strong sense of belonging at my workplace, school, or another place where I spend a lot of time. (153)
7. I felt supported by people at my workplace, school, or other place where I spend a lot of time. (84)
8. I felt accepted and welcomed by people at my workplace, school, or other place where I spend a lot of time. (43)
9. I was valued and respected at my workplace, school, or other place where I spend a lot of time. (115)
10. I looked forward to being at work, school, or another place where I spend a lot of time (other than where I live). (122)

COLLECTIVE WELL-BEING: Participatory (CWB-P; 8 items)

1. I actively participated in an organization related to my culture or another community that is important to me. (16)
2. I participated in or contributed to positive change on a social justice issue or cause. (107)
3. I worked together with others on an issue of mutual concern in my community, workplace, school, or other setting. (62)
4. I did something to help make the world a better place. (6)
5. I intervened or stood up for someone in a situation involving injustice or unfairness. (77)
6. I gained a greater knowledge and understanding of a local, national, or global issue. (41)
7. I volunteered my time in service of people in need, animals, the environment or another cause important to me. (114)
8. I was a leader or took initiative to start some action for change in my community or organization. (52)

COLLECTIVE WELL-BEING: National Context Dimension (CWB-N; 5 items)

1. I felt good about the direction my home country was going in. (51)
2. My home country was strong and stable in terms of leadership and political matters. (37)
3. I felt a lot of national pride in my home country. (103)
4. I felt committed to making my home country a better place. (126)
5. I have positive feelings about my home country. (155)

The Transcendent Wellness Context (2 Dimensions, 27 items)

TRANSCENDENT WELL-BEING: Meaning-Purpose-Flow (TWB-M; 14 items)

1. I felt guided by a vision or mission for my life. (63)
2. I lived with integrity, was true to myself and my values (“walked my talk”). (82)
3. I was “in the zone,” got totally lost or immersed in an activity that I enjoyed. (90)
4. I had an amazing or “peak” experience (e.g., heightened awareness, awe, intense connection with another person, a creative burst, a revelation) (74)

5. I felt a strong sense of gratitude, an appreciation for both the ups and downs in my life. (57)
6. I had a strong sense of my values, what is most important to me. (94)
7. I felt connected to a purpose larger than my personal life. (45)
8. I was guided positively by my intuition about things. (97)
9. I felt like my life had meaning, like I'm here for a purpose. (4)
10. I had a feeling of wisdom, insight or understanding about life. (101)
11. I felt connected to all of humanity regardless of race, nationality, social class, etc. (105)
12. I felt connected to the rhythms and patterns of nature (e.g., animals, trees, oceans, stars, mountains, or other living things). (70)
13. I was "moved" by creative expression, had a strong emotional connection or experience related to music, art, dance, etc. (42)
14. I spent time in meditation, personal reflection, or deep contemplation. (76)

TRANSCENDENT WELL-BEING: Spiritual-Religious (TWB-S; 13 items)

1. My faith and spiritual beliefs were strong. (38)
2. I felt loved by and in close relationship with a Higher Power/God in my life. (56)
3. I felt positively connected with the soul or spirit of another person (living or deceased). (99)
4. My faith or spirituality was strengthened through reading, classes, or discussions. (32)
5. The beauty and miracles of nature made me feel closer to a Higher Power/God. (88)
6. How I lived my daily life was consistent with my spiritual or religious beliefs. (68)
7. I was comforted by the presence of a Higher Power/God in my life. (25)
8. My spiritual/religious beliefs and activities gave me strength and guidance through the challenges I faced. (95)
9. I enjoyed expressing and sharing my spirituality with other people or in a faith community. (80)
10. I witnessed or experienced spiritual healing. (145)
11. I spent time praying, reading religious/spiritual books, or listening to spiritual music. (130)
12. Someone prayed or said blessings for me. (116)
13. I received valuable counsel from a minister, rabbi, imam, priest, guru, pastor, or other religious leader. (92)

APPENDIX E

Flourishing Scale

FLOURISHING SCALE

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Below are 8 statements with which you may agree or disagree. Using the 1–7 scale below, indicate your agreement with each item by indicating that response for each statement.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

___ I lead a purposeful and meaningful life

___ My social relationships are supportive and rewarding

___ I am engaged and interested in my daily activities

___ I actively contribute to the happiness and well-being of others

___ I am competent and capable in the activities that are important to me

___ I am a good person and live a good life

___ I am optimistic about my future

___ People respect me

Scoring:

Add the responses, varying from 1 to 7, for all eight items. The possible range of scores is from 8 (lowest possible) to 56 (highest PWB possible). A high score represents a person with many psychological resources and strengths

APPENDIX F

Questionnaire for Eudaimonic Well-Being

The Questionnaire for Eudaimonic Well-Being (Waterman et al)

This questionnaire contains a series of statements that refer to how you may feel things have been going in your life. Read each statement and decide the extent to which you agree or disagree with it. Try to respond to each statement according to your own feelings about how things are actually going, rather than how you might wish them to be. Please use the following scale when responding to each statement.

Strongly Disagree 0 1 2 3 4 Strongly Agree

1. I find I get intensely involved in many of the things I do each day.
 2. I believe I have discovered who I really am.
 3. I think it would be ideal if things came easily to me in my life. (R)
 4. My life is centered around a set of core beliefs that give meaning to my life.
 5. It is more important that I really enjoy what I do than that other people are impressed by it.
 6. I believe I know what my best potentials are and I try to develop them whenever possible.
 7. Other people usually know better what would be good for me to do than I know myself. (R)
 8. I feel best when I'm doing something worth investing a great deal of effort in.
 9. I can say that I have found my purpose in life.
 10. If I did not find what I was doing rewarding for me, I do not think I could continue doing it.
 11. As yet, I've not figured out what to do with my life. (R)
 12. I can't understand why some people want to work so hard on the things that they do. (R)
 13. I believe it is important to know how what I'm doing fits with purposes worth pursuing.
 14. I usually know what I should do because some actions just feel right to me.
 15. When I engage in activities that involve my best potentials, I have this sense of really being alive.
 16. I am confused about what my talents really are. (R)
 17. I find a lot of the things I do are personally expressive for me.
 18. It is important to me that I feel fulfilled by the activities that I engage in.
 19. If something is really difficult, it probably isn't worth doing. (R)
 20. I find it hard to get really invested in the things that I do. (R)
 21. I believe I know what I was meant to do in life.
- (R) Item is reverse scored.

APPENDIX G

The Satisfaction with Life Scale

SATISFACTION WITH LIFE QUESTIONNAIRE (SWLQ; Diener et al)

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

_____ In most ways my life is close to my ideal.

_____ The conditions of my life are excellent.

_____ I am satisfied with my life.

_____ So far I have gotten the important things I want in life.

_____ If I could live my life over, I would change almost nothing.

- 31 - 35 Extremely satisfied
- 26 - 30 Satisfied
- 21 - 25 Slightly satisfied
- 20 Neutral
- 15 - 19 Slightly dissatisfied
- 10 - 14 Dissatisfied
- 5 - 9 Extremely dissatisfied

APPENDIX H

The Scale of Positive and Negative Experience

Scale of Positive and Negative Experience (SPANE)

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Please think about what you have been doing and experiencing during the past four weeks. Then report how much you experienced each of the following feelings, using the scale below. For each item, select a number from 1 to 5, and indicate that number on your response sheet.

1. Very Rarely or Never
2. Rarely
3. Sometimes
4. Often
5. Very Often or Always

Positive

Negative

Good

Bad

Pleasant

Unpleasant

Happy

Sad

Afraid

Joyful

Angry

Contented

Appendix I
IRB Approval

PEPPERDINE UNIVERSITY

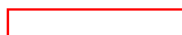
Graduate & Professional Schools Institutional Review Board

May 14, 2013



Protocol #: P0313F07

Project Title: Psychometric Validation of the Multidimensional Well-Being Assessment (MWA) and Broad Assessment of Distress and Dysfunction (BADD) in Diverse Populations



Thank you for submitting your application, Psychometric Validation of the Multidimensional Well-Being Assessment (MWA) and Broad Assessment of Distress and Dysfunction (BADD) in Diverse Populations, for expedited review to Pepperdine University's Graduate and Professional Schools Institutional Review Board (GPS IRB). The IRB appreciates the work you have done on the proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. As the nature of the research met the requirements for expedited review under provision Title 45 CFR 46.110 (Research Category 7) of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

I am pleased to inform you that your application for your study was granted **Approval**. The IRB approval begins today, **May 14, 2013**, and terminates on **May 14, 2014**. In addition, your application to waive documentation of informed consent, as indicated in your **Application for Waiver or Alteration of Informed Consent Procedures** form has been **approved**.

Please note that your research must be conducted according to the proposal that was submitted to the GPS IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For **any** proposed changes in your research protocol, please submit a Request for Modification form to the GPS IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and require submission of a new IRB application or other materials to the GPS IRB. If contact with subjects will extend beyond **May 14, 2014**, a **Continuation or Completion of Review Form** must be submitted at least one month prior to the expiration date of study approval to avoid a lapse in approval.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite our best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the GPS IRB as soon as possible. We will ask for a complete explanation of the event and your response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the GPS IRB and the appropriate form to be used to report this information can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* (see link to "policy material" at <http://www.pepperdine.edu/irb/graduate/>).

Please refer to the protocol number denoted above in all further communication or correspondence

related to this approval. Should you have additional questions, please contact me. On behalf of the GPS IRB, I wish you success in this scholarly pursuit.

Sincerely,

Doug Leigh, Ph.D.
Chair, Graduate and Professional Schools IRB
Pepperdine University
Graduate School of Education & Psychology