Assessing the well-being Koreans and Korean Americans: psychometric validation study for a multidimensional assessment of well-being

Esther Lee

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Pepperdine University
Graduate School of Education and Psychology

ASSESSING THE WELL-BEING KOREANS and KOREAN AMERICANS:
PSYCHOMETRIC VALIDATION STUDY FOR A MULTIDIMENSIONAL ASSESSMENT
OF WELL-BEING

A clinical dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Psychology

by
Esther Lee
November, 2017
Shelly P. Harrell, Ph.D. – Dissertation Chairperson
This clinical dissertation, written by

Esther Lee

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

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VITA

Esther Lee

EDUCATION

Pepperdine University, Graduate School of Education and Psychology - Los Angeles, CA
Doctor of Psychology in Clinical Psychology Candidate 2017

Columbia University, Teachers College - New York, NY
Master of Arts in Psychology in Education, Clinical Psychology 2010

Korea University - Seoul, South Korea
Bachelor of Arts in Psychology with Great Honor 2007

CLINICAL EXPERIENCE

Counseling and Psychological Service, California State University- Long Beach, CA
Psychology Intern August 2016- August 2017
Supervisors: Diane Hayashino, Ph.D., Michael Johnston, Ed.D., Ferdinand Arcinue, Ph.D. Rosa Moreno, Ph.D., Pamela Ashe, Ph.D.

- Provide brief and long-term individual therapy with a culturally diverse undergraduate and graduate student population (10-12 hours per week)
- Conduct walk-in/crisis intervention (4-hour/week)
- Conduct initial intakes and making referral to on-campus/community resources
- Create and facilitate outreach programs for students in collaboration with various university departments
- Co-facilitate an interpersonal process group with a staff psychologist
- Co-facilitate a support group for Asian and Asian-American Women with a staff psychologist in the spring semester
- Participate in a biweekly diversity seminar series and attend biweekly training in university outreach and consultation
- Collaborate with case manager to provide multidisciplinary treatment for clients
- Provide consultation to the Center for International Education (e.g., conduct needs assessments, advise a staff member running a support group for international students, and create faculty and staff training, etc.)

Sepulveda Ambulatory Care Center, VA Greater Los Angeles Healthcare System – North Hills, CA Veteran Integration to Academic Leadership (VITAL) program
Pre-intern (Psychology Practicum Student) September 2015- May 2016
Supervisor: Marissa Burgoyne, Psy.D.

- Provided individual psychotherapy to veteran students to address various presenting problems such as anxiety, depression, PTSD, anger problem, and adjustment issues, utilizing evidence-based treatments (e.g., CBT, PE, CPT, and etc.)
- Provided assessment services for academic accommodations for student veterans (e.g., learning disability, ADHD, and etc.)
- Performed crisis triaging for veteran population who indicate dangerousness to self or others by assessing risk factors as well as the urgency of their presenting problem to determine if safety plan, referrals for psychiatric evaluation, or hospitalization is appropriate
• Co-facilitated CBT Groups to teach veterans cognitive-behavioral skills to alleviate symptoms of depression, anxiety, and other mental health-related challenges and increase overall quality of life (e.g., Anxiety Group and Maintenance Group)
• Conducted clinical interviews to gather relevant history and write Mental Health Initial Assessment reports for veteran population, including mental status exam and DSM-V diagnosis, to inform treatment planning
• Completed a weekly mental health assessment and treatment plan for Veterans referred for Intensive Outpatient Care, with a focus on recovery-oriented goals
• Attended weekly multidisciplinary staff meeting to discuss client’s referral and progress
• Consulted with staff psychiatrists for adjunctive treatment planning when the use of medication appear to be warranted and schedule psychiatric evaluation as necessary
• Collaborated with multiple professional on college and university campuses on outreach and educational events to facilitate veteran integration to higher education
• Collaborated with Veteran Resource Center to assist with case management of student veterans
• Attended weekly individual supervision with a staff psychologist to review session audiotapes and learn cognitive-behavioral theories and techniques for individual psychotherapy, assessment, and intake cases
• Attended monthly group supervision with licensed psychologist for overall practicum experience

The Help Group – Sherman Oaks, CA
Practicum Psychology Trainee
August 2014- June 2015
Supervisors: Alisa Dennis, Ph.D., Priscilla Barajas, Ph.D.
• Conducted clinical intake interviews with parents
• Completed comprehensive intake reports
• Developed and implemented treatment plans according to individual client needs
• Provided individual therapy to a diverse population of children in a day-rehabilitation program with various psychiatric conditions (i.e., anxiety disorders, mood disorders, ADHD)
• Provided family therapy as well as collateral sessions for child clients
• Collaborated with parents, teachers, and other professionals (i.e., psychiatrist, case manager, school staff, DMH personnel, DCFS social workers) regarding child development and progress as well as treatment planning
• Conducted behavioral observation in a day-rehabilitation program
• Planned and facilitated a social skills group for children (3rd and 4th grade) with learning difficulties in a classroom setting
• Co-facilitated a process group for 7th and 8th grade boys with learning difficulties

Wiseburn School District – Hawthorn, CA
Child Therapist Extern
September 2014- June 2015
Supervisor: Keegan Tangeman, Psy.D.
• Conducted clinical intake interviews with parents
• Completed comprehensive intake reports
• Developed and implemented treatment plans according to individual client needs
• Provided individual therapy to a diverse population of child clients in a school setting with various psychiatric conditions (i.e., anxiety disorders, mood disorders, ADHD)
• Planned and performed behavioral interventions with students
• Consulted with parents and teachers regarding child development and progress and observed children in classrooms
**UCLA Center for the Assessment and Prevention of Prodromal States (CAPPS)**
Neuropsychology Extern  
Supervisor: Carrie Bearden, PhD  
- Attended weekly staff meetings  
- Collected neuropsychological data for the 22q Deletion Syndrome (22q DS) study  
- Administered, scored and interpreted various neuropsychological measures  
- Completed comprehensive neuropsychological reports  
- Compiled neuropsychological and clinical data into comprehensive reports, including recommendations for treatment  
- Performed comprehensive neuropsychological evaluations with children and young adults (ages 7-25)

**Rich & Associates – Los Angeles, CA**
Group Child Therapist Extern  
Supervisor: Erika Rich, PhD  
- Co-facilitated social skills groups (ages 6-12)  
- Provided individual behavioral management to children on the autism spectrum or with disruptive behaviors (ages 6-12)  
- Provided feedback on individualized behavioral management plans to parents  
- Conducted research on a variety of topics for the development of clinical materials (e.g., sensory integration group, anger management, anxiety)

**Pepperdine University Community Counseling Center - Los Angeles, CA**
Adult Therapist Extern  
Supervisor: Aaron Aviera, Ph.D.  
Supervisor: Carol Falender, Ph.D.  
- Provided individual therapy to a diverse population of adult clients (ages 25-45) with various psychiatric conditions including anxiety disorders, mood disorders, somatoform disorders, impulse-control disorders, personality disorders, and sexual trauma  
- Conducted clinical intake interviews and completed comprehensive intake reports to facilitate client conceptualization, and treatment planning  
- Participated in weekly case conference presentations discussing diagnostic impressions, treatment recommendations, and cultural considerations  
- Administered, scored and interpreted psychological assessment measures, including the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS), the Multidimensional Scale of Perceived Social Support (MSPSS), the Outcome Questionnaire (OQ-45.2), the Health Questionnaire (PHQ), and the Working Alliance Inventory – Short Version (WAI-S)  
- Provided comprehensive assessment services for deferential diagnosis and treatment recommendation  
- Trained in crisis intervention and put on call for 24-hour emergency calls

**SUPERVISION, RESEARCH, TEACHING ASSISTANT EXPERIENCE**
**Pepperdine University Community Counseling Center – Los Angeles, CA**
Peer Supervisor  
Supervisor: Aaron Aviera, PhD  
- Co-facilitated case conference and group supervision
• Provided weekly individual peer supervision and consultation (i.e., diagnostic formulation, theoretical conceptualization, treatment recommendations) for 1st, 2nd, and 3rd year doctoral student therapists
• Reviewed video-taped sessions of clinical cases
• Reviewed and provided feedback on case notes and clinical intake reports
• Conducted audits of clinical charts
• Trained therapists in clinic-specific procedures
• Trained therapists in the use and interpretation of clinical measures (i.e., BMMRS, MSPSS, OQ-45.2, Y-OQ-SR, Y-OQ-2.01, WAI-S)

**Pepperdine University, Graduate School of Education and Psychology - Los Angeles, CA**
Teaching Assistant  
Shelly Harrell, Ph.D.  
September 2013 – December 2013
• Completed research necessary to support coursework materials  
• Reviewed and provided feedback on student research papers for doctoral level courses: Research Methods in Clinical Psychology

**Pepperdine University, Graduate School of Education and Psychology - Los Angeles, CA**
**Wellbeing Research Lab,** Research Assistant  
Supervisor: Shelly Harrell, Ph.D.  
September 2011 – July 2016
• Participated in the development of the Multidimensional Well-being Assessment (MWA)  
• Attended weekly lab meetings for a psychometric study examining validity and reliability of MWA  
• Collaborated with the research team to organize poster presentations and symposia for various conferences

**Columbia University, Teachers College - New York, NY**
**Emotions, Stress and Relationships Lab,** Research Assistant  
Supervisor: George Bonanno, Ph.D.  
September 2008 – May 2010
• Coded facial expressions of participants of different ethnic groups in a bereavement study examining emotional regulation in Complicated Grief  
• Conducted qualitative and quantitative data entry for ongoing research  
• Recruited participants for a bereavement study through mailings and review of periodicals  
• Participated in biweekly lab meetings to present and discuss weekly findings

**New York State Psychiatric Institute - New York, NY**
**Child Psychiatric Epidemiology Group,** Research Assistant  
Supervisor: Christina Hoven, Ph.D.  
March 2009 – March 2010
• Administered comprehensive structured clinical interviews to both parents and children for an epidemiological study assessing familial transmission of trauma to children of first-responders  
• Administered the Kaufman Brief Intelligence Test – Second Edition (KBIT-2) to children of first-responders and corresponding control group  
• Participated in monthly meetings to present and discuss research findings

**PROFESSIONAL PUBLICATIONS AND PRESENTATION**
Feminist Perspectives on the Integration of Career and Family. Workshop presented at the Fall 2016 conference of Organization of Counseling Centers Directors in higher Education (OCCDHE), Shell Beach, CA.


**ADDITIONAL RELATED EXPERIENCE**

**Korean Community Services - Orange County, CA**

May 2012

Guest Speaker, Pacific Clinics Consumer Training Program

- Provided a workshop on “Family self-care and recovery from mental illnesses to family members of individuals with mental illness”

**Continuing Education, APA Annual Convention – Toronto, ON**

August 2009

Continuing Education Monitor

- Monitored workshops and assisted presenters in the workshop (Memory Action System / Post Traumatic Growth)

**New York Korean American Family Center - Flushing, NY**

February 2009 – December 2009

Volunteer

**Domestic Violence Division**

Supervisor: Hye-won Kwon, LCSW

- Revised a manual for a domestic violence survivor telephone hotline service
- Coordinated volunteer schedules for hotline service
- Collaborated with colleagues to develop and facilitate psychoeducational workshops for the public about domestic violence and to raise funds for domestic violence survivors

**Immigrant Family Division**
Supervisor: Mi Jung You, M.S., LMHC
- Conducted individual counseling to Korean-American children to address acculturation issues and familial adjustment stressors
- Collaborated with school counselors in observing immigrant children in the classroom setting who were referred by teachers or parents for maladjustment behaviors (e.g., social withdrawal, decreased concentration, bullying)
- Facilitated the psychosocial development of students by utilizing positive reinforcement strategies and behavior management strategies
- Facilitated the academic development of Korean-American students by providing education and homework support in the areas of reading, writing, and mathematics

*The Tree Group, Center for International Psychology Service - Seoul, South Korea*
Staff Member, Counseling Trainee  
Supervisor: Yong Cho, Ph.D. (NY License: 015603)
- Provided individual and group therapy utilizing a cognitive behavioral approach to survivors of childhood abuse to develop coping skills and enhance interpersonal functioning
- Conducted phone intakes and facilitated the referral process to ensure linkage to community resources
- Co-facilitated psychoeducational workshops on various topics (e.g., suicide prevention, Dialectical Behavioral Therapy Skills)
- Collaborated with colleagues to conduct fundraising events and host annual conferences
- Participated in publishing newsletters
- Conducted literature reviews on topics of battered woman syndrome, battered children syndrome, and childhood sexual abuse to enhance understanding of clinical material and relevant cases
- Presented case studies of child sexual abuse survivors with Posttraumatic Stress Disorder to the public and sponsors to increase public awareness of child abuse and its impact on psychological development
- Co-facilitated "Human Rights and Social Problems" forums for the public to increase awareness of human rights issues and the psychological aspects of social problems (e.g., suicide, rape, child abuse)

**CERTIFICATIONS AND TRAINING**
- Nonviolent Crisis Intervention  
  2014
- Training in DMH Welligent  
  2014
- Trauma-Focused Cognitive Behavioral Therapy  
  2013
- Facial Action Coding System (FACS)  
  2009
- Training in the Structured Clinical Interview (SCID-I)  
  2009

**HONORS AND AWARDS**
- Dongan Leadership Scholarship, Dongan Scholarship Foundation  
  2014-2017
- Great Honors, Korea University  
  2007
- Honors Scholarship, Korea University  
  2006
- Semester High Honors, Korea University  
  2005-2006
- Steven Jung Scholarship, Korea University  
  2003-2004
- Service Scholarship, Korea University  
  2004
- SB Church Scholarship, Seok-byeong Presbyterian Church  
  2002-2004
LANGUAGES AND TRANSLATION EXPERIENCE
Bilingual English and Korean

Pepperdine University - Los Angeles, CA
Wellbeing Research Lab, Research Assistant September 2010 – Present
• Translated the Multidimensional Well-being Assessment (MWA) from English into Korean
• Translated the Asian American Multidimensional Acculturation Scale from English into Korean
• Translated the Iowa-Netherlands Comparison Orientation Scale from English into Korean

• Translated various resources from English to Korean for domestic violence survivors, including a handbook for survivors of domestic violence, a domestic violence hotline volunteer booklet, and community resources for survivors of domestic violence

The Tree Group, Center for International Psychology Service - Seoul, South Korea Staff Member, Counseling Trainee December 2005 – December 2007
• Collaborated with a team to facilitate the Korean translation of the book, “Dialectical Behavioral Therapy” by Marsha Linehan
ABSTRACT

Current measures of well-being have most commonly been developed to measure well-being in a manner consistent with how it is conceptualized in individualistic, Western cultures. The Multidimensional Well-Being Assessment (MWA) was developed based on the multidimensional contextual model of well-being and is intentionally culturally inclusive. A non-random sample of 259 Koreans and Korean Americans participated in a study to examine the psychometric properties of the MWA. In addition, a number of demographic variables (e.g., gender, age, immigration status, and financial status) were evaluated to explore correlates of well-being. The MWA demonstrated robust internal consistency as well as strong validity with multiple measures of well-being and distress. Significant group differences in multidimensional well-being were found on gender, age, and financial status. Methodological limitations are acknowledged, and implications for future study are discussed.
Introduction

While the field of clinical psychology focuses on the assessment and treatment of psychopathology and mental illness, the fact that a person is not mentally ill does not necessarily signify his or her mental wellness (Deci & Ryan, 2000; Keyes, 2005; Keyes, Shmotkin, & Ryff, 2002; Provencher & Keyes, 2011). The absence of mental illness appears neither necessary nor sufficient in measuring the vitality, productivity, and actualized nature of an individual’s life (Lamers, Westerhof, Bohlmeijer, ten Klooster, & Keyes 2011). It has become clear that the field must also define and explore positive psychological health ad wellness. When a person says he or she is well, would it mean the same thing to someone of a different cultural, racial, or ethnic group?

In the past three decades, psychological research on well-being has become remarkable and in the works of positive psychology dating from 2000 in particular (Rich, 2001; Seligman & Csikszentmihalyi, 2000). However, racial and ethnic diversity has been the focus of very few studies while some researchers have conducted cross-cultural investigations on well-being (Harrell, 2014). Historically, psychology has marginalized and pathologized difference as such that the normative standard for human behavior (and therefore also mental illness) has been primarily Euro-American, male, and heterosexual (Harrell, 2014). However, considering diversity is a prerequisite of understanding and assessing well-being if we were to devise an extensive and inclusive measurement of well-being to capture the facets of well-being which are relevant to culturally diverse and marginalized groups. Asians were found to be the ethnic group in the U.S. with the fastest population growth in 2012, of which increase is largely contributed by foreign-born individuals (U.S. Census Bureau, 2013). Among the Asian groups, the Korean American population increased by 39% between 2000 and 2010 (Hoeffel, Rastogi, Kim, &
Shahid, 2012), and this increase in the Korean population in the U.S. is due to international migration. Despite this trend, there is a dearth of research on the well-being of Korean and Korean American populations. Thus, this research aims to examine the construct of well-being through a recently developed instrument, the Multidimensional Well-being Assessment (Harrell, Moshfegh, Anderson, Orozco, Park, & Pena, 2012), in a cultural minority group of Korean and Korean American individuals.
Review of Relevant Literature

Current Conceptualizations of Well-Being

The term well-being has been operationalized in many ways and there is yet a consensus on a common definition from which to measure the concept (McGillivray & World Institute, 2007; Mizohata & Jadoul, 2013). While some well-being constructs focus on objective indicators, such as income, nutrition, employment status, safety, and life expectancy, it is clear that well-being is more complex than their sum (Gasper, 2005; Sointu, 2005). In fact, research indicates that a variety of factors influence well-being, including socio-demographic (e.g., gender, age, education, and marital status), economic (e.g., socioeconomic status and type of work), situational (e.g., health and social relationships), individual determinants (e.g., self-esteem, optimism, and other personality traits), and institutional factors (e.g., discrimination; Binder, 2013; Frey & Stutzer, 2002). Therefore, it is important to distinguish between objective and subjective components of well-being. In the research literature, quality of life is commonly measured through objective indicators while life satisfaction and fulfillment are usually measured by an individual’s subjective self-report. The following section describes common conceptualizations of well-being and their origins.

Subjective well-being. Hedonic well-being, often referred to as subjective well-being (SWB), reflects the feelings one has about one’s life as a whole (Diener, 1984; Diener, Wirtz, Biswas-Diener, et al., 2009; Ryan & Deci, 2001; Waterman, 2007a). Later on, subjective well-being became inclusive of the evaluation of overall life satisfaction or cognitive appraisals of one’s lifetime and one’s emotional reactions to major life experiences (Diener & Diener, 1995). Subjective well-being thus involves affective (i.e., high positive affect and low negative affect) as well as cognitive aspects (i.e., the perception of one’s satisfaction with life). The construct
itself is highly individualistic and broadly used to denote an individual’s overall happiness (Diener, Lucas, Shimack, & Helliwell, 2009; Ryan & Deci, 2001; Waterman, 2007a).

**Psychological well-being.** In addition to hedonic or subjective well-being, researchers have identified the construct of psychological well-being, describing it by using the construct of eudaimonia. The eudaimonic construct proposes that people are more satisfied with their lives and feel a higher level of well-being, given that they have a life purpose and experience difficulties as well as chances for self-development (Deci & Ryan, 2000; Keyes et al., 2002). Psychological well-being focuses on to which extent people gain contentment from believing they have recognized their highest potentials and are functioning to their fullest because they are doing what they believe they are meant to do (Waterman, 2007a). It is, therefore, the integration of what has been realized and intrinsic pursuits such as interpersonal relationships and professional goals (Camfield & Shevington, 2008; Waterman, 1993). As the components of the construction and definition of psychological well-being, researchers have pointed out factors which are known to be closely associated with life quality. Ryff (1989) determined that most research on psychological well-being is defined according to the following criteria: self-acceptance, ability to choose or create appropriate contexts, quality of interpersonal relationships, intention and goal of life, sense of direction, personal growth, and autonomy. Accordingly, the term *psychological well-being* was operationalized by Ryff and her colleagues based on six characteristics: autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life, and self-acceptance (Ryff, 1989; Ryff & Singer, 1998; Ryff & Singer, 2008).

**Eudaimonic well-being.** Although Ryan and Deci (2001) equated psychological well-being with a reconceptualization of Aristotle’s eudaimonic philosophy, Waterman (2007a)
distinguished Ryff’s definition of psychological well-being from eudaimonic well-being in significant aspects. While eudaimonic well-being and psychological well-being scales which focus on life purpose and personal growth appear to be conceptually related, other parts of psychological well-being such as autonomy and positive interpersonal relationships are absent in the eudaimonic construct. Eudaimonic well-being is thereby distinguished as a separate conceptualization of well-being (Diener & Suh, 1999).

**Well-being as processes and outcomes.** Well-being can alternatively be conceptualized in terms of processes and outcomes (Peterson, Park, & Seligman, 2005). Peterson and his colleagues (2005) differentiated between the processes (e.g., activities) that precede well-being experiences from what actually results from experiencing well-being or, in other words, the outcome. They point out that changes in mental health and enhanced vitality may be included in this outcome. From a positive psychology perspective, Bhullar, Schutte, and Malouff (2013) described well-being processes as states of becoming in the sense that behaviors allowing individuals to acknowledge their functioning and capabilities would lead them to positive outcomes.

**Multicultural well-being.** Approaches to well-being include the dimensional approach, a universalist position, which views that there are common causes of well-being that are applicable to everyone (Diener & Tov, 2009; Kahneman, Diener, & Schwarz, 1999). According to Diener and Tov (2009), the universalist identity approach acknowledges that the causes of well-being may differ for each person, while the level of subjective well-being is globally relevant and everyone shares the goal of happiness. Meanwhile, according to researchers, the idea of well-being differs for each group since the conceptualization of well-being, as well as the measurement method, can be affected by cultural norms and traditions (Kitayama, Markus, &
Matsumoto, 1995). It is supported by further research (Uchida, Norasakkunkit, & Kitayama, 2004) that universalist positions are not applicable when framing multicultural well-being. Researchers, therefore, are considering several factors (e.g., beliefs, multicultural values, and practices) when examining the conceptualization of well-being. According to Diener and Tov (2009), the *uniqueness approach* involves the various understandings of well-being—subjective, socioeconomic, and historic aspects—upon which its construction relies.

**Current Measurements of Well-Being**

Well-being inventories are divided into two major parts: theory-driven construct areas, such as psychological and subjective well-being, and specific life domain areas, such as physical, mental, relational, and religious/spiritual well-being. Self-reports, centered on research participants’ most recent life experiences, account for a large part of these inventories. Items on the measures were found to be related to personal values and agency (Binder, 2013). The measurement of well-being often employs subjective indicators of well-being. Frequent indications of well-being that are commonly used for studying and making inferences of the determinants of well-being include: quality of life judgments, life satisfaction judgments, domain satisfaction judgments, measures of hedonic balance, or positive and negative affect (Zou, Schimmack, & Gere, 2013). The following represents an overview of well-being measures which are currently widely used.

**Subjective well-being measures.**

*The Satisfaction With Life Scale (SWLS).* The SWLS is frequently used for assessing overall life satisfaction or subjective well-being’s judgmental parts (Diener, Emmons, Larson, & Griffin, 1985). While subjective well-being is measured, this scale does not contain items covering components of emotion or affect. There are five items which are interrelated, and each
is rated from Strongly Disagree (1) to Strongly Agree (7) on a 7-point scale, giving the individual to use discretion in integrating and weighing the items (Diener, Emmons, Larsen, & Griffin, 1985; Pavot & Diener, 1993; Pavot & Diener, 2008). The average of these ratings represents a respondent's overall satisfaction with life. There are a relatively few items in the SWLS, but it has been in popular use as a measurement for assessing subjective well-being and is available in 25 languages. Diverse populations—adolescents (Neto, 1993) and non-psychiatric outpatients (Arrindell, Meeuwesen, & Huyse, 1991)—were used to finalize the measurement’s psychometric properties. Additionally, the reliability and validity of the SWLS were also established in different countries, such as Brazil (Gouveia, Milfont, da Fonseca, & de Miranda Coelho, 2009), the Netherlands (Arindell, Heesink, & Fegi, 1999), China (Bai, Wu, Zheng, & Ren, 2011), and Turkey (Durak, Senol-Durak, & Gencoz, 2010).

**International Well-being Index/Personal Well-being Index—Adults (PWI-A).** The PWI-A, an abbreviation for the Australian Unity Well-being Index within Australia, has seven items which aims at measuring life quality in the subjective sense. To ensure good construct validity, the items were based on the research on and indicators of SWB. Meanwhile, to enhance cross-cultural validity, domain areas were chosen as semi-broad ones. The measure uses a 0–10 scale (0 = completely dissatisfied; 10 = completely satisfied) to assess domains including one’s life quality, achievements, interpersonal relationship, sense of belonging in the community, and prospective security. The PWI-A has been utilized in over 50 countries and provinces by more than 100 researchers, according to the 2013 statistics of the Australian Centre on Quality of Life.

**Psychological well-being measures.**

**Ryff’s Scales of Psychological Well-being (PWB).** The PWB was developed in 1989, aiming at measuring the well-being of patients who report continued psychological ill-being. It
is also for patients whose scores indicate ill-being on traditional psychological measures. The psychological dimensions in the Ryff’s Scales include self-acceptance, establishment of quality ties with others, sense of autonomy, environmental mastery, sense of purpose and fulfillment, and personal growth. The original scale had 32 items (16 positive and 16 negative) for each of the six scales. Subsequently, each scale was edited to consist of 20 items with an even number of positive and negative questions. Respondents use a 6-point Likert scale, indicating the degree of agreement with each statement from 1 (strongly disagree) to 6 (strongly agree). Higher scores on each scale indicate greater well-being of that dimension. The correlations with other scales which measure positive functioning—such as affective balance, satisfaction with life, self-esteem, and internal morale—range from a low to high positive significance (i.e., coefficients ranging from .25 to .73). In the meantime, correlations with previous scales measuring negative functioning are of moderate negative significance (i.e., with -0.30 to -0.60 range in coefficients). The instrument has been translated into Dutch, Swedish, Chinese, Spanish, Italian, Arabic, and Japanese, and has been used with the Dutch, Swedish, Chinese, Latino/a, Portuguese, Italian, European-Arabic, and Japanese ethnic populations.

The 18-item Psychological Well-Being Short Scale (PWBSS) was created in 1995 with three items in each category. The abbreviated scales had a correlation of .70 to .89 and had parent items consisting of 20 items. Scale intercorrelations ranged from .13 (e.g., Purpose in Life and Autonomy) to .46 (Self-Acceptance and Environmental Mastery). Estimates of internal consistency (alpha) coefficients were low to moderate, ranging from .33 (Purpose in Life) to .56 (Positive Relations with Others; Ruff & Singer, 1998; Ryff, 1995).

**Flourishing Scale.** As a self-report measure, the Flourishing Scale assesses one’s functioning, psychological and social, based on psychological and social well-being theories
(Diener et al., 2010). The scores provide an overview of psychological functioning which is believed to be important for well-being. The scale, for instance, is made up of eight items involving positive relationships, a purposeful sense in life, and competent feelings. The higher the score, the more it is indicative of an optimistic perspective of the self and the future as well as psychological strengths. The Flourishing Scale demonstrated strong correlations with other psychological well-being scales, although it had slightly less psychometric strength due to its brevity (Diener et al., 2010).

Quality of life measures.

The Quality of Well-Being Scale (QWB). The QWB consists of 71 items and has two versions, one for administration by an interviewer and another as a self-administered version. The interviewer-administered QWB was initially developed in the 1970s to comprehensively measure health-related quality of life (Kaplan, Bush, & Berry, 1976). Despite the scale’s well-established psychometric properties, it has not been widely used because administration takes much longer than that of other published scales (Seiber, Groessl, David, Ganiats, & Kaplan, 2008). The Quality of Well-Being Scale Self-Administered (QWB-SA) was developed afterwards to resolve the challenges identified in the interviewer-administered version. Considered a general health quality of life questionnaire, the QWB-SA measures status indicators and well-being in four areas: physical activity, social activity, mobility, and symptom/problem complexes (McDowell, 2006). The QWB was validated among individuals with various medical conditions, such as HIV infection (Kaplan et al., 1995), Alzheimer’s disease (Kerner, Patterson, Grant, & Kaplan, 1998), and chronic obstructive pulmonary disease (Kaplan, Atkins, & Timms, 1984).
**Quality of Life Inventory (QOLI).** The QOLI is a domain-based, 32-item self-report measure of an individual’s quality of life. This measure requires individuals to rate each of the 16 domains (i.e., Goals and Values, Self-Esteem, Health, Relationships, Work and Retirement, Play, Helping or Service, Learning, Creativity, Money or Standard of Living, and Surroundings - Home, Neighborhood, and Community) using both a 3-point scale to indicate importance and a 6-point scale to rate satisfaction. The importance scores for each domain are multiplied by the respective satisfaction scores, which are then totaled to determine the overall quality of life score for each individual. This method is used to accurately reflect the relative weight of more significant domains in a person’s life. A higher overall quality of life is indicated by a higher score (Frisch, 1992; Frisch, Cornell, Villanueva, & Retzlaff, 1992). The range of test-retest coefficients for the QOLI was .80 to .91, while that for internal consistency coefficients was .77 to .89.

**Multidomain well-being measures.**

**Gallup-Healthways Well-Being Index-5 (Well-Being 5).** In 2013, Gallup and Healthways began to measure well-being in almost every major country in the world. Utilizing the Gallup-Healthways Well-Being Index-5, the world’s largest dataset on well-being was amassed through a population-based survey interview conducted via telephone self-selection. In addition to demographic information, the index is composed of 42 well-being questions. It is a measures which covers *experiential well-being* (i.e., one’s affective experiences which took place in the past 24 hours) as well as *evaluative well-being* (i.e., memory of one’s experiences) in six domains: life evaluation, emotional health, physical health, healthy behavior, work environment, and basic access. At least 500 respondents were polled daily, allowing for daily variation and evaluation as well as an historical database of real time changes in well-being.
Based on comparisons with the established Well-Being Assessment and Wellbeing Finder measures, the convergent validity across three samples was .82–.95. Cronbach’s alpha for the overall Well-Being 5 was .89 to .91 across three samples, and the element intercorrelations ranged from 0.69 (financial, sample 3) to .84 (community, sample 3; Sears et al., 2014).

**World Health Organization Quality of Life Indicator—Brief Version (WHOQOL-BREF).** The 26-item WHOQOL-BREF is a shortened version of the WHOQOL-100 which assesses the four domains of physical health, psychological well-being, social relationships, and environment. The WHOQOL-100 also consists of four domains including 24 facets relating to quality of life. The measure was designed simultaneously across international centers and suggested universal domains and facets which are cross-culturally important determinants of quality of life (Power, Bullinger, & Harper, 1999). The WHOQOL-BREF’s four domains were found to correlate with the domains of the longer version as well as with quality of life scales. The WHOQOL-BREF demonstrated moderate to excellent performance in its reliability through analyses in internal consistency, construct and discriminant validity through confirmatory analysis, and item-total correlations (Skevington, Lotfy, & O’Connell, 2004).

**Emotion and affect-based measures. The Positive and Negative Affect Schedule (PANAS).** The PANAS scale was developed to measure the two primary dimensions of mood—positive (PA) and negative affect (NA) (Watson, Clark, & Tellegen, 1988). The 10-item version consists of two terms that create five affect themes: distressed and upset (distressed), hostile and irritable (angry), scared and afraid (fearful), ashamed and guilty (guilty), and nervous and jittery (jittery). The PANAS has been translated into Japanese, Italian, Greek, Dutch, Portuguese, and Spanish and administered to populations which speak these languages. Both PANAS scales (i.e., PA and NA) showed high correlation with each solution’s corresponding regression-based factor
scores and the convergent correlations were .89–.95. On the contrary, the range of discriminant correlations were low, from -02 to -18. Cronbach's alpha was .86 to .90 for PA and from .84 to .87 for NA (Watson et al., 1988).

The Scale of Positive and Negative Experience (SPANE). The SPANE assesses a wide range of emotional experiences using a few items, and the responses are based on the frequency of both positive and negative feelings during the past month. The 12-item questionnaire scale has six items each for positive and negative feelings. For both items, there are three general ones and three more specifics ones for each subscale. The letters P, N, or B are added to the name SPANE to indicate the following scores, respectively: Positive Experience, Negative Experience, and the Balance between the two (Diener, Wirtz, Tov, et al., 2009).

World Health Organization’s Well-being Index – Five (WHO-5). First presented by the World Health Organization (WHO) Regional Office in Europe in 1998 as the result from a well-being study and an on-going project, studies conducted worldwide indicate that the WHO-5 covers the most basic life perceptions of well-being. Originally designed as a 28-item measure which was then scaled down to 10 items, the current 5-item questionnaire assesses positive mental health in the following five content areas: (a) feeling cheerful and in good spirits, (b) feeling calm and relaxed, (c) feeling active and vigorous, (d) feeling fresh and rested when waking up, and (e) feeling interested in day-to-day activities (Bech, 2012). The 5-item questionnaire measures current well-being (i.e., as perceived in the last two weeks) and is rated along a 6-point Likert scale ranging from 0 (“at no time”) to 5 (“all of the time”). The WHO-5 demonstrated moderate internal and external validity in various samples including an elderly population (Heun, Bonsignore, Barkow, & Jessen, 2001), adolescents with Type I diabetes (De
Wit, Pouwer, Gemke, Delemarre-van de Waal, & Snoek, 2007), an outpatient sample in Japan (Awata et al., 2007), and participants in Thailand (Saipanish, Lotrakui, & Sumrithe, 2009).

**Targeted measurements of well-being.** There are many scales available for measuring specific aspects of well-being (e.g., sense of community, spirituality, and social identity). Two of them are described below: the Spiritual Well-Being Scale and the Social Well-Being Scale.

*Spiritual Well-Being Scale (SWBS).* The SWBS comprises 20 items to measure the overall subjective evaluation of one’s spiritual life (SWB). The Religious subscale specifically assesses perceived religious well-being (RWB) or one’s relationship with God while the Existential subscale (EWB) assesses one’s sense of purpose and satisfaction with life. The SWBS may be used for the assessment of both individual and congregational spiritual well-being (Paloutzian, & Ellison, 1982). While the three scales all had a negative correlation with a loneliness measure, they had a positive correlation with scales assessing intrinsic religious orientation, life purpose, and self-esteem (Ellison, 1983). The correlations with life satisfaction were .96, .86, and .93, for the RWB, the EWB, and the SWB, respectively.

*Social Well-Being Scale.* Social well-being primarily focuses on the public aspects of the self and social challenges which may be encountered by adults in their communities (Keyes & Magyar-Moe, 2003). The Social Well-Being scale consists of five components measuring an individual’s evaluation of his or her social functioning (e.g., social tasks as a neighbor, co-worker, and citizen; Keyes, 1998). The five elements of social well-being are conceptualized as follows: social integration, social contribution, social coherence, social acceptance, and social actualization. The scale includes 50 items—10 items per domain—and asks respondents to give a self-evaluation on each item, using a 7-point Likert scale.Confirmatory factor analysis indicated that the theoretical five-factor model of social well-being yielded a superior goodness
of fit (Goodness of Fit Index > .90). Moreover, the scale demonstrated discriminant correlations with several measures including dysphoria and optimism; meanwhile, convergent correlations were found with other measures such as anomie, perceived social constraints, and neighborhood quality.

The measures described above provide a sampling of some of the most widely used scales across the primary ways of operationalizing well-being. Most of the current well-being measures have demonstrated robust psychometric properties. However, the instruments are often unidimensional and tend to focus on aspects of well-being that are thought to be important in Western cultures.

**Culture, Collectivism, and Well-Being among Asians**

Culture is a central component of one’s identity; how individuals define and express themselves is influenced by the culture one inhabits. However, defining well-being in a way that can be measured across cultures has proved challenging. The fact that well-being is often subjective and idiographic may contribute to the difficulty of obtaining cross-cultural definitions (Bech, 2012; Cheng et al., 2011; Tov & Diener, 2009). It has been argued that any notion of well-being lacks cross-cultural applicability since the notion of well-being is formulated based on a particular perspective which is given more weight in a society (Bauer, McAdams, & Pals, 2008; Christopher, 1999; Kitayama & Marcus, 2000). Cultures convey their own expectations of life and fulfillment; therefore, it would be important to examine the different evaluations and meanings of well-being from different cultural perspectives. As subjective well-being is currently defined by individualistic assumptions, its premise may be less relevant to collectivistic societies whose view of well-being considers the group’s well-being or the interdependency of self-construal. In other words, it is notable that a collectivistic worldview has been largely
absent in the early research on well-being. Due to researcher context and bias, theories of 
universal well-being fail to account for the assumptions and influences of Western cultural 
history (Christopher, 1999). With the expansion of cultural competence and multicultural 
practice in psychology, it has become essential to consider the diverse ways wellness is 
experienced by individuals and, in particular, the cultural factors and complexity involved (Bauer 
et al., 2008).

**Asian collectivism.** In a landmark cross-cultural study, Hofstede (1980) theoretically 
defined four principal cultural values (i.e., power distance, individualism-collectivism, 
uncertainty avoidance, and masculinity) and conceptualized cultures for 40 represented countries 
by ordering them according to the value system. Individualism-collectivism, one of the four 
primary cultural dimensions, refers to “the degree to which individuals are integrated into groups” 
(Hofstede, 1991, p. 51). In his initial analysis, Asian countries such as China, Korea, and 
Taiwan were classified as highly collectivistic cultures, while Western countries including the 
USA, the UK, and Australia were identified as individualistic.

Many Asian cultures, such as China, Japan, and Korea, are regarded as collectivistic. In 
these cultures, the self may be defined by a group, the locus of agency, such as family, clan, 
lineage, and community (Kirmayer, 2007). For example, in Chinese culture there is a character 
called *ren* which represents the culture’s sociocentric value. Regarding this value, Kirmayer 
(2007) explained that “a person with *ren* is fundamentally a social being that he or she expresses 
unique qualities through a mature commitment to family or some larger social group” (p. 242). 
The conception of the interdependent self was introduced in an extensive cross-cultural analysis 
of the self by Markus and Kitayama (1991). The authors proposed two distinct construals of the 
self: an independent view of the self in Western cultures and an interdependent view of the self
in non-Western cultures. They suggested that in many Asian cultures (i.e., collectivistic cultures), the notion of the self is based on interpersonal relatedness and group cohesion (e.g., Sodowsky, Kwan, & Pannu, 1995). Therefore, family and ethnic groups are the strongest social source of self-definition. In general, interpersonal context seems to have a larger impact on individuals’ identity issues and mental well-being in these collectivistic cultures (Kitayama, Markus, & Kurokawa, 2000; Spencer-Rodgers, Peng, Wang, & Hou, 2004).

Researchers have examined differences in determinants of well-being in collectivistic and individualistic cultures. For instance, Schimmack, Radhakrishnan, Oishi, Dzokoto, and Ahadi (2002) found that culture influences subjective well-being. Their findings suggest that the influence of personality on an individual’s hedonic balance (i.e., one’s perceived balance between positive and negative affect), is pancultural. On the other hand, it is implied that how personality affects one’s subjective evaluation of their own life, or life satisfaction, is moderated by culture.

**Feelings.** Kitayama et al. (2000) found that individuals from a collectivistic society (i.e., Japan) were more likely to experience positive emotions when feeling interpersonally engaged emotions (e.g., close and friendly feelings), while people from an individualistic society (i.e., U.S.) reported positive feelings when experiencing socially disengaged emotions (e.g., pride). Suh, Diener, Oishi, and Triandis (1998) found significant cultural differences in how much individuals consider their affect when deciding how satisfied they are. For people in individualistic cultures, emotions were far more important predictors of life satisfaction than norms, whereas emotions and norms were equally significant correlates of life satisfaction in collectivistic cultures. Moreover, the frequency of pleasant emotions was found to be a reliable predictor of life satisfaction in individualistic cultures. In addition, satisfaction with freedom,
self-esteem, and self-consistency were less correlated with life satisfaction in collectivistic societies compared to individualistic ones (Diener & Diener, 1995; Suh, 2000).

**Group harmony.** Kwan, Bond, and Singelis (1997) provided evidence that in collectivistic cultures, engaging in compatible relationships affects one’s life satisfaction relatively more than in individualistic cultures. This research suggests that interpersonal relationships and group acceptance may be significant sources of well-being, in addition to subjective well-being, for people of Asian descent.

**Social approval.** In collectivistic cultures, social acceptance and approval are regarded as important factors in determining well-being. A cross-cultural study presented by Suh and Diener (2001) discovered that perceived acceptance by others had a predictive value as much as feelings in life satisfaction among Asian Americans. Meanwhile, perceived acceptance by parents and friends was not a reliable predictor of life satisfaction among European Americans. Diener and Diener (1995) found that self-esteem is strongly related to subjective well-being in individualistic cultures such as the U.S., but only moderately so in collectivistic cultures such as Japan. Individuals from collectivistic cultures may consider social appraisal when assessing life satisfaction. Suh and Diener (1999) found that Asian American participants tended to emphasize the importance of a significant other’s evaluation of their lives over their emotions when judging life satisfaction compared to European American individuals. Suh et al. (1998) also revealed that emotions coming from one’s assessment of social approval and cultural connectedness were strong predictors of life satisfaction in collectivistic cultures, while social approval did not produce any significant differences in life satisfaction in individualistic cultures. In other words, individuals from collectivistic cultures tend to consult norms and consider the social evaluations of their lives made by family members or friends when making life satisfaction judgments.
In Asian cultures, perceived social approval for the social group one belongs to also seems to impact individuals’ well-being. For example, Crocker, Luhtanen, Blaine, & Broadnax (1994) found a strong relationship between collective self-esteem (i.e., individuals’ evaluation of their social group and individuals’ beliefs about others’ evaluations of their social group) and psychological well-being among Asian college students.

**Diversity in collectivistic cultures.** Due to the culturally-situated difficulties of defining well-being, differences in operationalization and meaning are often identified between individualistic and collectivistic societies (e.g., United States compared to Japan). This distinction can also be seen among ethnic groups within the United States (Diener & Suh, 1999). However, Vargas and Kemmelmeier (2013) argued that the two cultural orientations—individualism and collectivism—are not mutually exclusive. More recently, researchers have claimed that individuals from all cultural backgrounds and societies may subscribe to both individualistic and collectivistic values and that the multidimensionality of individualism-collectivism may vary depending on the degree to which specific values are expressed or practiced by individuals (Komarraju & Cokley, 2008; Oyserman & Lee, 2007). In a recent research which examined socio-cultural differences in subjective well-being, a hybrid model suggested that not only the well-being of the self but also the group’s well-being may contribute to subjective well-being for individuals from East Asian Countries (Cheng et al., 2011). This finding reflects the multidimensionality of individualism and collectivism in the conceptualization of well-being. According to this model, bicultural individuals in modern societies are under the influence of two disparate, competing sets of values. One pertains to the self, as achieving one’s goals, expression of the self, and accomplishments are regarded significant. Due to the self-oriented nature of this set of values, people are required to be
individualistic, focusing on their own achievements rather than complying with the norm. Meanwhile, the other kind emphasizes social standards, stressing a sense of duty individuals should have. As opposed to the former set of values, individuals are required to consider other people’s opinions important and behave according to agreed standards. This hybrid model suggests that the fundamental sources of well-being come from both the independent self and the well-being of the group, which contrasts with the previous independence model as well as the interdependent model (Diener & Lucas, 2000; Uchida et al., 2004). Researchers posit that many cultural values are shared among different ethnic groups although distinct socialization processes could yield group differences in specific meanings attached to shared values or practices of cultural values (Schwartz, Zamboanga, & Jarvis, 2007; Tyler et al., 2008). As a result, while sharing a broad cultural orientation (e.g., collectivism), distinct ethnic groups practice shared values in a group-specific way. In this regard, many collectivistic cultures share many values and construct group-specific collectivism practices simultaneously. It would be meaningful and important to examine the well-being of a specific ethnic group among collectivistic cultures.

Korean and Korean American Well-being

Collective and relational well-being. Korean culture is considered as highly collectivistic and can be described within the framework of collectivism which is common across Asian cultures. However, it is also important to examine more specific aspects for particular Asian ethnic groups. For example, in collectivistic cultures, people tend to emphasize interpersonal harmony and group cohesion (e.g., Hofstede, 1980; Kim, 1994). In fact, if a person pays or draws too much attention to one’s thoughts and feelings without considering the influence on others, they are considered as selfish or immature (Kim, Deci, & Zuckerman, 2002). Relational well-being could be one of the major factors of well-being in a collectivistic society.
Specifically, in Korean culture, there is a crucial notion related to interpersonal relationships called *jeong*. *Jeong* refers to a special emotional bond encompassing strong interpersonal trust and closeness (Kim, 1996). It is the basis of interpersonal relationships in Korean culture. There is no equivalent in the English lexicon that simply conveys this concept. Not only getting along well with others but also the well-being of others could be an important determinant of well-being for Korean individuals. In other words, as interdependent selves (Markus & Kitayama, 1991), an individual’s well-being could be influenced by the well-being of others to whom he or she is close. On the other hand, the ill-being of a family member or a close group member could be regarded as losing face (Yamashiro & Matsuoka, 1997).

Collectivism in the Korean cultural context can be explained by Confucianism. Confucianism has played a major role in Korean culture in regard to social values, ethics, and behaviors, even after Korea’s rapid industrialization in the 1960s (Pak, 2006). According to Park and Bernstein (2008), Confucian values can be characterized by “filial piety, the worship of ancestors, respect for authority, and a relatively rigid social hierarchy based upon age, gender, and social class” (p. 13). It would be important to understand the social hierarchy in Korea when understanding an individual’s well-being in a group context. For example, gender, age, and socioeconomic status could play a crucial role in one’s well-being in the Korean cultural context, depending on where the individual is located in the social hierarchy.

**Spiritual and transcendent well-being.** Almost half of South Korea’s population reported religious affiliations. According to the Census 2015 in Korea, 19.7% of the population were self-identified as Protestant Christian, while 15.5% reported Buddhism and 7.9% Catholicism as their religious affiliation (National Statistical Office, 2015). Compared to Koreans residing in Korea, Korean Americans reported a higher percentage in religious
affiliations. While 56.1% of Koreans reported they had no religious affiliation in Korea, only 23% of Korean Americans indicated that they did not have any religious affiliation in the U.S. (Statista, 2017). In 2012, 61% of Korean Americans identified themselves as Protestant Christian, 10% Catholic, and 6% Buddhist.

As Shamanism and Buddhism are traditional religions in Korea, they provide the cultural context of religiosity and spirituality of the country (Kim, 2002). Ancient Koreans were found to be spiritual and religious as evidenced by many historical records dating back to 375 A.D. These early records suggest that Shamanism, an indigenous folk belief, was one of the crucial cultural identities to Koreans (Guisso & Yu, 1988). Shamanism has remained a major force in shaping Koreans’ spiritual behaviors and religious principles (Kim, 2002). Four important functions of shamans are being a priest, healing, exorcising, and prophesying; Koreans tend to seek spiritual power when experiencing hardships (Kim, 2000). It is not surprising that spirituality and religion functioned as a buffer against stressors for Koreans and Korean Americans (Jung, 2014). Within the collectivistic cultural context, it was found that involvement in religious groups provided Koreans and Korean Americans with a sense of community, social support, a sense of belonging, and a sense of meaning and purpose (Yi & Bjorck, 2014). One of the main principles of Buddhism is that life is suffering and that accepting it is a way of achieving well-being (Kwon-Ahn, 2001). Transcendent well-being seems to be consistent with Korean cultural values because enduring hardships, overcoming difficulties, and maintaining inner peace in the face of challenges were found to be often valued in Korean culture (Kwon-Ahn, 2001).

**Immigration, acculturation and well-being.** Well-being processes and outcomes may be influenced by factors such as immigration and acculturation. The challenges of acculturation are not only relevant to first generation immigrants. As Portes and Rumbaut (2005) claimed,
U.S.-born children of first generation immigrants are also likely to experience acculturation since they often grow up in the context of their parents’ original culture. This makes the issue of acculturation salient for Korean Americans, particularly as these processes impact overall adjustment and psychological well-being. Most studies examining the psychological impacts of acculturation focus on pathological outcome variables, such as acculturative stress and depression (Yoon, Lee, & Goh, 2008). For example, the acculturation gap seems to be an inevitable experience for immigrant families since, generally, children would generally acculturate to the mainstream culture more quickly than their immigrant parents (Lau, Cummins, & McPherson, 2005; Yu, Huang, Schwalberg, Overpeck, & Kogan, 2003). Acculturation experiences among immigrant families generally have been associated with family conflict and negative mental health outcomes, especially for their children (e.g., Costigan & Dokis, 2006; Le & Stockdale, 2008). However, acculturation can also be a growth experience for immigrant individuals. Yoon, Lee, and Goh (2008) suggested that acculturation can be a learning process of “expanding one’s worldview, cultural competence, and adaptability to multiple cultural contexts” (p. 247). Cross (2003) viewed culture as a great resource for emotional healing, social support, problem solving, physical health, and mental wellness. These positive aspects of the acculturation process or multicultural experiences should be taken into account for the measurement of subjective well-being.

Lu (2006) found that cultural fit and cultural agreement between one’s individual and societal culture regarding independent identity was important for certain subgroups of Chinese individuals. People who endorsed a higher independent self but expected lower societal approval had higher SWB than those who expected higher societal approval but endorsed a lower independent self. For South Koreans, for those who are more likely to have a strong relational
self-view as opposed to an internally congruent one, identity consistency was less predictive of SWB (Suh, 2002). Compared to North American individuals, Koreans were more likely to view themselves flexibly depending on the situation and be affected by the perspectives of others, while being less assertive. Identity consistency did not seem to be a prerequisite condition of psychological well-being for Koreans although the level of identity consistency predicted the subjective well-being of North American participants. An interesting dynamic could be created for Korean individuals living in individualistic cultures where the level of identity consistency is positively correlated with positive social evaluations from others.

**Limitation of Current Measures and Rationale**

In the group of research which aims to measure and comparatively analyze psychological well-being among different groups, the cultural and experiential uniqueness of each group and their individuals has not been sufficiently recognized. Many dimensions that may be of importance, such as communal and spiritual processes, have not been adequately explored. Furthermore, such studies usually observe national samples of university students to describe and conjecture *cultural variability* (Greenfield, Keller, Fuligni, & Maynard, 2003). However, the well-being literature that has considered cultural variability has used existing measurement tools which have not indicated the incorporation of cultural and contextual variability in forming the item content or designing the scale structure. According to Fox and Prilleltensky (1997), changes in the group of values for well-being, which are required for measuring human well-being over time, necessitate examining well-being values across communities. A specific set of constructs that define and develop conceptions of well-being is provided by culture (Lu, 2006; Suh, 2000). In addition, culture also provides appropriate methods of expressing well-being due
to socialization processes (Diener & Lucas, 2000), emotional norms (Eid & Diener, 2001), and
cognitive biases (Diener, Lucas, & Oishi, 2002).

The MWA, from the very outset, was designed and created as an assessment which
actively incorporates the aspects of well-being that are especially pertinent to groups of low
socioeconomic status and those of racial/ethnic minorities. Also, the MWA supplements the
limitations of the single-dimensional feature of other measures of well-being. At present, there is
no unified multidimensional measure of well-being which captures the relevant aspects of well-
being of various cultural groups. Meanwhile, the MWA not only concerns certain areas of life
experience but is also accepting of psychological and subjective facets of well-being. In other
words, the assessment comprises traditionally examined aspects (e.g., affective, behavioral,
cognitive) and related constructs (e.g., social identity, sense of community, spirituality) at the
same time. The MWA, moreover, contributes to the field since multidimensional constructs are
placed in a single efficient instrument.

Research Questions

Research Question 2.1. Will the Multidimensional Assessment of Well-Being (MWA) context domains and specific dimensional subscales demonstrate adequate internal consistency reliability in a sample of Koreans and Korean Americans?

Hypothesis 2.1. There will be a coefficient alpha of at least .70 that is indicative of
acceptable internal consistency reliability on all context domains and dimensional subscales of
the MWA among Korean and Korean American sample.

Research Question 2.2. Will the MWA context domains and dimensional subscales establish acceptable construct validity in a sample of Koreans and Korean Americans?
**Hypothesis 2.2a.** The MWA context domains and dimensional subscales will demonstrate positive and statistically significant convergent validity coefficients with the following measures: the SWLS, SPANE-P, Flourishing Scale, QEWB, and PWI-A.

**Hypothesis 2.2b.** The MWA context domains and dimensional subscales will indicate negative and statistically significant validity coefficients with the BADD and the SPANE-N.

**Hypothesis 2.2c.** The MWA context domains and dimensional subscales will not show any statistically significant relations with the Social Desirability Scale.

**Descriptive Question 2.1.** What are the top five important dimensional indicators of well-being among the Korean and Korean American sample?

**Descriptive Question 2.2.** What demographic differences are identified on the overall context domains and specific dimensions of well-being among the Korean and Korean American sample?

**Descriptive Question 2.2a.** What gender differences are observed on the overall context domains and specific dimensions of well-being among the Korean and Korean American sample?

**Descriptive Question 2.2b.** What age differences are observed on the overall context domains and specific dimensions of well-being among the Korean and Korean American sample?

**Descriptive Question 2.2c.** What immigration status differences (e.g., current country of residence and immigration status) are observed on the overall context domains and specific dimensions of well-being among the Korean and Korean American sample?

**Descriptive Question 2.2d.** What socioeconomic status differences are observed on the overall context domains and specific dimensions of well-being among the Korean and Korean American sample?
Methodology

Participants

The sample included 259 individuals, ages 18 and up, who were self-identified as Korean or Korean American on the demographic section of the Background Questionnaire. According to the power primer developed by Cohen (1992), the necessary sample size was determined by the desired power, significance level (i.e., $\alpha$), and effect size. Multivariate analysis of variance (MANOVA) examining four variables (i.e., gender, age, immigration status, and socioeconomic status) requires a sample size of 63 to 97, depending on the number of subgroups of a variable, with a medium effect size and power set at .80 with a .01 significance level.

Participants were required to read either English or Korean fluently to complete the research materials. The sample was expected to include diverse religious and socioeconomic backgrounds, as well as immigration status (e.g., first generation, second generation, international student, etc.). Any individual who met the aforementioned inclusion criteria was eligible to participate in this study, and there were no exclusion criteria.

All 259 individuals included in the study completed the online questionnaire in Korean. An additional 13 individuals completed the questionnaires in English but were excluded from the data analysis due to the small sample size. Participants who completed the Korean version consisted of 177 females (68.3%) and 82 males (31.7%). The age of participants ranged from 20 to 63 years with a mean age of 39.22. A majority of the participants were born in South Korea ($n = 257, 99.2\%$); 145 individuals (56.0%) reported currently living in Korea, while 101 individuals (39.0%) indicated their current residency as the U.S. Also, 94.2 % identified themselves as Korean while 5.4 % answered they are Korean American. A majority of the participants endorsed a Christian affiliation, with 79.9% identifying with a denomination of
Protestant Christianity (Methodist, Presbyterian, Baptist, etc.), 4.2% non-denominational Christians, and 4.6% Catholic. Approximately two percent (2.3%) identified themselves as Buddhist while 7.4% identified as Agnostic or Atheist. The majority of participants had obtained a college or university degree or higher (40.5% college or university degree; 39.8% graduate or professional degree), while 7.7% held community college/vocational/trade school degrees and 12% had high school degrees or high school equivalent. About 37% (37.1%) of the participants reported an annual income ranging from $50,000–100,000, while 32.4% fell in the $25,000–$50,000 range. Meanwhile, 14.7% made less than $25,000 and 15% had an annual income of over $100,000. Only 1.2% of the participants indicated that their basic needs were not being met, while 22% of the participants noted that only their basic needs were being met with no extras. Around half of the participants (50.6%) indicated that they had everything they needed plus a few extras, 10.8% noted that they were able to purchase many of the things they wanted, and 15.1% reported always being able to buy luxury items or buy nearly anything they wanted.

**Recruitment and Procedures**

Participants were recruited in accordance with an approved application to the Institutional Review Board (IRB) of Pepperdine University. A non-random sampling (i.e., convenience sampling) was used for data collection for this study. Participants were recruited in various ways in both South Korea and the U.S. The researcher contacted leaders of various organizations which have a high number of the target population to obtain permission to either make an announcement about the study at their meetings, post flyers at their properties, or distribute the online questionnaires to the members of the organization. The researcher contacted one Presbyterian church in Korea, two Korean community churches in the U.S., and three
Table 1

*Demographic characteristics of participants*

<table>
<thead>
<tr>
<th></th>
<th>Frequency (N)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>82</td>
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</tr>
<tr>
<td>Female</td>
<td>177</td>
<td>68.3</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20–29</td>
<td>34</td>
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</tr>
<tr>
<td>30–39</td>
<td>122</td>
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<tr>
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</tr>
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<tr>
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</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
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<td>0</td>
</tr>
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<td>High school</td>
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</tr>
<tr>
<td>Community college</td>
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</tr>
<tr>
<td>College or University</td>
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<td>Graduate or professional degrees</td>
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<tr>
<td><strong>Annual Income</strong></td>
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<tr>
<td>Less than 25,000</td>
<td>28</td>
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<td>25,000–50,000</td>
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<td>50,000–100,000</td>
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</tr>
<tr>
<td>100,000–250,000</td>
<td>33</td>
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</tr>
<tr>
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<td>Buddhist</td>
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<td>2.3</td>
</tr>
<tr>
<td>Agnostic or Atheist</td>
<td>19</td>
<td>7.4</td>
</tr>
</tbody>
</table>
universities in Korea to obtain permission for data collection. The researcher also obtained permission from a Korean community church in the U.S. and a private university in Korea. Additionally, a snowball sampling was used to encourage the available target population to participate in the study. The examiner also emailed members on the listservs of her affiliated organizations about the information on study participation and a direct link to the online questionnaires (e.g., Korean Psychologists Network and Psychology of Asian Pacific American Women (APA Division 35-Section V)). Recruitment messages with a direct link to the study were posted and reposted on social network services (i.e., Facebook) available to the public. In addition, personal recruitment emails and texts were sent to Korean and Korean American acquaintances of the researcher.

Recruitment messages were presented in both languages, English and Korean. All participants were informed that their responses would remain anonymous if they chose to participate. They were also notified that their participation was voluntary and that they could choose simply not to participate in the study at all, or that they can submit an incomplete questionnaire if they chose to discontinue.

Participants were able to choose either the English or Korean questionnaires based on their language preference. All data were collected on-line at a secured research software database. In the initial page of the online questionnaires, participants were provided with a brief description of the current study as well as an informed consent form. After checking a box to indicate their informed consent, participants were then asked to complete a series of questionnaires. Fifty-two percent of 497 individuals, who logged onto the Korean online questionnaires and consented to participate in the study, completed all sections of the protocol.
Eighty-seven percent of 15 individuals, who chose to participate in the English online study, completed all sections of the questionnaires.

**Instruments**

The **background questionnaire** (Harrell, 2014; See Appendix A). This 15-item demographic questionnaire was adapted from the original MWA psychometric study to obtain descriptive information about the research participants. In the current study, one item was added to request the participant’s immigration status. Fourteen questions requested information regarding the participant’s gender, age, race/ethnicity, country of birth and residence, immigration status, zip/postal code, education, employment, relationship status, parental status, and financial situation. To find out whether there was any ill-being or stressor which particularly affected the respondent’s condition in the last two weeks, two more questions were asked.

*Figure 1.* Multidimensional Well-Being Assessment (MWA). Adapted from “A Psychococultural Perspective on Positive Psychology and Well-Being,” by S. Harrell, 2014, *California Psychologist.*
The purpose of the Multidimensional Well-Being Assessment, devised by Harrell (2013), is to provide a more comprehensive (i.e., culturally-informed and inclusive) measure of well-being, as a more accurate measure which reflects diverse living contexts and the different values possessed by each culture and among cultures. The assessment’s inclusivity is represented by the reflection of facets of well-being which are especially relevant to persons of lower socioeconomic status and ethnic groups not of European descent. The MWA, in fact, is the first well-being measurement which has given significant attention to other scales—for example, collective well-being, transformational well-being, and transcendent well-being—which makes the measurement an extensive one on psychological and subjective well-being. Therefore, the MWA’s representative and unique contribution, as a single instrument in particular, would be forming a conceptualization of well-being by considering these multiple ideas and the respective multidimensional constructs. The disparate aspects of well-being can be found in different branches of psychology, such as feminist psychology, humanistic psychology, and multicultural psychology. Within these branches, noticeable themes include collectivism, overcoming adversity, and spirituality (Jackson, 2006). The MWA has 160 items, with five general contexts for wellness for which there are multiple (two to four) well-being dimensions for each context, or 15 ‘Well-Being Dimensions’ in total. The Psychological Wellness context is composed of four well-being dimensions: Emotional, Functional, Transformational, and Awareness; while the Physical Wellness context has three dimensions: Emotional, Functional, Transformational, and Awareness. For the Relational Wellness context, there are two dimensions: Prosocial and Relationship Quality; whereas the Collective Wellness context comprises four dimensions: Community, Sociocultural Identity, Participatory and National Context. Lastly, the Transcendent Wellness context has two dimensions: Meaning-Purpose-Flow and Spiritual-
Religious. A 6-point Likert-type scale is used to rate the items, and the range of responses is from “Never/Not at all” to “Always/Extremely.” Respondents rate each item according to the degree to which the statement is in agreement with their lives in the past two weeks. The score calculation of each Wellness context and well-being dimension is done by adding the ratings and dividing the outcome by the number of items. This way, scores can be compared among domains and dimensions.

A preliminary psychometric study included the first 94 persons who filled out an online form of the MWA’s demographic questions (Harrell, Moshfegh, Anderson, Orozco, Pena, et al., 2013). Moreover, among this initial group, 63 participants also responded to a set of validation instruments. The demographics of this sample was as follows: a mean age of 36.68 years (SD = 13.08), 72 women (76.6%) and 22 men (23.4%), 44 persons (46.8%) whose self-identified race was White, and 50 persons (53.2%) whose self-identified race was of color. In addition, the majority of this group had a college degree or higher (80.9%) and were born in the U.S. (71.7%). Some of the most relevant and remarkable findings of this initial sample were that participants of color showed a lower degree of subjective well-being (t (63) = 2.45, p<.05) as well as physical well-being (t (92) = 2.12, p<.05). In the meantime, participants of color indicated more negative emotions compared to Whites (t (61) = -2.86, p<.01). The top five major dimensions which contributed to participants’ whole well-being for this total initial sample were in the following order: “the quality of my relationships with the people closest to me” (71%), “having positive emotions and feelings” (60%), “my physical health” (55%), “my daily activities and achievements” (51%), and “have a sense of meaning and purpose” (48%).

More recently, a larger sample of 1170 participants were used to further examine the psychometric properties of the MWA (Harrell, Girma, & Johnson, 2017). Thirty-four percent of
the total participants ($N = 403$) completed a set of validation instruments. The larger sample consisted of 715 women (61.1%) and 455 men (38.9%); 417 participants identified themselves racially as White which comprised 38.4% of the sample, with 295 participants (25.7%) identifying as Latino. The black group was the third largest racial/ethnic group (13%), followed by the Asian group (8.9%). The majority of the participants (78.5%) were born in the U.S., and most (61.9%) had obtained a college degree or higher. Cronbach’s alpha coefficient for the five MWA Contexts ranged from .903 to .962, demonstrating strong internal consistency reliability. The 15 MWA dimensions also produced strong reliabilities with Cronbach’s alphas ranging from .758 to .920. Significant positive validity coefficients ranging from .277 to .664 ($p<0.001$) were found between the five MWA Contexts and PWI, SPANE-P, SWLS, Flourishing, and QEWB. Significant negative correlations were found between the MWA scores and SPANE-Negative ($N$), with moderate to strong coefficients ranging from -.312 to -.538 ($p<0.001$). Relationship quality demonstrated the highest importance rating among the MWA dimensions ($M = 3.825$), followed by positive emotions and feelings ($M = 3.649$), physical health and functioning (3.642), sense of meaning and purpose (3.551), and awareness of self and environment (3.547).

**Other Well-Being Measurements**

To assess convergent construct validity, the instruments used were as follows: the Personal Well-Being Index (PWI; Lau et al., 2005), Satisfaction with Life Scale (SWLS), The Flourishing Scale (FLOURISHING; Diener, Wirtz, Tov, et al., 2009), and the Questionnaire for Eudaimonic Well-Being (QEWB; Waterman et al., 2010). The researcher obtained permission to use these measures for the larger psychometric study conducted by Harrell (2012). Additional instruments were used; namely, the Scale for Positive and Negative Emotions (SPANE) by
Diener et al. (2009) and the Broad Assessment of Distress and Dysfunction (BADD) by Harrell (2011) were employed for criterion validity. Furthermore, the Marlowe-Crown (MC) Social Desirability Scale by Crowne and Marlowe (1960), which is publicly available and does not require prior permission, was used for assessing discriminant validity.

**The Satisfaction With Life Scale (SWLS).** The SWLS is widely used for measuring overall satisfaction with life or subjective well-being judgment (Diener, Emmons, Larson, & Griffin, 1985), but it is absent of items which measure affective or emotional parts of subjective well-being. There are five relevant items on average, and items use a 7-point scale ranging from Strongly Disagree (1) to Strongly Agree (7) from which respondents can choose according to their level of agreement (Diener et al., 1985; Pavot & Diener, 1993, 2008). In its validation, the correlations with other subjective measures of well-being ranged from 0.5 - 0.75. The coefficient alpha was 0.87 and the internal consistency of the five items were .81, .63, .61, .75, and .66. The SWLS, composed of a relatively few items, has been one of the most popular measurements for assessing subjective well-being; it has been translated into more than 25 different languages. A strength of this scale is that its psychometric properties are based on different populations including adolescents (Neto, 1993) and non-psychiatric medical outpatients (Arrindell et al., 1991); furthermore, they are based on various countries including Brazil (Gouveia et al., 2009), China (Bai et al., 2011), the Netherlands (Arrindell, Heesink, & Feij, 1999), and Turkey (Durak et al. 2010).

**Flourishing Scale.** As a measure of psychological and social functioning, the Flourishing Scale’s theoretical basis comes from psychological and social well-being (Diener et al., 2010). It is a self-report measure consisting of eight items on the feelings of competence, positive relationships, and sense of purpose. The higher the score, the more it is indicative of
psychological strengths and positive perspectives on the self and the future. The Flourishing Scale has statistically strong internal consistency (Cronbach’s alpha = .87) and a .62 for convergence with the Satisfaction with Life Scale (Diener et al., 2010). Moreover, the scale is known to correlate significantly with other measures on well-being (e.g., Ryff scales of Psychological Well-being; Deci and Ryan’s Basic Need Satisfaction in General Scale).

**International Well-being Index/Personal Well-being Index—Adults (PWI-A).** The PWI-A, also known as the Australian Unity Well-being Index within Australia, aims to measure the subjective side of life quality with a 7-item measure. Items follow SWB research and indicators, ensuring theory-based content and a high construct validity. Meanwhile, domains of semi-broad nature are used for cross-cultural validity. Items are rated on a scale of 0 to 10 (0 = completely dissatisfied; 10 = completely satisfied) in several domains (i.e., achieving in life, community-connectedness, future security, health, relationships, safety, and standard of living). The construct of PWI-A was verified under the condition that each domain accounts for a unique variance when the domains altogether are regressed against “Satisfaction with life as a whole.” The Satisfaction with life scale demonstrated a convergent validity correlation of .78. The range of Cronbach alpha was from .70 to .85 in Australia and other countries. Meanwhile, inter-domain correlations were around .30 to .55, which is moderate, and item-total correlations were .50 at the least. The index also had good test-retest reliability, with a 1–2 week interval, showing a 0.84 correlation coefficient (Lau, Cummins, & McPherson, 2005).

**The Scale of Positive and Negative Experience (SPANE).** The SPANE consists of 12 questionnaire items of which half assesses positive feelings and the other half negative feelings. There are three general items (e.g., positive, negative) for both positive and negative items, and three per subscale which are more detailed (e.g., happy, angry, etc.). Specifically, the scale not
only covers particular negative or positive experiences and feelings but also those of wide scope, asking respondents to answer according to how often they felt those feelings over the past month. The name SPANE is indicated with a P, N, or B to represent the scales Positive Experience, Negative Experience, and the Balance between the two, respectively (Diener et al., 2009). Internal reliabilities of Positive, Negative, and Balance were .84, .80, and .88 (Cronbach’s alpha), respectively. There was a substantial positive correlation between the SPANE and the PANAS. The correlations of the SPANE and the corresponding PANAS scales were .59(positive), .70(negative), and .77(balance; Diener, Wirtz, Tov, et al., 2009).

The Questionnaire for Eudaimonic Well-Being (QEWB). The QEWB is a 21-item self-report inventory that purports to measure well-being in a consistent way with how eudaimonist philosophy conceptualizes well-being (Waterman, 2007b). The QWEB attempts to assess six content areas of eudaimonic well-being including “self-discovery, perceived development of one’s best potentials, a sense of purpose and meaning in life, intense involvement in activities, investment of significant effort, and enjoyment of activities as personally expressive” (p. 41). The QEWB demonstrated a high internal consistency (i.e., Cronbach’s alpha = 0.85) and proper correlations with other well-being measures such as subjective well-being and psychological well-being.

Broad Assessment of Distress and Dysfunction (BADD). The BADD was created and revised by Harrell (2011) as a measure of general psychological distress and symptomatology which does not fall into a certain diagnostic category. The scale has 36 items covering frequently used expressions and language describing psychological distress. For instance, items include “I could not stop worrying about things,” “I felt guilty, ashamed, or bad about myself,” and “I had problems getting along with other people at work, school, or in other settings (stores,
social situations, etc.).” A 5-point Likert-type scale is used for the degree to which the statement is personally true, ranging from “Never true for me” to “Always true for me,” during a specific time range such as the past week or month. The ratings of the 36 items are added up for the total score. In a preliminary data analysis of a psychometric study by Harrell, Moshfegh, Anderson, Orozco, Pena, et al. (2013), the internal consistency reliability was shown to be strong with an alpha reliability of .86. In addition, its construct validity was sound when the correlation patterns of measures of positive well-being and social desirability were examined.

**Marlowe-Crowne (MC) Social Desirability Scale.** The MC Social Desirability Scale was originally developed by Crowne and Marlowe in 1960 to measure individuals’ propensity to exhibit favorable images of themselves within social contexts. The short form, composed of 13 true or false items, asks respondents to choose from actions that are socially desirable but less feasible and those that are socially undesirable but more feasible (Reynolds, 1982). According to research, high scorers had a tendency to over-report socially favorable information about themselves and under-report the reverse information.

**Translation of Research Materials**

The researcher, as well as a bilingual (English and Korean), bicultural (Korean American) professional translator with a master’s degree in psychology, translated (via the meaning by meaning translation method) all research materials. Then, another translator who has never been exposed to the original English version of the research material translated the Korean version back into English (Esposito, 2001; Rode, 2005). The researcher compared it with the original English version and conducted back-translation before revising the Korean version to improve the comparability between the two English versions. The revised Korean version was translated into English, and then the aforementioned steps were repeated until the equivalency between the
original English version and the back-translated English version of the research material was achieved.
Results

The Statistical Package for the Social Sciences (SPSS) version 21.0 was utilized to analyze the data in this study. Participant responses were imported from Qualtrics, an online research software, and then coded and entered into the SPSS database. Not Applicable responses were recoded as missing data. After cleaning the data, a descriptive analysis of the demographic variables and the MWA scores was conducted to assess the frequencies, ranges, means, and standard deviations. A three-part statistical evaluation of the MWA was further conducted with geographically and demographically diverse samples of Korean and Korean American adults. First, an assessment of psychometric properties of the MWA was conducted. Internal consistency reliabilities of the five MWA contexts and 15 dimensions were assessed. Second, convergent and discriminant validity were assessed by examining the correlations between the MWA scores and scores obtained from the PWI (Lau et al., 2005), SPANE (Diener, Wirtz, Tov, et al., 2009), SWLS, Flourishing Scale (Diener et al., 2009), QEWB (Waterman et al., 2010), BADD (Harrell 2011), and the short form of the MC Social Desirability Scale (Reynolds, 1980). Third, a series of comparisons of the MWA scores and MWA dimensions across demographic groups was examined. Four demographic variables were analyzed in connection with the MWA: gender, age, immigration status, and socioeconomic status.

Internal Consistency Reliability of the MWA

Coefficient alphas were computed for each of the five MWA contexts and 15 dimensions to assess the internal reliability of the MWA. Table 2 presents Cronbach’s alpha reliability coefficients as well as the mean scores and standard deviations for the MWA Contexts and Dimensions. The Cronbach’s alpha coefficient for five MWA Contexts ranged from .940 to .969,
demonstrating strong internal consistency reliability. The 15 MWA dimensions also produced strong reliabilities with Cronbach’s alphas ranging from .78 to .969.

The possible range of mean scores on the MWA Contexts and Dimensions was from 0 to 5 (6 points). The mean scores ranged from 2.28 to 3.58, falling at or somewhat below or above the midpoint of the scale. The levels of multidimensional well-being reported in the current study were in the moderate range.

Table 2

Reliability Coefficients and Mean Values for the MWA Contexts and Dimensions

<table>
<thead>
<tr>
<th>Context and Dimension</th>
<th># of Items</th>
<th>Cronbach’s Alpha</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical (PWB)</td>
<td>31</td>
<td>.940</td>
<td>3.16 (.72)</td>
</tr>
<tr>
<td>Environmental</td>
<td>11</td>
<td>.842</td>
<td>3.23 (.74)</td>
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<tr>
<td>Health</td>
<td>12</td>
<td>.883</td>
<td>2.85 (.82)</td>
</tr>
<tr>
<td>Safety</td>
<td>8</td>
<td>.870</td>
<td>3.58 (.85)</td>
</tr>
<tr>
<td>Psychological (YWB)</td>
<td>40</td>
<td>.969</td>
<td>2.86 (.78)</td>
</tr>
<tr>
<td>Emotional</td>
<td>12</td>
<td>.920</td>
<td>2.88 (.88)</td>
</tr>
<tr>
<td>Functional</td>
<td>10</td>
<td>.886</td>
<td>2.90 (.81)</td>
</tr>
<tr>
<td>Transformative</td>
<td>12</td>
<td>.911</td>
<td>2.85 (.82)</td>
</tr>
<tr>
<td>Awareness</td>
<td>6</td>
<td>.787</td>
<td>2.96 (.83)</td>
</tr>
<tr>
<td>Relational (RWB)</td>
<td>27</td>
<td>.945</td>
<td>3.12 (.75)</td>
</tr>
<tr>
<td>Prosocial</td>
<td>12</td>
<td>.912</td>
<td>3.05 (.77)</td>
</tr>
<tr>
<td>Relational Quality</td>
<td>15</td>
<td>.911</td>
<td>3.40 (.86)</td>
</tr>
<tr>
<td>Collective (CWB)</td>
<td>35</td>
<td>.957</td>
<td>2.65 (.76)</td>
</tr>
<tr>
<td>Identity</td>
<td>12</td>
<td>.896</td>
<td>2.89 (.81)</td>
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<td>Community</td>
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<td>Participatory</td>
<td>8</td>
<td>.869</td>
<td>2.44 (.92)</td>
</tr>
<tr>
<td>National</td>
<td>5</td>
<td>.832</td>
<td>2.28 (.96)</td>
</tr>
<tr>
<td>Transcendent (TWB)</td>
<td>27</td>
<td>.954</td>
<td>2.94 (.90)</td>
</tr>
<tr>
<td>Meaning</td>
<td>14</td>
<td>.908</td>
<td>2.91 (.85)</td>
</tr>
<tr>
<td>Spirituality</td>
<td>13</td>
<td>.944</td>
<td>2.98 (1.08)</td>
</tr>
</tbody>
</table>

Note. all p < .01
Strong intercorrelations were generally observed among all MWA Contexts and Dimensions ($p<0.01$, see Table 3). The transcendent dimensions are generally more highly correlated with psychological than physical dimensions.

Table 3

<table>
<thead>
<tr>
<th>Intercorrelations of MWA Context Domains and Dimensions</th>
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<tr>
<td><strong>Note.</strong> <em>p</em> &lt; .05; <strong>p</strong> &lt; .01</td>
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<table>
<thead>
<tr>
<th></th>
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<th>PW</th>
<th>PW</th>
<th>YWB</th>
<th>YWB</th>
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<tbody>
<tr>
<td>**</td>
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**Scale Validity Analysis**

The correlations of the MWA scores with scores on measures of PWI, SPANE-Positive \((P)\), SWLS, QEWB, and Flourishing are reported in Table 4. Significant positive validity coefficients ranging from .554 to .755 \((p<0.01)\) were found between the five MWA Contexts and PWI, SPANE-\(P\), SWLS and Flourishing. Correlations between the MWA dimensions and the validity scales were more diverse, ranging from .264 to .762 \((p<0.01)\). Strong correlations were found between the Psychological-Emotional\((E)\) score and PWI, SPANE-\(P\), SWLS, and Flourishing. The Psychological Context score also demonstrated a strong correlation with SPANE-\(P\), SWLS, and Flourishing while the Psychological-Functional\((F)\) dimension obtained a strong correlation with SWLS and Flourishing. The Psychological-Transformative\((T)\) dimension and Collective Context scores showed strong correlations with Flourishing. The MWA scores demonstrated significant, yet relatively smaller, correlations with the QEWB, which ranged from .121 to .485 \((p<.01)\). It should be noted that each correlation includes a different number of respondents since the mean substitution was not used.

Table 5 displays the correlations of the MWA scores with BADD, SPANE-Negative, and MC Social Desirability. Significant negative correlations were found between the MWA scores and BADD as well as SPANE-Negative \((N)\), with moderate to strong coefficients ranging from - .309 to -.591 \((p<0.01)\) except for the following MWA dimensions: Collective-Participatory \((P)\), Collective-National \((N)\), and Transcendent-Spiritual\((S)\). The Collective-\(P\) and -\(N\) scores demonstrated significant but weak correlations with both BADD and SPANE-\(N\), spanning from -.206 to -.280 \((p<.01)\). Correlations obtained between the Transcendent-\(S\) dimension score and BADD were also significant but small \((- .291, p<.01)\). Weak to moderate positive correlations were found between the MWA scores and Marlowe-Crown. Interestingly, there were also
statistically significant correlations between social desirability and other well-being measures (see Table 6). The pattern of correlations between the MWA and validity scales suggests strong overall construct validity but with some concern for socially desirable response.

Table 4

Validity Coefficients for the MWA Contexts and Dimensions with Alternate Measures of Well-Being

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Note. *p<.05; **p<.01
Table 5

*Validity Coefficients for the MWA Contexts and Dimensions for Measures of Distress and Social Desirability*

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<th>SAPNE-N</th>
<th>Marlowe-Crown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>-.591**(n=204)</td>
<td>-.472**(n=203)</td>
<td>.312**(n=193)</td>
</tr>
<tr>
<td>Environment</td>
<td>-.490**(n=237)</td>
<td>-.416**(n=235)</td>
<td>.240**(n=224)</td>
</tr>
<tr>
<td>Health</td>
<td>-.535**(n=220)</td>
<td>-.469**(n=220)</td>
<td>.278**(n=210)</td>
</tr>
<tr>
<td>Safety</td>
<td>-.502**(n=239)</td>
<td>-.340**(n=237)</td>
<td>.277**(n=226)</td>
</tr>
<tr>
<td>Psychological</td>
<td>-.522**(n=205)</td>
<td>-.494**(n=204)</td>
<td>.383**(n=195)</td>
</tr>
<tr>
<td>Emotional</td>
<td>-.595**(n=238)</td>
<td>-.546**(n=237)</td>
<td>.381**(n=226)</td>
</tr>
<tr>
<td>Functional</td>
<td>-.534**(n=235)</td>
<td>-.514**(n=235)</td>
<td>.370**(n=225)</td>
</tr>
<tr>
<td>Transformative</td>
<td>-.497**(n=219)</td>
<td>-.462**(n=218)</td>
<td>.357**(n=208)</td>
</tr>
<tr>
<td>Awareness</td>
<td>-.460**(n=241)</td>
<td>-.386**(n=240)</td>
<td>.317**(n=231)</td>
</tr>
<tr>
<td>Relational</td>
<td>-.510**(n=194)</td>
<td>-.444**(n=193)</td>
<td>.322**(n=186)</td>
</tr>
<tr>
<td>Prosocial</td>
<td>-.355**(n=239)</td>
<td>-.318**(n=239)</td>
<td>.295**(n=213)</td>
</tr>
<tr>
<td>Relationship Quality</td>
<td>-.537**(n=195)</td>
<td>-.460**(n=194)</td>
<td>.292**(n=186)</td>
</tr>
<tr>
<td>Collective</td>
<td>-.430**(n=209)</td>
<td>-.402**(n=209)</td>
<td>.353**(n=202)</td>
</tr>
<tr>
<td>Identity</td>
<td>-.453**(n=226)</td>
<td>-.386**(n=226)</td>
<td>.346**(n=217)</td>
</tr>
<tr>
<td>Community</td>
<td>-.459**(n=232)</td>
<td>-.431**(n=231)</td>
<td>.337**(n=222)</td>
</tr>
<tr>
<td>Participatory</td>
<td>-.280**(n=229)</td>
<td>-.267**(n=229)</td>
<td>.247**(n=222)</td>
</tr>
<tr>
<td>National</td>
<td>-.206**(n=242)</td>
<td>-.264**(n=241)</td>
<td>.313**(n=231)</td>
</tr>
<tr>
<td>Transcendent</td>
<td>-.347**(n=217)</td>
<td>-.382**(n=215)</td>
<td>.281**(n=207)</td>
</tr>
<tr>
<td>Meaning</td>
<td>-.415**(n=230)</td>
<td>-.402**(n=228)</td>
<td>.299**(n=219)</td>
</tr>
<tr>
<td>Spirituality</td>
<td>-.291**(n=225)</td>
<td>-.309**(n=223)</td>
<td>.239**(n=214)</td>
</tr>
</tbody>
</table>

*Note.* *p*<.05; **p**<.01
Table 6

Correlations Between the Social Desirability Scale and Other Well-Being Measurements

<table>
<thead>
<tr>
<th></th>
<th>PWI</th>
<th>SWLS</th>
<th>SPANE-P</th>
<th>QEWB</th>
<th>Flourishing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marlowe-Crown</td>
<td>0.347**</td>
<td>0.290**</td>
<td>0.363**</td>
<td>0.155*</td>
<td>0.299**</td>
</tr>
<tr>
<td></td>
<td>(n = 237)</td>
<td>(n = 237)</td>
<td>(n = 236)</td>
<td>(n = 236)</td>
<td>(n = 235)</td>
</tr>
</tbody>
</table>

Note. *p < .05; ** p < .01

Highest Rated Contexts and Dimensions on the MWA

Participants were asked to rate the importance of each of the MWA dimensions in determining their overall well-being. In the current study, an item about the well-being of others (“My loved ones are doing well”) was included in addition to the 15 determinants of well-being corresponding to the MWA dimensions. Participants reported the highest importance on the well-being of others (M = 3.87, SD = .346), followed by body and health (M = 3.81, SD = .403), emotional (M = 3.80, SD = .441), relationship quality (M = 3.75, SD = .432), and then safety (M = 3.72, SD = .530; Table 5). When asked to indicate the five most important areas for their well-being, the five most frequently reported well-being dimensions included: my physical health and functioning (75.7%), having positive emotions and feelings (64.5%), my daily activities and achievements (52.5%), my loved ones are doing well (52.1%), and my spirituality or religious experience (50.6%; see Table 7).

Demographic Comparisons

Comparisons were conducted for groups differing along four demographic dimensions: gender, age, immigration status, education status, and financial status.

Gender. Given that the MWA context and dimension scores were highly correlated with each other, a multivariate analysis of variance (MANOVA) was conducted on these variables across the different gender groups. Results from this MANOVA demonstrated a significant
multivariate effect (Wilk’s Lambda = .781, F (16, 127) = 2.226, p<0.01), indicating that there were gender differences on well-being within this sample of Korean and Korean American participants. Male participants indicated higher well-being than female participants on the Physical Context including the Health and Safety dimensions, Psychological Context with the Emotional and Transformative dimensions, as well as Collective Context including Participatory and National dimensions (see Table 8). No significant differences were found between the two groups on the Relational and Transcendent Contexts.

Table 7

*MWA Dimensions: Importance to Well-being and Frequency Rated in Top Five*

<table>
<thead>
<tr>
<th>MWA Dimension</th>
<th>Frequency</th>
<th>% ranked in top 5</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>My physical health and functioning.</td>
<td>Body and Health</td>
<td>196</td>
<td>75.7</td>
</tr>
<tr>
<td>Having positive emotions and feelings.</td>
<td>Emotional</td>
<td>167</td>
<td>64.5</td>
</tr>
<tr>
<td>My daily activities and achievements.</td>
<td>Functional-behavioral</td>
<td>136</td>
<td>52.5</td>
</tr>
<tr>
<td>My loved ones are doing well</td>
<td>Well-being of others</td>
<td>135</td>
<td>52.1</td>
</tr>
<tr>
<td>My spirituality or religious experience.</td>
<td>Spiritual-Religious</td>
<td>131</td>
<td>50.6</td>
</tr>
<tr>
<td>The quality of my relationships with the people closest to me.</td>
<td>Relationship quality</td>
<td>108</td>
<td>41.7</td>
</tr>
<tr>
<td>Having a sense of meaning and purpose.</td>
<td>Meaning and purpose</td>
<td>90</td>
<td>34.7</td>
</tr>
<tr>
<td>Having a strong awareness of myself, my thoughts and feelings.</td>
<td>Awareness</td>
<td>77</td>
<td>29.7</td>
</tr>
</tbody>
</table>

(continued)
Table 7

*MWA Dimensions: Importance to Well-being and Frequency Rated in Top Five*

<table>
<thead>
<tr>
<th>MWA Dimension</th>
<th>Frequency</th>
<th>% ranked in top 5</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving myself and my life.</td>
<td>Transformative</td>
<td>75</td>
<td>29.0</td>
</tr>
<tr>
<td>Doing good things for other people.</td>
<td>Prosocial behavior</td>
<td>49</td>
<td>18.9</td>
</tr>
<tr>
<td>Being safe from harm or danger.</td>
<td>Safety</td>
<td>49</td>
<td>18.9</td>
</tr>
<tr>
<td>Having a strong sense of belonging and connection to my neighborhood, work, or school community.</td>
<td>Community connectedness</td>
<td>30</td>
<td>11.6</td>
</tr>
<tr>
<td>My physical living environment.</td>
<td>Environmental</td>
<td>25</td>
<td>9.7</td>
</tr>
<tr>
<td>A strong identity and connection to my culture (or other group in society central to my identity, such as religion, sexual orientation, or ability/disability status, etc.).</td>
<td>Sociocultural identity</td>
<td>12</td>
<td>4.6</td>
</tr>
<tr>
<td>How things are going in my home country.</td>
<td>National context</td>
<td>8</td>
<td>3.1</td>
</tr>
<tr>
<td>Participating in positive social/community change.</td>
<td>Participatory</td>
<td>7</td>
<td>2.7</td>
</tr>
</tbody>
</table>

**Age.** Based on the range of the participants’ ages, the age variable was recoded into five 10-year age span groups. A MANOVA revealed significant age differences (Wilk’s Lambda = 0.519, F (64, 487) = 1.388, p = 0.031) on well-being. Post hoc Tukey tests found that participants in their 20s reported lower well-being on the Physical, Psychological, Relational, Collective, and Transcendent Contexts than those in other age ranges, particularly as compared to people in their 40s (see Table 9).
<table>
<thead>
<tr>
<th></th>
<th>Male Mean (SD)</th>
<th>Female Mean (SD)</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health</td>
<td>3.31 (0.68)</td>
<td>3.03 (0.79)</td>
<td>4.493</td>
<td>0.036</td>
</tr>
<tr>
<td>Health</td>
<td>3.04 (0.80)</td>
<td>2.74 (0.82)</td>
<td>4.554</td>
<td>0.035</td>
</tr>
<tr>
<td>Safety</td>
<td>3.77 (0.68)</td>
<td>3.33 (0.95)</td>
<td>8.779</td>
<td>0.004</td>
</tr>
<tr>
<td>Psychological</td>
<td>3.05 (0.78)</td>
<td>2.78 (0.78)</td>
<td>4.237</td>
<td>0.041</td>
</tr>
<tr>
<td>Emotional</td>
<td>3.07 (0.83)</td>
<td>2.74 (0.88)</td>
<td>4.716</td>
<td>0.032</td>
</tr>
<tr>
<td>Transformative</td>
<td>3.02 (0.83)</td>
<td>2.72 (0.81)</td>
<td>4.637</td>
<td>0.033</td>
</tr>
<tr>
<td>Collective</td>
<td>2.83 (0.82)</td>
<td>2.48 (0.76)</td>
<td>6.614</td>
<td>0.011</td>
</tr>
<tr>
<td>Participatory</td>
<td>2.71 (0.90)</td>
<td>2.21 (0.88)</td>
<td>10.755</td>
<td>0.001</td>
</tr>
<tr>
<td>National</td>
<td>2.52 (0.90)</td>
<td>2.08 (0.89)</td>
<td>8.110</td>
<td>0.005</td>
</tr>
</tbody>
</table>

**Immigration status.** No significant effects of country of current residence or immigration status were found on the MWA context or dimensional scales. However, there were significant group differences in the importance ratings of Psychological-Functional Behavioral dimension, Collective-Participatory dimension, and Collective-National dimension among individuals residing in South Korea versus the United States (Table 10).

**Financial status.** There were six choices presented in regard with financial status. However, a descriptive analysis of the financial status variable revealed there were only 1.2% indicating that their basic needs were not being met and 0.8% reporting they were always able to buy nearly anything they wanted. The two least frequently reported levels of financial status were regrouped with the next level, which resulted in a total of four levels of financial status (see Table 11).
Table 9

*Mean Differences of the MWA Contexts and Dimensions Between Age Groups*

<table>
<thead>
<tr>
<th></th>
<th>Age Group (yrs)</th>
<th>Age Group (yrs)</th>
<th>Mean Difference</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>20–29</td>
<td>40–49</td>
<td>-0.760</td>
<td>0.003</td>
</tr>
<tr>
<td>Environment</td>
<td>20–29</td>
<td>40–49</td>
<td>-0.801</td>
<td>0.003</td>
</tr>
<tr>
<td>Health</td>
<td>20–29</td>
<td>40–49</td>
<td>-0.711</td>
<td>0.017</td>
</tr>
<tr>
<td>Safety</td>
<td>20–29</td>
<td>40–49</td>
<td>-0.777</td>
<td>0.015</td>
</tr>
<tr>
<td>Psychological</td>
<td>20–29</td>
<td>40–49</td>
<td>-0.746</td>
<td>0.007</td>
</tr>
<tr>
<td>Emotional</td>
<td>20–29</td>
<td>30–39</td>
<td>-0.683</td>
<td>0.018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40–49</td>
<td>-0.940</td>
<td>0.001</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50–59</td>
<td>-0.858</td>
<td>0.014</td>
</tr>
<tr>
<td>Functional</td>
<td>20–29</td>
<td>40–49</td>
<td>-0.663</td>
<td>0.024</td>
</tr>
<tr>
<td>Awareness</td>
<td>20–29</td>
<td>30–39</td>
<td>-0.584</td>
<td>0.046</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40–49</td>
<td>-0.737</td>
<td>0.012</td>
</tr>
<tr>
<td>Relational</td>
<td>20–29</td>
<td>40–49</td>
<td>-0.640</td>
<td>0.021</td>
</tr>
<tr>
<td>Prosocial</td>
<td>20–29</td>
<td>40–49</td>
<td>-0.698</td>
<td>0.014</td>
</tr>
<tr>
<td>Collective</td>
<td>20–29</td>
<td>40–49</td>
<td>-0.736</td>
<td>0.008</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50–59</td>
<td>-0.685</td>
<td>0.049</td>
</tr>
<tr>
<td>Identity</td>
<td>20–29</td>
<td>40–49</td>
<td>-0.747</td>
<td>0.017</td>
</tr>
<tr>
<td>Community</td>
<td>20–29</td>
<td>40–49</td>
<td>-0.778</td>
<td>0.014</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50–59</td>
<td>-0.816</td>
<td>0.028</td>
</tr>
<tr>
<td>Participatory</td>
<td>20–29</td>
<td>40–49</td>
<td>-0.828</td>
<td>0.028</td>
</tr>
<tr>
<td>Transcendent</td>
<td>20–29</td>
<td>30–39</td>
<td>-0.626</td>
<td>0.047</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40–49</td>
<td>-0.900</td>
<td>0.003</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50–59</td>
<td>-0.938</td>
<td>0.008</td>
</tr>
<tr>
<td>Meaning</td>
<td>20–29</td>
<td>30–39</td>
<td>-0.602</td>
<td>0.042</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40–49</td>
<td>-0.890</td>
<td>0.002</td>
</tr>
<tr>
<td>Spiritual</td>
<td>20–29</td>
<td>40–49</td>
<td>-0.912</td>
<td>0.022</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50–59</td>
<td>-1.175</td>
<td>0.006</td>
</tr>
</tbody>
</table>
Table 10

*Difference in the Rating Importance of the MWA Dimensions in Korea and the United States*

<table>
<thead>
<tr>
<th></th>
<th>Korea Mean (SD)</th>
<th>USA Mean (SD)</th>
<th>Mean Difference</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>My daily activities and achievements (Psychological-Functional)</td>
<td>3.54 (0.59)</td>
<td>3.76 (0.45)</td>
<td>-0.22</td>
<td>0.006</td>
</tr>
<tr>
<td>Participating in positive social/community change (Collective-Participatory)</td>
<td>3.22 (0.64)</td>
<td>2.97 (0.85)</td>
<td>0.25</td>
<td>0.027</td>
</tr>
<tr>
<td>How things are going in my home country (Collective-National)</td>
<td>3.37 (0.61)</td>
<td>3.03 (0.74)</td>
<td>0.34</td>
<td>0.087</td>
</tr>
</tbody>
</table>

Table 11

*Description of Financial Status Groups*

<table>
<thead>
<tr>
<th>Level</th>
<th>Financial Status</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>My basic needs were not being met</td>
<td>23.2%</td>
</tr>
<tr>
<td></td>
<td>My basic needs were being met with no extras.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I have everything I need plus a few extras</td>
<td>50.6%</td>
</tr>
<tr>
<td>3</td>
<td>I can purchase many of the things I wanted</td>
<td>10.8%</td>
</tr>
<tr>
<td>4</td>
<td>I am always able to buy luxury items.</td>
<td>15.1%</td>
</tr>
<tr>
<td></td>
<td>I can buy nearly anything they wanted.</td>
<td></td>
</tr>
</tbody>
</table>

There were significant group differences on the level of financial status on the MWA Contexts and Dimensions (Wilks’ Lambda = 0.496, F = 2.048 (48, 369.6), p = .000), except for the Collective-National dimension, Transcendent context, and Transcendent-Spiritual dimension scales (see Table 12).
### Table 12

**Financial Status Differences on Well-Being**

<table>
<thead>
<tr>
<th></th>
<th>Financial Status</th>
<th>Financial Status</th>
<th>Mean Difference</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>1</td>
<td>2</td>
<td>-0.453</td>
<td>0.010</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
<td>-0.768</td>
<td>0.003</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
<td>-0.766</td>
<td>0.001</td>
</tr>
<tr>
<td>Environment</td>
<td>1</td>
<td>2</td>
<td>-0.524</td>
<td>0.003</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
<td>-0.897</td>
<td>0.001</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
<td>-0.927</td>
<td>0.000</td>
</tr>
<tr>
<td>Health</td>
<td>1</td>
<td>2</td>
<td>-0.457</td>
<td>0.023</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
<td>-0.817</td>
<td>0.004</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
<td>-0.564</td>
<td>0.039</td>
</tr>
<tr>
<td>Safety</td>
<td>1</td>
<td>4</td>
<td>-0.848</td>
<td>0.002</td>
</tr>
<tr>
<td>Psychological</td>
<td>1</td>
<td>2</td>
<td>-0.437</td>
<td>0.020</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
<td>-0.911</td>
<td>0.000</td>
</tr>
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<td></td>
<td>4</td>
<td></td>
<td>-0.696</td>
<td>0.003</td>
</tr>
<tr>
<td>Emotional</td>
<td>1</td>
<td>2</td>
<td>-0.516</td>
<td>0.011</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
<td>-1.04</td>
<td>0.000</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
<td>-0.721</td>
<td>0.007</td>
</tr>
<tr>
<td>Functional</td>
<td>1</td>
<td>3</td>
<td>-1.029</td>
<td>0.000</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>3</td>
<td>-0.661</td>
<td>0.010</td>
</tr>
<tr>
<td>Transformative</td>
<td>1</td>
<td>2</td>
<td>-0.429</td>
<td>0.038</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
<td>-0.765</td>
<td>0.009</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
<td>-0.658</td>
<td>0.011</td>
</tr>
<tr>
<td>Awareness</td>
<td>1</td>
<td>3</td>
<td>-0.745</td>
<td>0.011</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
<td>-0.764</td>
<td>0.002</td>
</tr>
<tr>
<td>Relational</td>
<td>1</td>
<td>3</td>
<td>-0.821</td>
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<tr>
<td></td>
<td>4</td>
<td></td>
<td>-0.513</td>
<td>0.040</td>
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<td>1</td>
<td>3</td>
<td>-0.731</td>
<td>0.011</td>
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<tr>
<td></td>
<td>2</td>
<td>3</td>
<td>-0.534</td>
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<tr>
<td>Quality</td>
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<tr>
<td></td>
<td>3</td>
<td></td>
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<td>Identity</td>
<td>1</td>
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<td></td>
<td>4</td>
<td></td>
<td>-0.636</td>
<td>0.022</td>
</tr>
<tr>
<td>Community</td>
<td>1</td>
<td>3</td>
<td>-0.689</td>
<td>0.041</td>
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<tr>
<td></td>
<td>4</td>
<td></td>
<td>-0.666</td>
<td>0.020</td>
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<tr>
<td>Participatory</td>
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<td>3</td>
<td>-0.818</td>
<td>0.013</td>
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<td></td>
<td>2</td>
<td>3</td>
<td>-0.829</td>
<td>0.006</td>
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<tr>
<td>(Transcendent)</td>
<td>1</td>
<td>3</td>
<td>-0.839</td>
<td>0.005</td>
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<tr>
<td>Meaning</td>
<td></td>
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</table>
Discussion

The current study was designed to examine the psychometric properties of the MWA and its potential utility among the Korean and Korean American population. The MWA contexts and dimensions demonstrated high internal consistency reliabilities. This suggests that the MWA items within the five contexts and fifteen dimensions of multidimensional well-being fit as hypothesized and measure the constructs reliably.

An examination of the validity of the MWA was conducted with respect to convergent and discriminant validity. As for convergent validity, the MWA contexts and dimensions correlated at a moderate to high level with the total scores for the other well-being scales, except for the measure of eudaimonic well-being. This indicates that individuals high on the MWA tend to report high on psychological well-being, life satisfaction, positive emotion, as well as subjective well-being. The MWA performed as expected with measures of similar constructs. With respect to the weaker correlation between the MWA and eudaimonic well-being, it would be expected that this more specific measure would vary in how strongly it correlated with multiple well-being dimensions. Waterman et al. (2010) included “self-discovery, perceived development of one’s best potentials, a sense of purpose and meaning in life, intense involvement in activities, investment of significant effort, and enjoyment of activities a s personally expressive” (p. 41) to measure eudaimonic well-being. Among the correlations of the MWA and QEWB, the highest correlation was found in the Transcendent-Meaning and Purpose dimension, a scale tapping a sense of purpose and meaning in life, which was consistent in regard with these dimensions and supports the construct validity of the MWA. Overall, the Collective-National dimension scale showed the smallest correlation with the validity measures of well-being. This might suggest that there are less common influences that affect collective
well-being with the national context, life satisfaction, positive feelings, and psychological well-being. The observed correlations of the MWA scales and the BADD and SPANE-Negative fell between -0.595 and -0.206. The MWA dimensional scales were negatively correlated with dysfunctional symptoms and negative feelings. This pattern is to be expected and further supports the construct validity of the MWA in this Korean and Korean American sample.

Although no significant relationship between MWA and the Marlowe Crowne was expected, small to moderate but statistically significant correlations were found. The hypothesis predicting there would be no significant relationship between the Marlowe Crowne and MAW was not supported. This suggests that individuals high on social desirability tend to indicate better multidimensional well-being or vice versa. It is possible that the sample’s socially desirable response impacted the validity of the study result, that the construct of the MWA was not substantially distinct from social desirability, or that there were some common influences that affected social desirability and multidimensional well-being among the current sample. There were also positive correlations found between social desirability and other well-being measures. The mean score of the Marlowe Crowne in current study is 5.68 (SD = 2.68), which is similar to the mean score (M = 5.67, SD = 3.20) reported in the development and evaluation of the short forms by Reynolds (1982). Asian Americans were not included in the psychometric study of the Marlowe Crowne. It is possible that this is not a culturally inclusive measure or that there is substantial relationship between social desirability and well-being among the Korean and Korean American population which is not explained by self-reporting bias. It is not clear whether the construct of social desirability has the same meaning for the Korean sample as that for the White American sample with whom it was developed and standardized. The literature suggests that social acceptance and desirability are considered important cultural values for
Korean and Korean American individuals in the context of a collectivistic culture. Thus, the construct of social desirability may have a different meaning and be a more positive attribute in collectivistic cultures than in individualistic ones. It would be valuable to examine the cultural values reflected or not reflected in the instruments when designing a study for cultural minority groups.

The five most important determinants of well-being indicated by Koreans and Korean Americans in the current study were physical health and functioning, positive emotions and feelings, daily activities and achievement, well-being of loved ones, and spiritual or religious experiences. In the larger MWA psychometric study with an ethnically diverse but predominantly white sample, the quality of relationships and sense of meaning and purpose were rated as the top five dimensions (Harrell, Moshfegh, Anderson, Orozco, Pena, et al., 2013), while Korean and Korean American individuals in the current study included the well-being of others and spiritual or religious experiences. It should be noted that the MWA Collective or Relational Contexts does not include an item assessing concern for the well-being of others. In the Korean cultural context of interdependent self and collectivistic society, how close people are could have a direct or indirect impact on individual’s well-being. It is a notion distinct from the quality of relationship, sense of belonging, sociocultural identity, or social acceptance. Spiritual and religious experience is another dimension, which was included in the top five dimensions in the current study but not in the larger MWA study.

Physical health and functioning was rated as the most important contributor to well-being across different demographic groups (e.g., gender, age, immigration status, and financial status). In the Eastern philosophies (e.g., Buddhism, Taoism, and Confucianism) and traditional medicine, body, mind, and spirit are considered as a holistic entity while they are treated as
separate entities in the Western conceptualization (Chan, Ho, & Chow, 2001). It is possible that Korean and Korean American individuals evaluate the level of their well-being through physical health and functioning more than individuals from Western cultures.

Demographic comparisons were conducted on the MWA context and dimension scales to examine whether demographic variables such as gender, age, immigration status, and financial status produce any significant patterns in multidimensional well-being. Overall, males reported higher well-being than females on most of the MWA context and dimensions. Social hierarchy might have had an impact on the gender differences in well-being. Kim (2005) claimed that men are regarded as superior to women in social status and that women are required to be subordinate to men and discouraged to participate in social activities according to Confucian virtues. Although rapid modernization and industrialization which started in the 1960s influenced gender role expectations or values in Korean culture, traditional Confucian ideas might still create a social hierarchy that is oppressive to women. As for age, individuals who were in their 20s reported lower well-being than older participants on the most of the MWA context and dimension scales. Arnett (2007) acknowledged that emerging adults often experience instabilities in relationship, work, and place of residence and engage in identity exploration. It is possible that young adult participants reported relatively lower well-being than older adults because of their experiences with instability and identity exploration. In addition, individuals in their 20s are more likely to report lower level of highest education and financial status as a result of their instability in career and work. They are often located at the lower level of the social hierarchy in traditional Confucian cultures than their elders. No group difference was found on the multidimensional well-being in terms of current country of residence or immigration status.
Meanwhile, individuals with higher level of financial status indicated higher well-being than participants with lower socioeconomic status.

**Methodological Limitations**

Methodological limitations of the current study warrant discussion. First, participants were recruited by convenience sampling, which resulted in a somewhat biased sample in regard with age, language preference, financial status, educational level, religious affiliation, and immigration status. For example, types of organizations contacted for data collection and geographic locations of recruitment could contribute to sample bias. As a result, participants were not evenly distributed across different categories of the demographic variables. In particular, data obtained from participants who chose the English questionnaire was not included in the data analysis due to the small sample size. Second, data was collected by online questionnaires. Requiring device use and internet access likely narrowed the possible participants for the study. The result drawn from the current sample should be interpreted with caution for the general Korean or Korean American population. In addition, participants were allowed to resume the study participation, using the same device, within seven days of their last activity if they were not able to complete it at once. It is possible that a participant responded to different measures at different times and settings. This might have affected the level of correlations of the MWA with other measures. Third, all data were obtained from self-report measures. Although the current sample demonstrated a similar level of central tendency for social desirability, it could have possibly confounded the findings. Some researchers found a significant correlation between collectivism and social desirability and impression management (Kim & Kim, 2016; Lalwani, Shrum, & Chiu, 2009). It was not clearly examined whether social desirability threatened the validity of the findings or reflected the Korean value and had a
meaningful relationship with the well-being for Koreans. Last, a majority of the current findings is correlational in nature, and a causal relationship between the variables cannot be concluded.

**Potential Contributions of the Present Study**

The rationale for the current study is to inform the literature regarding the conceptualization and measurement of well-being in Korean and Korean American populations. In particular, the study assessed the utilization of a particular measure of well-being that was developed to be more culturally inclusive. The MWA is inclusive of transformational well-being, collective well-being, and transcendent well-being. These aspects of well-being are found in the multicultural psychology literature in which major themes include collectivism, overcoming adversity, and spirituality (Jackson, 2006). The findings reported in the current study provided statistically significant psychometric properties of the MWA for Koreans and Korean Americans, which suggests the utility of the measurement for a cultural minority group.

Despite the methodological limitation, the current study’s findings have implications for researchers. The results indicated that Korean American participants chose Korean questionnaires. A majority of the participants in the U.S. were self-identified as Korean and not Korean American regardless of how long they have resided in the U.S. or whether they are U.S. citizen or permanent resident. Given that a majority of Korean immigrants are Korea-born and speak English as a second language, future research should consider cultural identity and the level of acculturation when studying the Korean American population.

The findings discussed in the current study suggest that Koreans and Korean Americans evaluated the significance of physical health as important for well-being. It is possible that Koreans tend to express or experience well-being through their physical health and functioning. On the other hand, Koreans and Korean Americans can express their psychological distress
through physical symptoms. It is suggested in the literature that Korean individuals tend to somaticize their distress more than other ethnic groups (Yoo & Skovholt, 2001). For example, a Korean culture-bound syndrome is Hwabyung which is characterized by somatic symptoms (Lin, 1983; Min, Suh, & Song, 2009). The physical well-being context could be used as reliable assessment or outcome measurement of mental health for Koreans and Korean Americans. The literature suggest that Korean immigrants are more likely to seek mental health treatment through primary medical care settings and tend to avoid psychiatric services (Park & Bernstein, 2008). Clinicians can promote mental health for Koreans and Korean Americans by incorporating physical well-being.

**Future Directions for Research**

The current study demonstrated that the psychometric properties of the MWA were generally very strong within a Korean and Korean American sample. To further establish the strong reliability and validity of the MWA for the general Korean and Korean immigrant population, future research should examine a more demographically diverse and inclusive sample. The correlation between social desirability and well-being should be further explored to demonstrate a confident validity of the MWA and to better understand the well-being of the Korean population. Important contributors of well-being for the Korean population can be further explored by examining causal relationships between the well-being dimensions and diverse demographic variables including the level of education, relationship status, and parental status as well as possibly mediators such as social support, level of acculturation, and religious attendance. It will be important to identify cross-cultural differences in well-being experiences and expressions between not only different racial groups but also different ethnic groups within the Asian population. Future studies can also evaluate the potential utility of the MWA as
predictor or outcome measurements. The current study suggests that the MWA is a promising measure of well-being for the Korean and Korean American population. It was supported that the well-being of loved ones was an important contributor of well-being in Korean culture. Future studies should address including an item about well-being of others in the MWA.
REFERENCES


doi:10.1037/a0014622


APPENDIX A

Summary Table of Selected Literature
<table>
<thead>
<tr>
<th>Author/ Year</th>
<th>Research Questions/ Objectives</th>
<th>Sample</th>
<th>Measures</th>
<th>Research Approach</th>
<th>Major Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deci &amp; Ryan, 2000</td>
<td>The &quot;what&quot; and &quot;why&quot; of goal pursuits: Human needs and the self-determination of behavior.</td>
<td>Theoretical Frame Work</td>
<td>n/a</td>
<td></td>
<td>The authors hypothesized that different regulatory processes underlying goal pursuits are differentially associated with effective functioning and well-being and also that different goal contents have different relations to the quality of behavior and mental health, specifically because different regulatory processes and different goal contents are associated with differing degrees of need satisfaction. Social contexts and individual differences that support satisfaction of the basic needs facilitate natural growth processes including intrinsically motivated behavior and integration of extrinsic motivations, whereas those that forestall autonomy, competence, or relatedness are associated with poorer motivation, performance, and well-being.</td>
</tr>
<tr>
<td>Keyes, 2005</td>
<td>Mental illness and/or mental health? Investigating axioms of the complete state model of health</td>
<td>a nationally representative sample of adults between the ages of 25 and 74 years (N 3,032)</td>
<td>Mental health questionnaire</td>
<td>Confirmatory factor analyses</td>
<td>The measures of mental health (i.e., emotional, psychological, and social well-being) and mental illness (i.e., major depressive episode, generalized anxiety, panic disorder, and alcohol dependence) constitute separate correlated unipolar dimensions.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Keyes, Shmotkin, &amp; Ryff, 2002</th>
<th>The authors hypothesized that subjective well-being and psychological well-being are conceptually related but empirically distinct and that combinations of them relate differentially to sociodemographic and personality.</th>
<th>Data are from a national sample of 3,032 Americans aged 25-74.</th>
<th>Factor analyses confirmed the related-but-distinct status of SWB and PWB.</th>
<th>The probability of optimal well-being (high SWB and PWB) increased as age, education, extraversion, and conscientiousness increased and as neuroticism decreased. Compared with adults with higher SWB than PWB, adults with higher PWB than SWB were younger, had more education, and showed more openness to experience.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provencher &amp; Keyes, 2011</td>
<td>The purpose of this paper is to propose that the study, and the promotion, of recovery can be augmented by adopting the model of mental health as a complete state.</td>
<td>A literature review of the last two decades was undertaken and pathways to complete mental health in recovery are proposed.</td>
<td>“More work is needed to further develop interventions oriented towards the promotion of positive mental health in recovery, targeting the enhancement of positive emotions towards life and a sense of fulfillment in private and social life. Positive mental health deserves more research attention to assess the full range of recovery outcomes related to the restoration and</td>
<td>(Continued)</td>
</tr>
<tr>
<td>Reference</td>
<td>Methodology</td>
<td>Psychological Measure</td>
<td>Analytical Technique</td>
<td>Findings</td>
</tr>
<tr>
<td>-----------</td>
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<tr>
<td>Lamers et al., 2011</td>
<td>To examine the structure, reliability, convergent validity, and discriminant validity of the Mental Health Continuum-Short Form (MHC-SF), a new self-report questionnaire for positive mental health assessment.</td>
<td>Longitudinal Internet Studies for the Social Sciences (N = 1,662)</td>
<td>Confirmatory factor analysis (CFA)</td>
<td>The 3-factor structure in emotional, psychological, and social well-being in the measure was confirmed. Although related to mental illness, positive mental health is a distinct indicator of mental well-being that is reliably assessed with the MHC-SF.</td>
</tr>
<tr>
<td>Seligman &amp; Csikszentmihalyi, 2000</td>
<td>Framework of positive psychology</td>
<td>15 articles</td>
<td>Theoretical Literature review</td>
<td>The exclusive focus on pathology that has dominated so much of our discipline results in a model of the human being lacking the positive features that make life worth living. Hope, wisdom, creativity, future mindedness, courage, spirituality, responsibility, and...</td>
</tr>
</tbody>
</table>
perseverance are ignored or explained as transformations of more authentic negative impulses.

Current Conceptualizations of Well-Being

<table>
<thead>
<tr>
<th>Author</th>
<th>Methodology</th>
<th>n/a</th>
<th>n/a</th>
<th>Summary</th>
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<tr>
<td>McGillivray, 2007</td>
<td>Extensive Literature Review on Well-being</td>
<td>n/a</td>
<td>n/a</td>
<td>Income-based Measures of Average Well-being / Social and Political Indicators of Human Well-being / Composite Indexes of Human Well-being: Past, Present and Future / Indicators of Inequality and Poverty / Gender-related Indicators of Well-being / Sustainability and Well-being Indicators / Subjective Measures of Well-being / Participatory Approaches and the Measurement of Human Well-being</td>
</tr>
<tr>
<td>Gasper, 2005</td>
<td>To address the systematic and large discrepancies between direct well-being measures and the measures that economists largely concentrate on; for example the discrepancies between subjective well-being and income</td>
<td>n/a</td>
<td></td>
<td>Theoretical, Critical review of literature</td>
</tr>
<tr>
<td>Sointu, 2005</td>
<td>This article outlines and analyses contemporary conceptualisations</td>
<td></td>
<td></td>
<td>The paper assesses and rejects claims that income is satisfactorily correlated with well-being, and addresses the implications of discrepancies between income measures and measures of subjective well-being (SWB) and objective well-being (OWB) and also between subjective and objective well-being measures themselves.</td>
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The article examines perceptions of wellbeing

Contemporary discourses of wellbeing circulating in newspaper reporting relate to and reproduce

(Continued)
discourses of wellbeing and suggests that ideas of wellbeing capture and reproduce important social norms. Through social theoretical approaches to subjectivity and critical analyses of the use of the term ‘wellbeing’ in two national newspapers, significant western values that identify the ideal person as self-reflective, autonomous and in control. The discourses of wellbeing have changed considerably during the past twenty years. Whereas wellbeing tended to be a term utilised in relation to the body politic in the mid-1980s, wellbeing has now emerged as a significant attribute being sought through a variety of personal wellbeing practices that often have a consumerist character. Underneath the search for wellbeing lie changes in subjectivity; contemporary discourses of wellbeing reproduce subjects equipped with the faculties of self-mastery to deal with a social context addressing these very individuals as choosing consumers.

Binder, 2013

Innovative and Empirically well-founded and with an explicit dynamic foundation, theories of

(Continued)
<table>
<thead>
<tr>
<th>Subjective Well-being</th>
<th>subjective well-being progressed to a point where measures of subjective well-being (or: happiness) can usefully be employed to assess the welfare effects of innovative change.</th>
<th>Frey &amp; Stutzer, 2002</th>
<th>What can economists learn from happiness research?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frey &amp; Stutzer, 2002</td>
<td>To discuss implication of subjective well-being for economic policy</td>
<td>Critical literature review on effects of employment, inflation, and institutional effects on happiness</td>
<td>The insights gained about happiness are in many respects useful for economic policy undertaken by governments.</td>
</tr>
</tbody>
</table>

Subjective Well-Being

<table>
<thead>
<tr>
<th>Diener et al. 1984</th>
<th>Reviews the literature since 1967 on subjective well-being (SWB [including happiness, life satisfaction, and positive affect]) in 3 areas: measurement,</th>
<th>Extensive critical literature review on subjective well being</th>
<th>SWB is probably determined by a large number of factors that can be conceptualized at several levels of analysis, and it may be unrealistic to hope that a few variables will be of overwhelming importance. Several psychological theories</th>
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<thead>
<tr>
<th>Study</th>
<th>Relevant Information</th>
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<tbody>
<tr>
<td>Diener et al., 2009</td>
<td>Factors predicting the subjective well-being of nations</td>
</tr>
<tr>
<td>Ryan &amp; Deci, 2001</td>
<td>On happiness and human potentials: A review of research on hedonic and eudaimonic well-being</td>
</tr>
</tbody>
</table>

causal factors, and theory. related to happiness have been proposed.

High income, individualism, human rights, and societal equality correlated strongly with each other, and with SWB across surveys. Income correlated with SWB even after basic need fulfillment was controlled. Only individualism persistently correlated with SWB when other predictors were controlled. Cultural homogeneity, income growth, and income comparison showed either low or inconsistent relations with SWB.

A Review of Research on Hedonic and Eudaimonic Well-Being. Briefly survey a number of research topics concerning wellbeing. Current research on well-being has been derived from two general perspectives: the hedonic approach, which focuses on happiness and defines well-being in terms of pleasure attainment and pain avoidance; and the eudaimonic approach, (Continued)
Waterman, 2007
Doing Well: The Relationship of Identity Status to Three Conceptions of Well-Being

<table>
<thead>
<tr>
<th>Study</th>
<th>Sample Size</th>
<th>Measures</th>
<th>Findings</th>
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</table>
| A study to evaluate the relationship between measures of ego identity status and three conceptions of well-being: subjective, psychological, and eudaimonic. | 217 college undergraduates | The Extended Objective Measure of Ego Identity Status-II (EOM-EIS)  
The Life Orientation Test (LOT)  
Scales of Psychological Well-Being (SPWB). The Personally Expressive Activities Questionnaire-Standard Form (PEAQ-S). | Mean scores for males and females on the measures of identity status and the three sets of well-being variables along with the associated t-test comparisons. |

The various measures of well-being were found to be positively correlated, mostly in the low to moderate range. As predicted, scores on the Extended Objective Measure of Ego Identity Status for the identity achievement status were positively correlated with measures of all three conceptions of well-being, while corresponding negative correlations were obtained for identity diffusion scores. The correlations for the moratorium and foreclosure scales were

(Continued)
negative for the various measures of psychological well-being but nonsignificant with measures of subjective and eudaimonic well-being. Multiple regression analyses for the moratorium and foreclosure scales yielded a more complex understanding of the associations of various well-being measures for these statuses.

<table>
<thead>
<tr>
<th>Psychological Well-being</th>
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<tbody>
<tr>
<td>Deci &amp; Ryan, 2000</td>
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<tr>
<td>Discussing the</td>
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<td>Self-determination</td>
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<tr>
<td>concept of needs as</td>
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<td>it relates to previous</td>
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<td>need theories,</td>
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<td>emphasizing that</td>
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<td>needs specify the</td>
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<td>necessary conditions</td>
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<td>for psychological</td>
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<td>growth, integrity,</td>
</tr>
<tr>
<td>and well-being.</td>
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<tr>
<td>Theoretical Frame Work</td>
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<tr>
<td>n/a</td>
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<tr>
<td>The authors hypothesized that different regulatory processes underlying goal pursuits are differentially associated with effective functioning and well-being and also that different goal contents have different relations to the quality of behavior and mental health, specifically because different regulatory processes and different goal contents are associated with differing degrees of need satisfaction. Social contexts and individual differences that support satisfaction of the basic needs facilitate natural growth processes including intrinsically motivated behavior and integration of extrinsic motivations, whereas those that forestall autonomy, competence, or relatedness are associated with poorer motivation, performance, and</td>
</tr>
<tr>
<td>Keyes, Shmotkin, &amp; Ryff, 2002</td>
</tr>
<tr>
<td>Camfield &amp; Skevington, 2008</td>
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<tr>
<td>Ryff, 1989</td>
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</tbody>
</table>
Being. with others, autonomy, environmental mastery, purpose in life, and person of control, depression).

claim that key aspects of positive functioning have not been represented in the empirical arena. Furthermore, age profiles revealed a more differentiated pattern of well-being than is evident in prior research.

Ryff & Singer, 1998
The Contours of Positive Human Health.

In an effort to strengthen conceptual foundations of eudaimonic well-being, key messages from Aristotle’s Nichomacean Ethics are revisited. Also examined are ideas about positive human functioning from existential and utilitarian philosophy as well as clinical, developmental, and humanistic psychology. How these perspectives were integrated to create a multidimensional model of psychological well-being [Ryff, C.D.: 1989a, Journal of Personality and Social Psychology 57(6), pp. 1069–1081] is described, and empirical evidence supporting the factorial validity of the model is briefly noted. Life course and socioeconomic correlates of well-being are examined to underscore the point that opportunities for eudaimonic well-being are not equally distributed. Biological correlates (cardiovascular, neuroendocrine, immune) of psychological well-being are also briefly noted as they suggest possible health benefits associated with living a life rich in purpose and meaning, continued growth, and quality
<p>| <strong>Ryan &amp; Deci, 2001</strong>&lt;br&gt;On Happiness and human potentials: A review of research on Hedonic and Eudaimonic Well-Being | The psychological meaning of well-being. For example, to what extent is well-being an individual difference? What is the role of emotions in well-being? And to what extent is physical health intertwined with well-being? Other topics search for antecedents of well-being at the between-person and within-person levels. Such factors as wealth, satisfying relationships, and goal attainment have been addressed. Still other topics concern whether well-being is different across time or place, for example, in different places. | A Review of Research on Hedonic and Eudaimonic Well-Being. Briefly survey a number of research topics concerning wellbeing. | Current research on well-being has been derived from two general perspectives: the hedonic approach, which focuses on happiness and defines well-being in terms of pleasure attainment and pain avoidance; and the eudaimonic approach, which focuses on meaning and self-realization and defines well-being in terms of the degree to which a person is fully functioning. This review considers research from both perspectives concerning the nature of well-being, its antecedents, and its stability across time and culture. |</p>
<table>
<thead>
<tr>
<th>Study</th>
<th>National differences in subjective well-being.</th>
<th>The wealth of nations strongly correlates with human rights, equality between people, the fulfillment of basic biological needs, and individualism. Because of the high intercorrelations between these predictors and wealth, their separate effects on SWB have not yet been isolated. Another variable that also correlates with higher SWB in nations is political stability and a related variable, interpersonal trust. Individualism is a cultural variable that correlates across nations with both higher reported SWB and higher suicide rates. Possible reasons for these divergent outcomes of individualism are discussed. The major approaches to the psychological understanding of the differences in SWB between societies are the innate needs approach, the theory of goal striving, models of emotional socialization, and genetic explanations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diener &amp; Suh, 1999</td>
<td>Looking at differences in correlates of subjective well-being across nations</td>
<td>Well-being as processes and outcomes</td>
</tr>
<tr>
<td>Peterson, Park, &amp; Seligman, 2005</td>
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<td>Researchers measured life satisfaction and the endorsement of three different ways to be happy: through pleasure, through engagement, and through meaning. Each of these three</td>
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<th>Study</th>
<th>National differences in subjective well-being.</th>
<th>The wealth of nations strongly correlates with human rights, equality between people, the fulfillment of basic biological needs, and individualism. Because of the high intercorrelations between these predictors and wealth, their separate effects on SWB have not yet been isolated. Another variable that also correlates with higher SWB in nations is political stability and a related variable, interpersonal trust. Individualism is a cultural variable that correlates across nations with both higher reported SWB and higher suicide rates. Possible reasons for these divergent outcomes of individualism are discussed. The major approaches to the psychological understanding of the differences in SWB between societies are the innate needs approach, the theory of goal striving, models of emotional socialization, and genetic explanations.</th>
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<tr>
<td>Diener &amp; Suh, 1999</td>
<td>Looking at differences in correlates of subjective well-being across nations</td>
<td>Well-being as processes and outcomes</td>
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<tr>
<th>Study</th>
<th>Methodology</th>
<th>Participants (N = 370, mean age = 27.35 years, SD = 10.01)</th>
<th>Measures of hedonic and eudaimonic well-being processes, trait EI, and well-being outcome indices</th>
<th>Path analysis using structural equation modeling</th>
<th>Findings indicated that trait EI fully mediated the relationship between hedonic and eudaimonic processes and well-being outcomes and that engagement in meaningful activities as captured by hedonic and eudaimonic well-being processes may promote well-being outcomes.</th>
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<tr>
<td>Bhullar, Schutte, &amp; Malouff, 2013</td>
<td>To reconceptualize the role of hedonic (pleasure) and eudaimonic (engagement) functions as well-being processes and distinguished them from well-being outcomes.</td>
<td>measures of hedonic and eudaimonic well-being processes, trait EI, and well-being outcome indices</td>
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<tr>
<td>Diener &amp; Tov, 2009 Culture and subjective wellbeing</td>
<td>To review the methodological challenges to assessing SWB in different cultures.</td>
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<th>Author(s)</th>
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<th>Findings</th>
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<tbody>
<tr>
<td>Kitayama, Markus, &amp; Matsumoto, 1995</td>
<td>Culture, self, and emotion: A cultural perspective on &quot;self-conscious&quot; emotions.</td>
<td>To examine significant aspects of the social context of emotions include the meaning and practices of the self and the meaning and practices of the relationships between self and others.</td>
<td>Extensive literature review</td>
</tr>
<tr>
<td>Uchida, Norasakkunkit &amp; Kitayama, 2004</td>
<td>Cultural constructions of happiness: theory and empirical evidence</td>
<td>Review of recent cross-cultural evidence on happiness and well-being.</td>
<td>Critical literature review</td>
</tr>
<tr>
<td>Cheng et al., 2011</td>
<td>Sociocultural Differences in Self-Construal and Subjective Well-Being: A Test of Four Cultural Models</td>
<td>The authors tested four cultural models—Independence, interdependence, conflict, and integration—that describe the hypothesized.</td>
<td>Hierarchical linear modeling</td>
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relationships between dimensions of self-construal and components of subjective well-being among individualistic and collectivistic countries.

African countries.

results were found among the African countries. The interdependence model is more applicable to African participants from the sub-Saharan region, but the integration model is more applicable to those from the North African region.

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<th>Author(s)</th>
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<tr>
<td>Bauer, McAdams, &amp; Pals</td>
<td>2008</td>
<td>Narrative identity and eudaimonic well-being</td>
<td>To argue that narrative identity is closely tied to the subjective interpretation of oneself as happy</td>
<td>“Individuals who express high levels of eudaimonic well-being tend to frame especially difficult scenes in their life stories as transformative episodes wherein they experienced intense pain and suffering but through which they learned new lessons in life, attained new self-insights, deepened personal relationships, and/or came to a more profound understanding of the world in which they live (p.99)”</td>
</tr>
<tr>
<td>Christopher</td>
<td>1999</td>
<td>Situating Psychological Well-Being: Exploring the Cultural Roots of Its Theory and Research</td>
<td>To discuss multiculturalism in well being research</td>
<td>Critical review on subjective well being and psychological well being</td>
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<tr>
<td></td>
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<td></td>
<td>Approaches to psychological well-being are shown to presuppose ontological and liberal individualism as notions of the self and as normative prescriptions for the good or ideal person. It is argued that culture-free theories or measures of well-being are unattainable; all understandings of</td>
</tr>
</tbody>
</table>
The pursuit of happiness and the realization of sympathy: Cultural patterns of self, social relations and well-being

Kitayama & Marcus, 2000

Deconstructing the notion of wellbeing used in the contemporary western society

Critical literature review
Group comparison

What it is that is thought or felt to be good, where and how such thoughts, evaluations, or feelings come about, and the degree to which this assessment is monitored, made focal in conscious experience, reified as an indicator of goodness or badness of one’s own state of being, and thus incorporated into the very notion of well-being or happiness itself, vary considerably across cultures.

Asian Collectivism

Kirmayer, 2007
Psychotherapy and the Cultural Concept of the Person

To discuss multiculturalism in psychotherapy

Critical literature review on

The author argued that the cultural concept of the person that underwrites most forms of psychotherapy is based on Euro-American values of individualism. The author also claimed that intercultural psychotherapy must consider the cultural concept of the person implicit in therapeutic discourse and practice to

(Continued)
To examine relationship between “good feelings”—the central element of subjective well-being—and different self-construal.

- Japanese and American college students (total N = 913)

Emotion questionnaire (31 emotions)

- Analysis of Variance
- Correlation
- Effect Size

In support of the hypothesis, the reported frequency of general positive emotions (e.g. calm, elated) was most closely associated with the reported frequency of interpersonally engaged positive emotions (e.g. friendly feelings) in Japan, but with the reported frequency of interpersonally disengaged positive emotions (e.g. pride) in the United States. Further, for Americans the reported frequency of experience was considerably higher for positive emotions than for negative emotions, but for Japanese it was higher for engaged emotions than for disengaged emotions.

<table>
<thead>
<tr>
<th>Kitayama, Markus, &amp; Kurokawa, 2000</th>
<th>Culture, Emotion, and Well-being: Good Feelings in Japan and the United States</th>
<th>To examine relationship between “good feelings”—the central element of subjective well-being—and different self-construal</th>
<th>Japanese and American college students (total N = 913)</th>
<th>Emotion questionnaire (31 emotions)</th>
<th>Analysis of Variance Correlation Effect Size</th>
<th>In support of the hypothesis, the reported frequency of general positive emotions (e.g. calm, elated) was most closely associated with the reported frequency of interpersonally engaged positive emotions (e.g. friendly feelings) in Japan, but with the reported frequency of interpersonally disengaged positive emotions (e.g. pride) in the United States. Further, for Americans the reported frequency of experience was considerably higher for positive emotions than for negative emotions, but for Japanese it was higher for engaged emotions than for disengaged emotions.</th>
</tr>
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<tr>
<td>Suh et al., 1998</td>
<td>The shifting basis of life satisfaction</td>
<td>61 nations, N = 62,446</td>
<td>PANAS, ICSD, SWB</td>
<td>Regression Analysis</td>
<td>Emotions and life satisfaction correlated significantly more</td>
<td></td>
</tr>
</tbody>
</table>

Well-being in Collectivism vs. Individualism

(Continued)
judgments across cultures: Emotions versus norms.

- Gloria, Castellanos, & Orozco, 2005

- Perceived Educational Barriers, Cultural Fit, Coping Responses, and Psychological Well-Being of Latina Undergraduates

- Analyses of variance, t-test, Hierarchical Regression

- Differences by generation and educational characteristics were not found. Cultural congruity and the coping response of taking a planned, positive action were the strongest predictors of psychological well-being accounting for 31% of the variance.

- Diener & Diener, 1995

- Cross-Cultural Correlates of Life Satisfaction and Self-Esteem

- Analyses of variance

- Life satisfaction and self-esteem were clearly discriminable constructs. Satisfaction ratings, except for financial
<table>
<thead>
<tr>
<th>Relating to financial satisfaction</th>
<th>( n = 61 ) nations, ( N = 62,446 )</th>
<th>Data obtained from the second World Value Survey (WVS) and the Affect Balance Scale from the International College Student Data (ICSD).</th>
</tr>
</thead>
<tbody>
<tr>
<td>The relative importance of emotions versus normative beliefs for life satisfaction judgments was compared among individualist and collectivist nations. Examining the shifting basis of life satisfaction judgments across cultures: Emotions versus norms.</td>
<td>Suh, Diener, Oishi and Triandis (1998)</td>
<td>The shifting basis of life satisfaction judgments across cultures: Emotions versus norms.</td>
</tr>
<tr>
<td>Among nations, emotions and life satisfaction correlated significantly more strongly in more individualistic nations (( r = .52 ) in Study 1; ( r = .48 ) in Study 2). At the individual level, emotions were far superior predictors of life satisfaction in individualist cultures, whereas norms and emotions were equally strong predictors of life satisfaction in collectivist cultures.</td>
<td>Schimmack, Radhakrishnan, Oishi, Dzokoto &amp; Ahadi (2002)</td>
<td>The authors examined the interplay of personality and cultural factors in the prediction of the affective (hedonic balance) and the cognitive (life satisfaction) components of subjective well-being across individualistic and collectivistic cultures.</td>
</tr>
<tr>
<td>Extraversion and Neuroticism influenced hedonic balance to the same degree in all cultures, and hedonic balance was a stronger predictor of life satisfaction in individualistic than in collectivistic cultures.</td>
<td></td>
<td>The satisfaction with Life Scale, NEO personality inventory, and SWLS were used to measure life satisfaction. NEO Personality Inventory was used to measure personality traits. PANAS was used to measure positive and negative affect.</td>
</tr>
<tr>
<td>The influence of satisfaction, varied between slightly positive and fairly positive.</td>
<td>98</td>
<td>98</td>
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(Continued)
subjective well-being

Extraversion and Neuroticism on life satisfaction was largely mediated by hedonic balance. The results suggest that the influence of personality on the emotional component of SWB is pancultural, whereas the influence of personality on the cognitive component of SWB is moderated by culture.

Lu, 2006

The author examined the relationship between cultural values, beliefs, and subjective well-being (SWB) in the context of the "cultural fit" proposition.

3 diverse Chinese samples from Taiwan and Mainland China (N = 581) 232F, 177M

Independent and Interdependent Self Scales
Primary Control Beliefs Scale
Harmony Beliefs Scale
Chinese Happiness Inventory
Social Desirability Scale

The author found that beliefs regarding the independent self, the interdependent self, active control, and relationship harmony as forming individual-level culture were consistently related to SWB. Furthermore, the author found that the magnitude of cultural fit was associated with SWB for certain groups of the Chinese people. It is most interesting that the direction of cultural fit regarding independent self was also important for SWB. Specifically,
people who endorsed higher independent self but expected lower societal endorsement of such views were better off in SWB than those of the opposite combination.

| Suh, 2002 | This research revisits the classic thesis in psychology that identity consistency is a prerequisite condition of psychological well-being. | Sample 1: 119 F 31 M Sample 2: 158 F 61 M Students enrolled in introductory psychology courses | Identity consistency Satisfaction with life scale Self-Monitoring scale Self-concept Clarity Scale Social Awareness Inventory NEO_PI_R | Between individuals (Study 1), people with a more consistent self-view had a more clear self-knowledge, were more assertive, and, most notably, had self-experiences that were less affected by the perspectives of others. Compared with North American participants (Study 2), Koreans viewed themselves more flexibly across situations, and their subjective well-being was less predictable from levels of identity consistency. Also, consistent individuals received positive social evaluations from others in the United States but not in Korea. | Factor analysis Correlations |

(Continued)
Diversity in Collectivistic Cultures

<table>
<thead>
<tr>
<th>Reference</th>
<th>Study Title</th>
<th>Participants</th>
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<th>Participants</th>
<th>Participants</th>
<th>Study Method</th>
<th>Study Results</th>
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<td>Cheng et al., 2011</td>
<td>Sociocultural Differences in Self-Construal and Subjective Well-Being: A Test of Four Cultural Models</td>
<td>The authors tested four cultural models—Independence, Interdependence, Conflict, and Integration—that describe the hypothesized relationships between dimensions of self-construal and components of subjective well-being among individualistic and collectivistic countries.</td>
<td>Participants were 791 university students from four Western countries, 749 university students from three East Asian countries, and 443 university students from three African countries.</td>
<td>Personal-level life satisfaction Individualism-collectivism Economic modernization Hierarchical linear modeling</td>
<td>Findings provided some support for the applicability of (a) the independence model to individuals from Western countries and (b) the integration model to individuals from East Asian countries. Mixed results were found among the African countries. The interdependence model is more applicable to African participants from the sub-Saharan region, but the integration model is more applicable to those from the North African region.</td>
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<tr>
<td>Diener &amp; Lucas, 2000</td>
<td>Explaining Differences in Societal Levels of Happiness: Relative Standards, Need Fulfillment, Culture, and Evaluation Theory</td>
<td>To address the question of which societal characteristics are likely to enhance subjective well-being.</td>
<td>n/a</td>
<td>n/a</td>
<td>Theoretical Critical literature review</td>
<td>Appraisals are likely to be influenced by chronically accessible information, which in turn is influenced by the person's needs, goals, and culture. Currently, salient information is seen as being a key to life satisfaction judgments. The present paper describes numerous</td>
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<th>Study</th>
<th>Research Questions</th>
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<th>Findings</th>
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<tr>
<td>Uchida et al., 2004</td>
<td>Review of recent cross-cultural evidence on happiness and well-being</td>
<td>Critical literature review</td>
<td>The authors identified substantial cultural variations in cultural meanings of happiness, motivations underlying happiness, and predictors of happiness.</td>
</tr>
<tr>
<td>Vargas &amp; Kemmelmeier, 2013</td>
<td>To examine to what extent these cultural differences persist in the long term.</td>
<td>Meta-Analysis</td>
<td>There were no ethnic/racial differences in the mean scores of both variants of collectivism, although European Americans were higher in vertical individualism than African Americans and Latino Americans. Longitudinal analyses pointed to evidence of a convergence of cultural orientations, but analyses of the intercorrelations between the four dimensions of individualism–collectivism revealed noticeable group differences.</td>
</tr>
<tr>
<td>Komarraju &amp; Cokley, 2008</td>
<td>To examine ethnic differences in horizontal and vertical dimensions of individualism and collectivism</td>
<td>290 undergraduate and graduate students at a Midwestern public university</td>
<td>Individualism/Collectivism Scale consisting of four subscales (HI, VI, HC, VC) Demographic form</td>
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<tr>
<td>Immigration and Well-being</td>
<td>Portes &amp; Rumbaut, 2005</td>
<td>To provides evidence of the importance of the topic, describes the methodology of the study, and summarizes the contents of the journal issue on 5262 U.S. born students from immigrant families Parent survey Critical literature review and overview of longitudinal study</td>
<td>Overall, the findings highlight key aspects of the adaptation experiences of the second generation in early adulthood and provides empirical evidence on segmented assimilation.</td>
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<thead>
<tr>
<th>Study</th>
<th>Methodology</th>
<th>Participants</th>
<th>Instruments</th>
<th>Analysis</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yoon, Lee, &amp; Goh, 2008</td>
<td>To examine social connectedness in mainstream society as a mediator between acculturation and subjective well-being (SWB), and social connectedness in the ethnic community as a mediator between enculturation and SWB.</td>
<td>188 Korean immigrants in the Midwest</td>
<td>Abbreviated Multidimensional Acculturation Scale Social Connectedness in Mainstream Society and Social Connectedness in the Ethnic Community Satisfaction with Life Scale Positive Affect Negative Affect Scales</td>
<td>Path analysis MANOVA</td>
<td>About 49% of the variance in SWB was explained by acculturation, social connectedness in the ethnic community, and social connectedness in mainstream society, in a descending order of their unique contribution.</td>
</tr>
<tr>
<td>Costigan &amp; Dokis, 2006</td>
<td>To examine relations between parent and child acculturation and family and child adjustment.</td>
<td>91 immigrant Chinese families in Canada with early adolescents</td>
<td>Acculturation Rating Scale The Asian Value Scale Center for Epidemiological Studies Depression Scale The Issues Checklist The Value of Academic Success scale</td>
<td>Hierarchical multiple regressions Analysis of Variance</td>
<td>When parents were strongly orientated toward Chinese culture, lower levels of Chinese orientation among children were associated with lower adjustment.</td>
</tr>
<tr>
<td>Le &amp; Stockdale, 2008</td>
<td>To examine acculturative dissonance, ethnic identity, and peer delinquency.</td>
<td>329 Chinese and Southeast Asian youth recruited from two public schools and five community-centers.</td>
<td>Multi-Group Ethnic Identity Measure Structural equation analyses (factorial invariance and cross-cultural measurement)</td>
<td>Structural equation analyses (factorial invariance and cross-cultural measurement)</td>
<td>Ethnic identity was not significantly associated with peer delinquency or serious violence.</td>
</tr>
<tr>
<td>Waterman, 2007</td>
<td>Doing Well: The Relationship of Identity Status to Three Conceptions of Well-Being</td>
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<tr>
<td>A study to evaluate the relationship between measures of ego identity status and three conceptions of well-being: subjective, psychological, and eudaimonic.</td>
<td>The Extended Objective Measure of Ego Identity Status-II</td>
<td></td>
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<tr>
<td>217 college undergraduates</td>
<td>The Life Orientation Test Scales of Psychological Well-Being</td>
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<td>The Personally Expressive Activities Questionnaire-Standard Form</td>
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Mean scores for males and females on the measures of identity status and the three sets of well-being variables along with the associated t-test comparisons.

The various measures of well-being were found to be positively correlated, mostly in the low to moderate range. As predicted, scores on the Extended Objective Measure of Ego Identity Status for the identity achievement status were positively correlated with measures of all three conceptions of well-being, while corresponding negative correlations were obtained for identity diffusion scores. The correlations for the moratorium and foreclosure scales were negative for the various measures of psychological well-being but nonsignificant with (Continued)
measures of subjective and eudaimonic well-being. Multiple regression analyses for the moratorium and foreclosure scales yielded a more complex understanding of the associations of various well-being measures for these statuses.

Ryan & Deci, 2001

On happiness and human potentials: A review of research on Hedonic and Eudaimonic Well-Being

The psychological meaning of well-being. For example, to what extent is well-being an individual difference? What is the role of emotions in well-being? and To what extent is physical health intertwined with well-being? Other topics search for antecedents of well-being at the between-person and within-person levels. Such factors as wealth, satisfying relationships, and goal attainment have been

A Review of Research on Hedonic and Eudaimonic Well-Being, briefly survey a number of research topics concerning wellbeing

Current research on well-being has been derived from two general perspectives: the hedonic approach, which focuses on happiness and defines well-being in terms of pleasure attainment and pain avoidance; and the eudaimonic approach, which focuses on meaning and self-realization and defines well-being in terms of the degree to which a person is fully functioning. This review considers research from both perspectives concerning the nature of well-being, its antecedents, and its stability across time and culture.

(Continued)
addressed. Still other topics concern whether well-being is different across time or place, for example, in different developmental periods and in different cultures.

<table>
<thead>
<tr>
<th>Carruthers &amp; Hood, 2006 Research Update: The power of positive psychology</th>
<th>Literature review of positive psychology in relation to leisure services</th>
<th>N/A</th>
<th>N/A</th>
<th>Literature Review</th>
<th>The literature arising from the positive psychology movement provides significant evidence that pleasurable activity and experience are essential for individual and community well-being.</th>
</tr>
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<tbody>
<tr>
<td>Diener &amp; Tov, 2009 Well-Being on Planet Earth.</td>
<td>happiness, subjective well-being, individual differences, personality</td>
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<td>aims to shed some light on the all-important question of what makes people happy, relying upon the most recent research on the topic. We focus not only on the question of what causes individuals to differ in their happiness levels, but also on what these differences are able to predict regarding success in various life domains.</td>
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<th>Ryff, 1989</th>
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<td>Happiness is everything, or is it? Explorations on the meaning of psychological well-being.</td>
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<tr>
<td>Measure of psychological well-being</td>
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<tr>
<td>Operationalizing self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth</td>
</tr>
<tr>
<td>Three hundred and twenty-one men and women, divided among young, middle-aged, and older adults</td>
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<tr>
<td>Participants rated themselves on these measures along with six instruments prominent in earlier studies (i.e., affect balance, life satisfaction, self-esteem, morale, locus of control, depression).</td>
</tr>
<tr>
<td>Correlational analysis</td>
</tr>
<tr>
<td>Positive relations with others, autonomy, purpose in life, and personal growth were not strongly tied to prior assessment indexes, thereby supporting the claim that key aspects of positive functioning have not been represented in the empirical arena. Furthermore, age profiles revealed a more differentiated pattern of well-being than is evident in prior research</td>
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<th>Keys, Shmotkin, &amp; Ryff, 2002</th>
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<tr>
<td>Optimizing well-being: the empirical encounter of two traditions.</td>
</tr>
<tr>
<td>The authors hypothesized that subjective well-being and psychological well-being are conceptually related but empirically distinct and that combinations of them relate differentially to sociodemographics and personality.</td>
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<tr>
<td>Data are from a national sample of 3,032 Americans aged 25-74.</td>
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<tr>
<td>Factor analyses confirmed the related-but-distinct status of SWB and PWB.</td>
</tr>
<tr>
<td>The probability of optimal well-being (high SWB and PWB) increased as age, education, extraversion, and conscientiousness increased and as neuroticism decreased. Compared with adults with higher SWB than PWB, adults with higher PWB than SWB were younger, had more education, and showed more openness to experience.</td>
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Deci & Ryan, 2000


| Discussing the Self-determination concept of needs as it relates to previous need theories, emphasizing that needs specify the necessary conditions for psychological growth, integrity, and well-being. | Theoretical Frame Work | N/A | N/A | The authors hypothesized that different regulatory processes underlying goal pursuits are differentially associated with effective functioning and well-being and also that different goal contents have different relations to the quality of behavior and mental health, specifically because different regulatory processes and different goal contents are associated with differing degrees of need satisfaction. Social contexts and individual differences that support satisfaction of the basic needs facilitate natural growth processes including intrinsically motivated behavior and integration of extrinsic motivations, whereas those that forestall autonomy, competence, or relatedness are associated with poorer motivation, performance, and well-being. | (Continued) |
Diener & Suh, 1999

National differences in subjective well-being.

Looking at differences in correlates of subjective well-being across nations

The wealth of nations strongly correlates with human rights, equality between people, the fulfillment of basic biological needs, and individualism. Because of the high intercorrelations between these predictors and wealth, their separate effects on SWB have not yet been isolated. Another variable that also correlates with higher SWB in nations is political stability and a related variable, interpersonal trust. Individualism is a cultural variable that correlates across nations with both higher reported SWB and higher suicide rates. Possible reasons for these divergent outcomes of individualism are discussed. The major approaches to the psychological understanding of the differences in SWB between societies are the innate needs approach,
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<tr>
<th>Author, Year</th>
<th>Article Title</th>
<th>Abstract</th>
<th>Theoretical Argument</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gasper, 2005</td>
<td>Subjective and objective well-being in relation to economic inputs: Puzzles and responses</td>
<td>to identify and discuss possible responses to these discrepancies between income, subjective wellbeing, and objective wellbeing</td>
<td>Three concepts are identifying different underlying realities and need different measures. The author argues that we must respect and seek to understand the causal factors that explain the various - sometimes competitive - relations between growing economic inputs and OWB and SWB, and to face the issues involved. Proposed possible responses to discrepancies between reported income, swb, and owb.</td>
</tr>
<tr>
<td>Sointu,, 2005</td>
<td>The rise of an ideal: tracing changing discourses of wellbeing</td>
<td>This article outlines and analyses contemporary conceptualisations of wellbeing and suggests that ideas of wellbeing capture and reproduce</td>
<td>Contemporary discourses of wellbeing circulating in newspaper reporting relate to and reproduce significant western values that identify the ideal person as self-reflective, autonomous and in control. The discourses of wellbeing</td>
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important social norms.

use of the term ‘wellbeing’ in two national newspapers.

have changed considerably during the past twenty years. Whereas wellbeing tended to be a term utilised in relation to the body politic in the mid-1980s, wellbeing has now emerged as a significant attribute being sought through a variety of personal wellbeing practices that often have a consumerist character. Underneath the search for wellbeing lie changes in subjectivity; contemporary discourses of wellbeing reproduce subjects equipped with the faculties of self-mastery to deal with a social context addressing these very individuals as choosing consumers.

Camfield & Skevington, 2008

On Subjective Wellbeing and Quality of Life

Theoretical and methodological limitations are discussed and new conceptual and technical advances identified. These are informed by cross-cultural and
community perspectives. Following a definitional review, social inequalities, and links with happiness are examined. Demographic, experiential and personal factors are outlined. Implications for poverty research are addressed. As the concept of SWB recently converged with the longstanding international QoL definition (WHOQOL Group, 1995), we discuss the separate need for SWB. Future collaborative conceptual and pragmatic research is recommended.

<table>
<thead>
<tr>
<th>Culture and Well-Being</th>
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<tbody>
<tr>
<td>Tov &amp; Diener, 2009</td>
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<tr>
<td>Culture and subjective wellbeing</td>
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<tr>
<td>To review the methodological challenges to assessing SWB in different cultures.</td>
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<tr>
<td>One important question for future research is the degree to which feelings of well-being lead to the same outcomes in different cultures.</td>
</tr>
<tr>
<td>Authors</td>
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<tr>
<td>Bauer, McAdams, &amp; Pals, 2008</td>
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<td>Christopher, 1999</td>
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<td>Cultural roots of its theory and research.</td>
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<td>Kitayama &amp; Marcus, 2000</td>
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wealth, their separate effects on SWB have not yet been isolated. Another variable that also correlates with higher SWB in nations is political stability and a related variable, interpersonal trust. Individualism is a cultural variable that correlates across nations with both higher reported SWB and higher suicide rates. Possible reasons for these divergent outcomes of individualism are discussed. The major approaches to the psychological understanding of the differences in SWB between societies are the innate needs approach, the theory of goal striving, models of emotional socialization, and genetic explanations.

<table>
<thead>
<tr>
<th>Study</th>
<th>Methodology</th>
<th>Participants</th>
<th>Measures</th>
<th>Findings</th>
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</thead>
<tbody>
<tr>
<td>Cheng et al., 2011</td>
<td>The authors tested four cultural models— independence, interdependence,</td>
<td>Participants were 791 university students from four Western countries, 749 university</td>
<td>Personal-level life satisfaction Individualism-collectivism Economic modernization</td>
<td>Findings provided some support for the applicability of (a) the independence model to individuals from Western</td>
</tr>
<tr>
<td>Study</td>
<td>Cultural Models</td>
<td>Methodology</td>
<td>Results</td>
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<tr>
<td>Being: A Test of Four Cultural Models</td>
<td>conflict, and integration—that describe the hypothesized relationships between dimensions of self-construal and components of subjective well-being among individualistic and collectivistic countries.</td>
<td>students from three East Asian countries, and 443 university students from three African countries.</td>
<td>countries and (b) the integration model to individuals from East Asian countries. Mixed results were found among the African countries. The interdependence model is more applicable to African participants from the sub-Saharan region, but the integration model is more applicable to those from the North African region.</td>
<td></td>
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<tr>
<td>French &amp; Chavez, 2010</td>
<td>Based on the risk and resilience model, the study examined the effect of ethnicity-related stressors and ethnic identity on the well-being. The study also examined the moderating role of ethnic identity on the relationship between ethnicity-related stressors and well-being.</td>
<td>171 Latino American college students. (134F, 37M)</td>
<td>Findings showed that stereotype confirmation concern significantly predicted less well-being, whereas a positive ethnic identity predicted greater well-being. Ethnic identity also moderated the effect of ethnicity-related stressors on well-being. Different patterns emerged for the moderating effect of different ethnic identity dimensions and different ethnicity-related stressors.</td>
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<tr>
<th>Berry, Kim, Minde, &amp; Mok, 1987</th>
<th>Comparative Studies of Acculturative Stress</th>
<th>An overview of a series of studies on the experience of acculturative stress by a variety of cultural groups in Canada over the period 1969-1985.</th>
<th>1.197 individuals Immigrants from Korea (77M, 73F) Refugees from Vietnam (23M, 49F) 71 Chinese students 97 foreign students 534 Native peoples</th>
<th>20 items from Cornell medical index</th>
<th>Group difference (ethnic group, gender) Multiple regression analyses (Predictors of acculturative stress)</th>
<th>Results indicate substantial variation in stress phenomena across types of acculturating groups, and across a number of individual difference variables (such as sex, age, education, attitudes and cognitive styles) across a number of social variables (such as contact, social support, and status).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith &amp; Silva, 2011</td>
<td>Ethnic Identity and Personal Well-Being of People of Color: A Meta-Analysis</td>
<td>article summarizes research examining the relationship between the constructs of ethnic identity and personal well-being among people of color in North America</td>
<td>184 studies</td>
<td>Meta-analysis with random effects models</td>
<td>An omnibus effect size of $r = .17$, suggesting a modest relationship between the 2 constructs. Findings support the general relevance of ethnic identity across people of color. Studies correlating ethnic identity with self-esteem and positive well-being yielded average effect sizes twice as large as those from studies correlating ethnic identity with personal distress or mental health symptoms. Ethnic identity was thus more strongly related to positive well-being than...</td>
<td>(Continued)</td>
</tr>
<tr>
<td>Authors</td>
<td>The shifting basis of life satisfaction judgments across cultures: Emotions versus norms.</td>
<td>61 nations, N = 62,446</td>
<td>Data obtained from the second World Value Survey (WVS) Affect Balance Scale International College Student Data (ICSD) SWLS NEO personality inventory PANAS</td>
<td>Regression Analysis</td>
<td>Among nations, emotions and life satisfaction correlated significantly more strongly in more individualistic nations (r = .52 in Study 1; r = .48 in Study 2). At the individual level, emotions were far superior predictors of life satisfaction to norms (social approval of life satisfaction) in individualist cultures, whereas norms and emotions were equally strong predictors of life satisfaction in collectivist cultures.</td>
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<td>Schimmack, Radhakrishnan, Oishi, Dzokoto and Ahadi, 2002</td>
<td>The authors examined the interplay of personality and cultural factors in the prediction of the affective (hedonic balance) and the cognitive (life satisfaction) components of subjective well-being (SWB).</td>
<td>Participants from 2 individualistic cultures (United States, Germany) and 3 collectivistic cultures (Japan, Mexico, Ghana)</td>
<td>Neo Personality Inventory Neo Five Factor Inventory The satisfaction with Life Scale Hedonic balance</td>
<td>Simple correlation Hierarchical regression analyses Confirmatory factor analyses</td>
<td>Extraversion and Neuroticism influenced hedonic balance to the same degree in all cultures, and hedonic balance was a stronger predictor of life satisfaction in individualistic than in collectivist cultures. The influence of Extraversion and Neuroticism on life satisfaction was also stronger in individualistic compared to collectivist cultures.</td>
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</table>
satisfaction was largely mediated by hedonic balance. The results suggest that the influence of personality on the emotional component of SWB is pancultural, whereas the influence of personality on the cognitive component of SWB is moderated by culture.

Lu, 2006

The author examined the relationship between cultural values, beliefs, and subjective well-being (SWB) in the context of the "cultural fit" proposition.

*3 diverse Chinese samples from Taiwan and Mainland China (N = 581) 232F, 177M*

<table>
<thead>
<tr>
<th>Independent and Interdependent Self Scales</th>
<th>Primary Control Beliefs Scale</th>
<th>Harmony Beliefs Scale</th>
<th>Chinese Happiness Inventory</th>
<th>Social Desirability Scale</th>
</tr>
</thead>
</table>

The author found that beliefs regarding the independent self, the interdependent self, active control, and relationship harmony as forming individual-level culture were consistently related to SWB. Furthermore, the author found that the magnitude of cultural fit was associated with SWB for certain groups of the Chinese people. It is most interesting that the direction of cultural fit regarding independent self was also important for SWB. Specifically, people who endorsed...
higher independent self but expected lower societal endorsement of such views were better off in SWB than those of the opposite combination.

<p>| Suh, 2002 | Culture, Identity Consistency, and Subjective Well-Being | This research revisits the classic thesis in psychology that identity consistency is a prerequisite condition of psychological well-being. | Students enrolled in introductory psychology courses | Identity consistency Satisfaction with life scale Self-Monitoring scale Self-concept Clarity Scale Social Awareness Inventory NEO_PI_R | Factor analysis Correlations | Between individuals (Study 1), people with a more consistent self-view had a more clear self-knowledge, were more assertive, and, most notably, had self-experiences that were less affected by the perspectives of others. Compared with North American participants (Study 2), Koreans viewed themselves more flexibly across situations, and their subjective well-being was less predictable from levels of identity consistency. Also, consistent individuals received positive social evaluations from others in the United States but not in Korea. |</p>
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title and Summary</th>
<th>Participants</th>
<th>Measures</th>
<th>Methods</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spencer-Rodgers, Peng, Wang, &amp; Hou, 2004</td>
<td>Argue that dialectical cultures more comfortably tolerate the coexistence of opposing drives, emotions, and attitudes within themselves.</td>
<td>Chinese participants (153): Students at Peking University and Beijing Normal University American participants (195 Asian Americans, 166 European Americans, 142 Latinos, and 47 African Americans); students at University of California (UC), Berkeley, and UC Santa Barbara.</td>
<td>Rosenberg Self-esteem Scale; Dialectical Self Scale; Twenty Statements Test</td>
<td>MANOVA; One-sample t tests; ANOVA</td>
<td>Mainland Chinese and Asian Americans exhibited greater “ambivalence” or evaluative contradiction in their self-attitudes than did Western synthesis-oriented cultures on a traditional self-report measure of self-esteem and in their spontaneous self-descriptions. Naive dialecticism, as assessed with the Dialectical Self Scale, mediated the observed cultural differences in self-esteem and well-being.</td>
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<tr>
<td>Gloria, Castellanos, &amp; Orozco, 2005</td>
<td>This study examined how Latinas’ perception of educational</td>
<td>Participants (N = 98) were primarily second-generation Mexican-heritage</td>
<td>Demographic sheet; Perception of Barriers Scale</td>
<td>Hierarchical Regression Correlations</td>
<td>Differences by generation and educational characteristics were not</td>
</tr>
</tbody>
</table>

(Continued)
| Greenfield, Keller, Fuligni, & Maynard, 2003 | Review on three universal tasks of human development: Relationship formation, knowledge acquisition, and the balance between autonomy and relatedness at adolescence | University Environment Scale  
Cultural Congruity Scale  
List of coping responses  
Psychological well-being-Short Scale | Researchers present evidence that each task can be addressed through two deeply different cultural pathways through development: the pathways of independence and interdependence. Because the independent pathway is therefore well-known in psychology, authors focus a large part of their review on empirically documenting the alternative, interdependent pathway for each developmental task. Authors also present three theoretical approaches to culture and development: the ecocultural, the sociohistorical, and the cultural values approach. | found. Cultural congruity and the coping response of taking a planned, positive action were the strongest predictors of psychological well-being accounting for 31% of the variance. The study’s findings challenge stereotypes of Latina students in higher education, as they valued higher education, believed that they could overcome any barriers to achieve their educational goals, and used active coping responses, which informed their positive and healthy functioning. |
REFERENCES


APPENDIX B

Downloaded Copy of Online Questionnaire in English
INTRODUCTION AND CONSENT TO PARTICIPATE

Harrell Research Group (HRG) Well-Being Project: Korean and Korean American Adult Online Study

You are invited to participate in a research study conducted by Esther Lee, M.A. and Shelly p. Harrell, Ph.D. at Pepperdine University, because you are Korean or Korean-American Adults (18 years or older). Your participation is voluntary. You should read the information below, and ask questions about anything that you do not understand, before deciding whether to participate. Please take as much time as you need to read the consent form. You can then indicate whether you wish to continue or decline participation in this research project.

PURPOSE OF THE STUDY
The purpose of the study is to gain a more inclusive and comprehensive understanding of well-being among a diversity of adults from Korean ethnic or cultural background.

STUDY PROCEDURES
If you volunteer to participate in this study, you will be asked to completing a set of online questionnaires about your recent feelings and experiences, both positive and negative. Completion of the questionnaires will take between approximately 40-60 minutes.

POTENTIAL RISKS AND DISCOMFORTS
The potential and foreseeable risks associated with participation in this study include possible boredom or emotional discomfort when thinking about one’s health and well-being.

In the case, you experience discomfort or stress during the participation, you will be encouraged to take breaks, and/or will be provided with referrals for centers where culturally appropriate support or mental health services may be available.

- Hollywood Sunset Free Clinic
  3324 Sunset Blvd,
  Los Angeles, CA 90026
  (323) 660-2400

- Edelman Westside Mental Health
  11080 W Olympic Blvd,
  Los Angeles, CA 90064
  (310) 966-6500

- National Suicide Prevention Line (24hrs/7days)
  1-800-273-TALK (8255)
  www.suicidepreventionlifeline.org

- Korean American Family Services
  3727 W 6th St. #320
  Los Angeles CA 90020
  (213) 389-6755

Additional Resources available in South Korea:
- Korean Psychological Association: www.koreanpsychology.or.kr
- Korea Association for Suicide Prevention: www.suicideprevention.or.kr
- Korea National Mental Health Center: www.ncmh.go.kr
- Lifeline Korea: www.lifeline.or.kr; 1588-9191

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY
While there are no direct benefits to the study participants, there are several anticipated benefits to society which include: (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.

CONFIDENTIALITY
The records collected for this study will be anonymous as far as permitted by law. However, if required to do so by law, it may be necessary to disclose information collected about you. Examples of the types of issues that would require me to break confidentiality are if disclosed any instances of child abuse and elder abuse. Pepperdine’s University’s Human Subjects Protection Program (HSPP) may also access the data collected. The HSPP occasionally reviews and monitors research studies to protect the rights and welfare of research subjects.

There will be no identifiable information obtained in connection with this study. Your name, address or other identifiable information will not be collected. 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.

All electronic data will be password protected and available only to research staff. The data will be stored on a password protected computer in the researcher’s office for a minimum of three years after the study has been completed and then destroyed. Passwords will be changed annually to maintain the security of the data.

SUSPECTED NEGLECT OR ABUSE OF CHILDREN
Under California law, the researcher(s) who may also be a mandated reporter will not maintain as confidential, information about
known or reasonably suspected incidents of abuse or neglect of a child, dependent adult or elder, including, but not limited to, physical, sexual, emotional, and financial abuse or neglect. If any researcher has or is given such information, he or she is required to report this abuse to the proper authorities.

PARTICIPATION AND WITHDRAWAL
Your participation is voluntary. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

ALTERNATIVES TO FULL PARTICIPATION
The alternative to participation in the study is not participating or only completing the items for which you feel comfortable.

EMERGENCY CARE AND COMPENSATION FOR INJURY
If you are injured as a direct result of research procedures you will receive medical treatment; however, you or your insurance will be responsible for the cost. Pepperdine University does not provide any monetary compensation for injury.

INVESTIGATOR’S CONTACT INFORMATION
You understand that the investigator is willing to answer any inquiries you may have concerning the research herein described. You understand that you may contact Esther Lee, M.A. at esther.lee2@pepperdine.edu, Shelly Harrell, Ph.D. at support@harrellresearchgroup.org, or the Harrell Research Group staff at (424) 235-5030 if you have any other questions or concerns about this research.

RIGHTS OF RESEARCH PARTICIPANT – IRB CONTACT INFORMATION
If you have questions, concerns or complaints about your rights as a research participant or research in general please contact Dr. Judy Ho, Chairperson of the Graduate & Professional Schools Institutional Review Board at Pepperdine University 6100 Center Drive, Suite 500, Los Angeles, CA 90045, 310-568-5753 or gpsirb@pepperdine.edu.

I have read and understand the statements above and agree to participate in the Well-Being Project as described.

I do not agree to participate in the Well-Being Project.

Instructions

GENERAL INSTRUCTIONS:

*We appreciate you being as truthful and open as possible when you are responding to the questions. Our research will only accurately inform a greater understanding of well-being if participants respond honestly.

*Please answer ALL of the questions. We will let you know if you skipped a question and prompt you to respond.

*You can bookmark your place using the bookmark at the top right of the screen and come back to that place anytime within 7 days (from the same computer or device).

*You can use the "Go Back" button at the bottom of any page to return to the previous page if you would like to review/check your responses.

PART 1: BACKGROUND INFO

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.

1. Your Gender:
2. Your current age in years:

3a. Your Country of Birth:
- Korea
- USA
- Other - Please specify

3b. In what country was your mother born?
- Korea
- USA
- Other - Please specify

3c. In what country was your father born?
- Korea
- USA
- Other - Please specify

4. Your Country of Current Residence:
- Korea
- USA
- Other - Please specify

4a. Your current status in USA
- US Citizen
- Permanent Resident
- Student Visa or OPT
- Employment Visa
- Religious Visa
- Investor or Business Visa
- Other Visa - Please specify:
- Undocumented
- None of above - Please specify:

5. Length of time in your current country of residence (# of years):
6. Your current zip or postal code:

7. Have ever resided in a country other than your current country of residence more than a year?
   - Yes
   - No

7a. How long and which country have you lived other than your current country of residence? (e.g., 3 years in Canada; 17 years in Korea; 5 years in USA)

8. Which ONE of the following broad categories BEST describes your general racial-ethnic group identification at this time in your life?
   - Korean
   - Korean American
   - Multiracial/Multiethnic- Please specify:
   - Other- Please specify:

8a. In your own words, please describe your racial-ethnic-cultural identity: (please be specific- examples: "Korea-born, 1.5th generation immigrant; International student who came to US when I was teenager; Born in US and raised in Korea; Korean who has US citizenship; Korean who came back to Korea after 10 years of study abroad in US, etc.)

9. Which one of the following BEST describes your general religious/spiritual affiliation at this time in your life?
   - Jewish / Judaism
   - Catholic / Catholicism
   - Protestant Christianity (Methodist, Baptist, Lutheran, Episcopalian, etc.)
   - Nondenominational or other Christian
   - Unitarian, Universalist
   - Muslim / Islam
   - Buddhism
   - Hinduism
   - Bahai
   - 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
9a. In your own words, please more specifically describe your religious/spiritual identification and/or belief system (non-practicing cultural Jew, African Methodist Episcopal, Progressive Christianity, Eastern Orthodox Christianity, Sunni Muslim, etc.):

10. 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.)

11. Are you currently in school or a training program?
   - Yes, full-time
   - Yes, part-time
   - No

12. 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

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

14. 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

15. Please check any or all of the following that apply to you:
   - Never married
   - Currently married
   - Living together with my spouse or life partner
   - Separated from my current spouse or life partner
   - Divorced
   - Widowed

16. Which of the following best describes your sexual orientation identity at this time?
   - Heterosexual
   - Bisexual
   - Gay or Lesbian (Homosexual)
   - Questioning
   - Other (please describe):
17. Are you currently a primary caregiver (physical, legal, financial responsibility) for an elderly person or dependent adult (older than 18 years)?
   - Yes
   - No

18. Are you currently a parent or legal guardian of a child (birth-18 years)?
   - Yes
   - No

18a. How many children (birth-18 years old) currently live with you?

19. 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.

19a. 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

20. 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? (check all that apply)
   - Flu/Influenza or Severe Cold
   - Moderate to Severe Allergic Reaction / Allergies
   - Anemia
   - Obesity
   - Migraines or Chronic Headaches
   - Chronic Back Pain
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:

PART 2: YOUR WELL-BEING

THE MAIN WELL-BEING QUESTIONNAIRE

We understand that well-being means different things to different people so please answer as openly and honestly as possible about your own experience. There is no "correct" way to have well-being! Using the dropdown menu for each item, please select the response that indicates how much each statement has been true for you DURING THE PAST TWO WEEKS, including today. This is the scale that you will see in the dropdown menu.

NEVER/NOT AT ALL = Not true for me during the past 2 weeks, not even one time
RARELY/A LITTLE = True for me only a few times during the past 2 weeks
SOMETIMES/SOMewhat = True for me about half the time

While we do provide a "Does Not Apply" option, we ask that you ONLY use it for things that truly don't make sense for you. However, if it is something that just hasn’t been true for you over the past two weeks, then the "Never" option would be more appropriate. (Example: "I fed my bear chocolate cake". You would answer "Does NOT APPLY" only if you DON'T actually have a bear. If you DO have a bear but would never feed her chocolate cake, then you would answer "NEVER/NOT AT ALL" -- even if feeding your bear chocolate cake is something that doesn't fit you at all).

Finally, please answer ALL 160 questions in this section so that we have complete information about well-being for everyone who participates. Remember, FROM THIS SAME DEVICE (computer, tablet, smartphone), you can come back anytime over the next 7 days to complete the questionnaire wherever you left off (USE THE BOOKMARK FLAG IN THE TOP RIGHT CORNER TO MARK YOUR PLACE).

We TRULY appreciate your time and participation!

REMEMBER, answer of the next 160 questions for what has been true for you over THE PAST 2 WEEKS only...

<table>
<thead>
<tr>
<th>#</th>
<th>Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I was satisfied with how things were going in my life.</td>
</tr>
<tr>
<td>2</td>
<td>I felt strong and empowered.</td>
</tr>
<tr>
<td>3</td>
<td>I handled my daily challenges well, coped effectively with everyday stress/problems.</td>
</tr>
<tr>
<td>4</td>
<td>I felt like my life had meaning, like I'm here for a purpose.</td>
</tr>
<tr>
<td>5</td>
<td>I was creative or had good ideas.</td>
</tr>
<tr>
<td>6</td>
<td>I did something to help make the world a better place.</td>
</tr>
<tr>
<td>7</td>
<td>I felt caring and loving feelings towards the people closest to me.</td>
</tr>
<tr>
<td>8</td>
<td>I was able to relax or calm myself when I needed to.</td>
</tr>
<tr>
<td>9</td>
<td>There was someone I could trust with my most personal/private thoughts and feelings.</td>
</tr>
<tr>
<td>10</td>
<td>I was able to use or display my knowledge, skills, and/or talents.</td>
</tr>
<tr>
<td>11</td>
<td>I made good decisions.</td>
</tr>
<tr>
<td>12</td>
<td>I felt safe getting to and from the places I needed to go.</td>
</tr>
<tr>
<td>13</td>
<td>I felt physically healthy and strong enough to handle the demands of my daily activities.</td>
</tr>
<tr>
<td>14</td>
<td>There was someone who encouraged, supported, or motivated me.</td>
</tr>
<tr>
<td>15</td>
<td>I took time to &quot;smell the roses&quot;, really noticing and enjoying things from my senses (e.g., aromas, sounds, tastes).</td>
</tr>
<tr>
<td>16</td>
<td>I actively participated in an organization related to my culture or another community that is important to me.</td>
</tr>
<tr>
<td>17</td>
<td>I had positive interactions with people (neighbors, co-workers, salespersons, etc).</td>
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<td>18</td>
<td>I spent time in places with lots of grass, flowers, trees, clean rivers, lakes, or beaches, etc.</td>
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<td>19</td>
<td>I spent time doing my hobbies, special projects, or other activities that I enjoy.</td>
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<td>20</td>
<td>I did some type of physical exercise for fitness, strength, endurance or fun.</td>
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<td>21</td>
<td>I showed patience with a person or situation.</td>
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<tr>
<td>22</td>
<td>I was open to new things; willing to step out of my comfort zone.</td>
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</table>
23. I felt proud of my cultural heritage (or the history/background of another group in society important to my identity).
24. I was satisfied with my situation related to romance or intimacy.
25. I was comforted by the presence of a Higher Power/God in my life.
26. I had a positive event or activity to look forward to.
27. People in my neighborhood know each other and can depend on each other.
28. I felt safe from physical harm from people I know.
29. I felt compassion or sympathy for someone.
30. I was able to be myself, to be “real” with the people I care about (didn’t have to pretend or be fake).
31. I felt respected by others for my positive qualities or actions.
32. My faith or spirituality was strengthened through reading, classes or discussions.
33. I felt like I was “home” when I was with people from my culture (or another group in society important to my identity).
34. I bounced back or recovered from any disappointments or bad things that happened.
35. I listened to what my body needed in terms of rest, water, food, etc.
36. There was plenty of open space in my community; it was not overcrowded by people or traffic.
37. My home country was strong and stable in terms of leadership and political matters.
38. My faith and spiritual beliefs were strong.
39. I had someone in my life who “has my back”, who is there for me when I need them.
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.).
41. I gained a greater knowledge and understanding of a local, national, or global issue.
42. I was “moved” by creative expression, had a strong emotional connection or experience related to music, art, dance, etc.
43. I felt accepted and welcomed by people at my workplace, school, or other place where I spend a lot of time.
44. I felt joy and happiness inside.
45. I felt connected to a purpose larger than my personal life.
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.).
47. I supported someone in getting through a difficult situation.
48. I was satisfied with my sexual functioning and activity.
49. I had a network of people available to me that were important sources of help and support in my life.
50. I felt really “alive”, present and engaged with the here-and-now moments of my life.
51. I felt good about the direction my home country was going in.
52. I was a leader or took initiative to start some action for change in my community or organization.
<table>
<thead>
<tr>
<th>Question</th>
<th>Rating Options</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>53. I had a strong awareness of how I was feeling and what I needed.</td>
<td>0=NEVER/NOT AT ALL</td>
<td>5=ALWAYS/EXTREMELY</td>
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<tr>
<td>54. I was confident in myself; my self-esteem was high.</td>
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<td>55. The water, electricity, and plumbing worked fine where I was living.</td>
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<td>56. I felt loved by and/or in a close relationship with a Higher</td>
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<td>57. I had a strong sense of gratitude, an appreciation for both the</td>
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<td>58. I effectively managed any physical pain or health problems I</td>
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<td>59. I did something to try to resolve a conflict or improve a</td>
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<td>60. I enjoyed special time with a pet or other animal.</td>
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<td>61. I felt at peace inside of myself.</td>
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<td>62. I worked together with others on an issue of mutual concern in my</td>
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<td>63. I felt guided by a vision or mission for my life.</td>
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<td>64. I observed or learned something positive about my culture (or</td>
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<td>65. I showed kindness, did something nice for someone.</td>
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<td>66. I felt like things were improving in my life.</td>
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<td>67. I avoided things that are harmful or dangerous to my health</td>
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<td>68. How I lived my daily life was consistent with my spiritual or</td>
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<td>69. I enjoyed spending time in my neighborhood or local community.</td>
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<td>70. I felt connected to the rhythms and patterns of nature (e.g.,</td>
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<td>71. I felt good about how I was fulfilling my role in my family,</td>
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<td>72. I did or said something to lift someone’s spirits.</td>
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<td>73. I felt safe from gang violence, terrorism, police (or military)</td>
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<td>74. I had an amazing or “peak” experience (e.g., heightened awareness</td>
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<td>75. I did a good job at work, school, or with my other responsibilities.</td>
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<td>76. I spent time in meditation, personal reflection, or deep</td>
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<td>77. I intervened or stood up for someone in a situation involving</td>
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<td>78. I felt a strong sense of belonging in my neighborhood (e.g.,</td>
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<td>79. I assisted someone in need.</td>
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<td>80. I enjoyed expressing and sharing my spirituality with other</td>
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<tr>
<td>81. I gave good advice or guidance to someone.</td>
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<tr>
<td>82. I lived with integrity, was true to myself and my values</td>
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</tbody>
</table>
83. My living environment was generally safe and healthy (e.g., free from mold, industrial pollution, dangerous chemicals, rodents, broken glass, peeling paint, etc.).

84. I felt supported by people at my workplace, school, or other place where I spend a lot of time.

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).

86. I felt safe from hate crimes, violence, or discrimination based on something about me like my race, religion, gender, sexual orientation, disability, etc.

87. I had companionship or a good social life, people to talk to or do things with.

88. The beauty and miracles of nature made me feel closer to a Higher Power/God.

89. I felt safe from sexual violence or exploitation.

90. I was “in the zone”, got totally lost or immersed in an activity that I enjoyed.

91. I felt better about something that had been bothering me.

92. I received valuable counsel from a minister, rabbi, imam, priest, guru, pastor, or other religious leader.

93. I stopped to pay attention to what I was feeling emotionally and/or physically.

94. I had a strong sense of my values, what is most important to me.

95. My spiritual/religious beliefs and activities gave me strength and guidance through the challenges I faced.

96. I got along well with family members.

97. I was guided positively by my intuition about things.

98. The place where I live was mostly free from very loud noises such as traffic, trains, gunshots, sirens, etc.

99. I felt positively connected with the soul or spirit of another person (living or deceased).

100. I felt accepted by many people in my culture (or another group in society that is very important to me).

101. I had a feeling of wisdom, insight, or understanding about life.

102. My neighborhood or local community was an important part of my life.

103. I felt a lot of national pride in my home country.

104. I resisted temptation; said “no” to something that would have been bad for me.

105. I felt connected to all of humanity regardless of race, nationality, social class, etc.

106. I expressed gratitude or appreciation to someone.

107. I participated in or contributed to positive change on a social justice issue or cause.

108. I motivated, encouraged, or cheered someone on.

109. I displayed my identification with my culture or another important identity group (symbols, clothing, language, artwork, home décor, bumper stickers, etc.).

110. I felt safe from threats, verbal abuse, emotional abuse, or stalking.

111. My basic needs were met (e.g., shelter, food, clothing).

112. I felt a clear awareness of who I am, my identity.

113. I helped someone understand or learn something.
114. I volunteered my time in the service of people in need, animals, the environment, or another cause important to me.

115. I was valued and respected at my workplace, school, or other place where I spend a lot of time.

116. Someone prayed or said blessings for me.

117. I got enough hours of peaceful, uninterrupted sleep.

118. I made sure I was informed about things happening in my neighborhood community.

119. I felt good about my friendships.

120. I was growing and learning important life lessons.

121. I felt secure and grounded by my roots in my culture or another group in society important to my identity.

122. I look forward to being at work, school, or another place where I spend a lot of time (other than where I live).

123. I learned something new, became more knowledgeable.

124. I extended forgiveness or let go of negative feelings that I was holding toward someone.

125. I did something to move my life forward or head in the right direction.

126. I felt committed to making my home country a better place.

127. I was aware of the connection between my mind, my emotions, and what was going on in my body.

128. I felt loved.

129. I felt safe in the neighborhood where I live.

130. I spent time praying, reading religious/spiritual books, or listening to spiritual music.

131. I was productive, got things done.

132. I felt that my family was well-respected in our cultural community or another important community.

133. I was becoming a better person; something about me was changing for the good.

134. I felt like someone really understands me and knows me well.

135. I felt inspired or excited about something.

136. My loved ones were safe from violence, abuse, or harassment.

137. Something good happened or turned out the way I wanted it to.

138. I had smiles, fun, and laughter in my life.

139. I got plenty of fresh outdoor air.

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.

141. I made progress dealing with a problem or getting rid of a bad habit.

142. I followed through on something, kept my word, or did what I said I would do.

143. I felt hopeful and optimistic.

144. I took good care of my health.

145. I witnessed or experienced spiritual healing.

146. I did something with excellence, something to be proud of.
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.

Please indicate the importance of each of the following in determining your well-being at this time in your life.

<table>
<thead>
<tr>
<th>Not At All Important</th>
<th>A Little Important</th>
<th>Somewhat Important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>My daily activities and achievements.</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Doing good things for other people.</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Having positive emotions and feelings.</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Having a sense of belonging to a strong community (e.g., workplace, neighborhood, school, or other organization).</td>
<td>0</td>
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<tr>
<td>Having a strong self-awareness – being aware of who I am, what I am feeling, sensing, thinking.</td>
<td>0</td>
<td>0</td>
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<tr>
<td>My physical health and functioning.</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>My spirituality or religious experience.</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Having a sense of meaning &amp; purpose.</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Being safe from harm or danger.</td>
<td>0</td>
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<td>0</td>
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<tr>
<td>Improving myself and making progress on changes I'm working on.</td>
<td>0</td>
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</tbody>
</table>
Finally, please click the box next to the FIVE (5) MOST IMPORTANT areas for determining your well-being at this time in your life.

- My daily activities and achievements
- Doing good things for other people
- Having positive emotions and feelings
- My physical health and functioning
- My spirituality or religious experience
- Having a sense of meaning & purpose
- Being safe from harm or danger
- Improving myself and my life
- Participating in positive social/community change
- 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)
- Having a strong awareness of myself, my thoughts and feelings
- The quality of my relationships with the people closest to me
- How things are going in the country I consider home
- My physical living environment
- Having a strong sense of belonging and connection to my neighborhood, work, or school community
- My loved ones are doing well

SWLQ

Some of the remaining questions may seem repetitive but this is important for us to be able to fully understand well-being and the best way to measure it. We appreciate your sticking with us and your willingness to answer each question as openly and honestly as you can!

Below are five general statements about your life that you might agree or disagree with. Using the dropdown menu, please indicate how much you agree or disagree with each item by highlighting the appropriate response. Please reflect for a moment on each item and respond based on your assessment at this time in your life.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Slightly Agree</th>
<th>Neither Agree nor Disagree</th>
<th>Slightly Disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. In most ways my life is close to my ideal.</td>
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<td>2. The conditions of my life are excellent.</td>
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<td>3. I am satisfied with my life.</td>
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<td>4. So far I have gotten the important things I want in life.</td>
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<td>5. If I could live my life over, I would change almost nothing.</td>
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</table>
The following statements are about different ways that people experience distress or problems in their lives. Please highlight the response in the dropdown menu that best indicates how frequently you have felt that way over the **PAST TWO WEEKS**.

**NEVER true for me (Not at all during the past two weeks.) or DOES NOT APPLY**

**RARELY true for me (Just a few times; once or twice a week.)**

**SOMETIMES true for me (About half the time or several days during the past two weeks.)**

**FREQUENTLY true for me (Most of the time or most days during the past two weeks.)**

**(ALMOST) ALWAYS true for me (Everyday or nearly all the time during the past two weeks.)**

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Frequently</th>
<th>Always</th>
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</table>
26. I had feelings of intense panic.
27. There were disturbing thoughts or images I couldn't get out of my mind.
28. I felt like I was going crazy, like I was losing my mind.
29. I felt really sad or depressed.
30. I did things that were messing up my life.
31. I felt on edge, nervous, had a lot of anxiety.
32. I had trouble concentrating, focusing, or remembering things.
33. I felt like I might have serious emotional problems.
34. I felt intense rage or had temper outbursts, yelling and screaming at others.
35. I had crying spells I couldn't stop.
36. I experienced physical changes such as my heart beating really fast, headaches, rashes, stomachaches, dizziness, or shortness of breath.

SPANE and Flourishing

Again, think about what you have been feeling and experiencing for THE PAST TWO WEEKS. For each item, please choose the response that indicates how frequently each item describes your experience over THE PAST TWO WEEKS.

<table>
<thead>
<tr>
<th>1. Positive</th>
<th>Very Rarely or Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often or Always</th>
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<tbody>
<tr>
<td>2. Negative</td>
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<td>3. Good</td>
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<td>4. Bad</td>
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<table>
<thead>
<tr>
<th>5. Pleasant</th>
<th>Very Rarely or Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often or Always</th>
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<tr>
<td>6. Unpleasant</td>
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<td>7. Happy</td>
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<td>8. Sad</td>
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<table>
<thead>
<tr>
<th>9. Afraid</th>
<th>Very Rarely or Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often or Always</th>
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<tr>
<td>10. Joyful</td>
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<td>11. Angry</td>
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<td>12. Contented</td>
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</table>

Below are eight general statements about your life that you might agree or disagree with. Using the dropdown menu, please indicate how much you agree or disagree with each item by highlighting the appropriate response. Please reflect for a moment on each item and then answer based on what is genuinely true for you at this time in your life.

<table>
<thead>
<tr>
<th>1. Head a purposeful and meaningful life.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Slightly Agree</th>
<th>Mixed, or Neither Agree nor Disagree</th>
<th>Slightly Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. My social relationships are supportive and rewarding.</td>
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<td>3. I am engaged and interested in my daily activities.</td>
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<tr>
<td>4. I actively contribute to the happiness and well-being of others.</td>
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<tr>
<td>5. I am competent and capable in the activities that are important to me.</td>
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<tr>
<td>6. I am a good person and live a good life.</td>
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<tr>
<td>7. I am optimistic about my future.</td>
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</tr>
</tbody>
</table>

8. People respect me.

**Personal Well-Being Index (PWI)**

The following questions ask how satisfied you feel at this time in your life, on a scale from zero to 10. Zero means you feel completely dissatisfied. 10 means you feel completely satisfied. And the middle of the scale is 5, which means you feel neutral, neither satisfied nor dissatisfied.

<table>
<thead>
<tr>
<th>Completely Dissatisfied</th>
<th>Neutral</th>
<th>Completely Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>7</td>
<td>8</td>
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<tr>
<td>9</td>
<td>10</td>
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</tbody>
</table>

**During the PAST TWO WEEKS, HOW SATISFIED HAVE YOU BEEN with each of the following areas of your life?**

<table>
<thead>
<tr>
<th>0- Completely Dissatisfied</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5- Neutral</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10- Completely Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. your standard of living?</td>
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<td>2. your health?</td>
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<tr>
<td>3. what you are achieving in your life?</td>
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<td>4. your personal relationships?</td>
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<td>5. how safe you feel?</td>
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<td>6. feeling part of your community?</td>
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<td>7. your future security?</td>
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<td>8. your spirituality or religion?</td>
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<tr>
<td>9. &quot;Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?&quot;</td>
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</tbody>
</table>

**Questionnaire for Eudaimonic Well-Being**

This section contains a series of statements that describe people and their lives. Read each statement carefully and think about YOUR life and how you feel about it at this time. Next, indicate the extent to which you agree or disagree with the statement by highlighting your response in the dropdown menu. Try to respond to each statement according to how things are actually going, rather than how you might wish them to be. Please use the following scale when responding to each statement:

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree- 0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>Strongly Agree- 4</td>
<td></td>
</tr>
</tbody>
</table>
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. 
12. I can’t understand why some people want to work so hard on the things that they do. 
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. 
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. 
20. I find it hard to get really invested in the things that I do. 
21. I believe I know what I was meant to do in life.

Marlowe-Crowne Social Desirability Scale

Please indicate if each of these statements is generally true or false for you.

1. It is sometimes hard for me to go on with my work if I am not encouraged. 
2. I sometimes feel resentful when I don’t get my way. 
3. On a few occasions, I have given up doing something because I thought too little of my ability. 
4. There have been times when I felt like rebelling against people in authority even though I knew they were right. 
5. No matter who I'm talking to I'm always a good listener. 
6. There have been occasions when I took advantage of someone. 
7. I'm always willing to admit it when I make a mistake. 
8. I sometimes try to get even rather than forgive and forget. 
9. I am always courteous, even to people who are disagreeable. 
10. I have never been irked when people expressed ideas very different from my own. 
11. There have been times when I was quite jealous of the good fortune of others. 
12. I am sometimes irritated by people who ask favors of me. 
13. I have never deliberately said something that hurt someone's feelings.
Thank You

Once again, thank you so much for your time and contribution to our Well-Being Research Project! Remember, you can check our website (www.wellbeingresearch.net) periodically if you are interested in project updates!

- Esther Lee and Dr. Shelly Harrell_ The Harrell Research Group
APPENDIX C

Downloaded Copy of Online Questionnaire in Korean
연구 소개 및 연구 참여 동의 (INTRODUCTION AND CONSENT TO PARTICIPATE)

Harrell 리서치 그룹 (HRG) 웹 프로젝트: 한국인과 한국계 미국인 성인 온라인 연구
“한국인의 웰빙 연구: 다각적 웰빙 측정의 신뢰도 및 타당도 연구”

귀하는 한국인 혹은 한국계 미국인 (18세 이상)으로서 펜디안 대학교 이에데스터와 Shelly P. Harrell 박사가 진행하는 연구에 참여하도록 초대 되셨습니다. 연구는 자발적인 참여로 진행됩니다. 연구 참여 여부를 결정하시기 전에 아래의 정보를 읽으시고 이해가 되지 않는 내용이 있으시면 문의하시기 바랍니다. 충분한 시간을 갖고 정보 동의서를 읽으신 후에, 본 연구에 대한 참여 동의 여부를 선택하실 수 있습니다.

연구의 목적
본 연구는 한국인 혹은 한국계 미국인이거나 한국인 문화 배경을 갖고 있는 다양한 성인들의 웰빙을 더 포괄적으로 이해하고, 또 측정하기 위해서 이 연구를 진행 하고 있습니다.

연구 참여 방법
연구 참여에 자원하는 경우, 귀하의 최근에 얻으신 긍정적 또는 부정적 감정과 경험에 대한 온라인 설문을 작성하시게 됩니다. 온라인 설문을 마치는 데 대략 40분에서 60분의 시간이 소요됩니다.

발생 가능한 위험 요인 혹은 불편함
모든 연구가 어떤 위험 사항을 포함할 수 있지만, 본 연구는 최소한의 위험만 포함하고 있다고 검토 되었습니다. 연구 참여와 관련된 위험 요인은 자료를 이용하거나 자신의 건강이나 웰빙에 대하여 생각할 때 불쾌한 감정을 느낄 수 있다는 것입니다.

만약 연구 참여 도중 불쾌감이나 스트레스를 경험하시게 되는 경우, 언제든지 연구 참여를 중단하시거나, 연구 참여 중 쉴 시간을 가질 수 있습니다. 또는 정신 건강 서비스나 문화적으로 적절한 지원을 받으실 수 있는 센터에 대한 정보를 제공 받으실 수 있습니다.

- 헐리우드 센트 모부 클러닉
  3324 Sunset Blvd.
  Los Angeles, CA 90026
  (323) 660-2400
- 에들턴 웰스턴사이드 정신 건강 센터
  11080 W Olympic Blvd.
  Los Angeles, CA 90064
  (310) 966-6500
- 국립 자살 방지 센터(24시간)
  1-800-273-TALK (8255)
  www.suicidepreventionlifeline.org
- 한국 자살 예방 협회: www.suicideprevention.or.kr
- 한국 자살 예방 협회: www.suicideprevention.or.kr
- 한국 국립 정신 건강 센터: www.ncmh.go.kr
- 한국 생명의 전화: www.lifeline.or.kr; 1588-9191

정보보호 (비밀유지)
본 연구의 모든 정보는 익명으로 수집 됩니다. 그러나 법에 따라 수집된 정보에 대한 공개가 요구 되는 경우가 있을 수 있습니다. 예로 들어 아동 학대나 노인 학대 사례에 관한 경우에는 법적으로 정보에 대한 비밀유지 의무를 보장 할 수 없습니다. 펜디안 대학 연구 참여인 보호 프로그램에서 수집된 정보에 접근하는 경우도 있습니다. 이 프로그램은 때때로 연구 참여자의 권리 보호하기 위해서 연구활동을 평가하고 감독합니다.

본 연구에 관련해서는 귀하의 이름이나 주소와 같은 어떠한 신원 정보도 수집되지 않습니다. 모든 연구 데이터는 기밀로 보호되며, Harrell 리서치 그룹 연구원들만 연구 데이터를 복사 할 수 있습니다. 마지막으로 본 연구 결과에 대한 기록물이나 출판물에는 어떠한 특정 개인이나 기관의 정보를 포함하지 않을 것이며, 일반적인 통계 결과와 분류한 데이터만 공개 될 것입니다.

본 연구에 참여하는 비밀번호로 보호되며 연구원들만 액세스가 가능합니다. 온라인 설문 데이터는 비밀번호로 보호된 컴퓨터에서 최소3년간 보관되며 이후에는 삭제 될 것입니다. 정보 보호를 위하여 비밀번호는 매년 갱신됩니다.

출처는 아동 학대나 방임

위에 기재된 내용을 읽고 이해했으며, 이 웰빙 연구에 자발적인 참여에 동의합니다.

웰빙 연구 참여 동의 여부
연구에 참여를 전혀 하지 않거나 혹은 원하시는 만큼만 부분적 참여가 가능합니다.

응급 상황과 보상에 대한 보상
연구 참여에 대한 직접적인 결과로 부상을 당하셔서 의료 처치를 받으실 경우, 귀하나 귀하의 보험기관에서 의료비를 부담하시게 됩니다. 페퍼다인 대학교는 부상에 대한 어떠한 금전적 보상도 제공하지 않습니다.

연구 참여 안내 (Instructions)
*설문에 가능한 한 정직하고 솔직하게 답해주시면 감사하겠습니다. 이 연구는 설문의 참여하시는 분들이 정직한 답변을 하실 때에만, 웰빙에 대한 올바른 이해를 낼 수 있습니다.
*모든 질문에 답해 주십시오. 만약 답변을 빠트리시면, 답변이 없을 수 있게 알려드리겠습니다.
*설문을 모두 마치지 않으셨을 때에는 스크린 우측 상단에 위치한 북마크로 표시하신 후에, 같은 컴퓨터나 기기를 이용하여 7일 안에 언제든지 표시해 두신 질문 부분 다시 작성하실 수 있습니다.
*이전에 작성하신 설문이나 답변을 확인하고 싶으시면, 페이지 아래에 위치한 "Go Back (돌아가기)" 버튼을 누르시면 이전 페이지로 돌아가실 수 있습니다.

인적 사항 (BACKGROUND INFO)
다음은 연구에 참여하신 분들에 대한 전반적인 이해를 얻기 위한 질문들입니다. 웰빙의 다양한 경험을 이해할 수 있도록 이 질문들에 솔직하게 답변해주시면 감사하겠습니다. 다시 한번 어떠한 방법으로도 귀하의 신원정보를 확일 할 수 없다는 것을 알려 드립니다.

1. 성별
   ☺ 남성
   ☺ 여성

2. 나이 (만 __세)
3a. 출생 국가
   - 대한민국
   - 미국
   - 그 외 국가 (상세 기입)

3b. 어머니의 출생 국가
   - 대한민국
   - 미국
   - 그 외 국가 (상세 기입)

3c. 아버지의 출생 국가
   - 대한민국
   - 미국
   - 그 외 국가 (상세 기입)

4. 현재 거주 국가
   - 대한민국
   - 미국
   - 그 외 국가 (상세 기입)

4a. 현재 미국 내에서의 거주 신분
   - 시민권자
   - 영주권자
   - 학생비자 혹은 OPT
   - 취업비자
   - 종교비자
   - 투자 혹은 사업비자
   - 그 외의 비자 (상세 기입)
   - 서류 미비 이민자 (undocumented)
   - 위에 해당 사항 없음 (상세 기입)

5. 현재 거주 국가에서의 거주 기간 (몇 년간?)

6. 현재 거주지의 우편번호

7. 현재 거주 국가에서의 거주지 주소 (기재 필요)

1. 현재 가족 구성원의 나라에서 1년 이상 거주한 경험이 있습니까?
   ● 예
   ● 아니오

7a. 어느 나라에서 몇 년간 거주 했습니까? (예: 캐나다 3년, 한국 17년, 미국 5년, 등)

8. 다음 중 현재 당신의 인종-민족 그룹을 가장 잘 기술한 것은 무엇입니까?
   ● 한국인 (Korean)
   ● 한국계 미국인 (Korean American)
   ● 다민족 (Multiracial/Multiethnic)-상세기입
   ● 그 외-상세기입

8a. 당신의 언어로, 당신의 인종-민족-문화적 정체성을 기술해 주십시오. (구체적인 기술을 부탁드립니다. 예: 한국에서 태어나서 미국에서 자라난 1.5세, 초등학교에 혼자 미국으로 유학 온 유학생, 미국에서 태어나서 한국에서 자라난, 미국 국적을 가진 한국인; 한국계 캐나디안; 미국 유학 생활 10년을 마치고 한국으로 돌아온 한국인, 등)

9. 다음 중 현재 당신의 종교, 영적적 소속을 가장 잘 나타내는 것은 무엇입니까?
   ● 개신교 (감리교, 장로교, 전례교, 루터교, 순복음, 등)
   ● 조교파 혹은 다른 기독교 (상세기입)
   ● 불교
   ● 천주교
   ● 도교
   ● 향교
   ● 무슬림/아랍
   ● 유교
   ● 토속신앙
   ● 유대교
   ● 사이언트로지
   ● 통일교
   ● 뉴에이지
   ● 그 외 종교/영성 그룹 (상세기입)
   ● 종교적 소속이 없는 영성
   ● 무교
   ● 무신론자
   ● 위에 해당 사항 없음

9a. 당신의 언어로 당신의 종교/영적 정체성이나 신앙을 기술해 주십시오. (구체적인 기술을 부탁드립니다. 예: 진보적인 크리스천, 문화적으로 유교를 믿는 무교, 특별히 종교활동을 하지 않는 불교 신자, 동방 정교 기독교인, 약 6년 전 기독교에서 무슬림을 개종, 등)
10. 최종 학력
- 고등학교 중퇴 혹은 그 이하
- 고등학교 졸업 혹은 다른 고졸 등등 학력
- 전문 대학/직업훈련 혹은 자격증 과정 (예: 미용 전문가, 전기 기사, 등)
- 대학교 (학사과정)
- 대학원 혹은 전문직 학위 (예: MBA, 의사, 석사 혹은 박사학위, 등)

11. 현재 학교에 다니시거나, 훈련 프로그램 과정 중에 있습니까?
- 예, 출타임
- 예, 파트타임
- 아니오

12. 현재 일을 하고 계십니까?
- 유급, 출타임
- 유급, 파트타임
- 무직, 취업 준비중
- 자발적 무직

13. 당신의 직업은 무엇입니까?
[입력란]

14. 지난 2주 동안, 당신의 연애/이성교제 상태를 가장 잘 나타낸 것은?
- 만나고 있는 사람이 없음
- 가볍게 만나는 사람이 있거나, 데이터 중
- 연인과 이성교제 중
- 안녕의 반려자와 평생의 관계에 있음

15. 다음 중 당신에게 해당되는 항목에 모두 표시해 주십시오.
- 미혼
- 기혼
- 배우자 혹은 인생의 반려자와 함께 살고 있음
- 배우자 혹은 인생의 반려자와 따로 살고 있음
- 이혼
- 사별

16. 다음 중 현재 당신의 성적 정체성/성적인 성향을 가장 잘 나타낸 것은?
- 이성애 (Heterosexual)
- 양성애 (Bisexual)
- 동성애, 게이 혹은 레즈비언 (Homosexual)
- 성적 정체성에 대해 고민 하는 중
성별에 대해 고민 중
그 외(상세기입)
예 아니오

현재 당신은 18세 이하의 자녀의 부모이거나 법적인 양육자 입니까?
예 아니오

현재 몇 명의 자녀와 (18세 이하) 함께 살고 계십니까?

현재 당신의 재정 상태를 가장 잘 기술한 것은?
음식이나 거처와 같은 기본적인 생활의 필요들이 늘 충족 되지 않는 상태이다.
기본적인 생활의 필요 (음식, 거처, 의복)은 충족이 되지만, 그 외의 것들은 체울 수가 없다.
생활에 필요한 모든 것을 갖고 있고, 그 외의 것들도 조금 체울 수 있다.
내가 갖고 싶은 많은 것들을 실 수 있는 능력이 있다.
한도 안에서, 취업여행이나 새 자동차와 같은 고액의 상품들을 실 수 있다.
내가 갖고 싶은 것을 언제든지, 거의 다 실 수 있다.

지난 1년간, 당신 가족의 연수입은 대략 어느 정도 입니까?
2천 5백 만원 이하
2천 5백 만원 - 5천 만원
5천 만원 - 1억원
1억원 - 2억 5천 만원
2억 5천 만원 - 5억원
5억원 이상

지난 2주 동안, 얼마나 많은 스트레스를 경험했습니까?
평상시보다 적게
평상시만큼
평상시보다 많아

지난 2주 동안, 당신의 일상에 방해가 되는 병이나 질환을 경험했습니까?
예 아니오

다음 중, 당신이 지난 2주 동안 경험한 건강상태가 있다면 모두 표시해 주십시오.
독감/ 혹은 심한 감기
보통 혹은 심한 알레르기 반응
보통
혹은
심한
알레르기
반응
빈혈
비만
편두통이나
만성
두통
만성적인
허리
통증
상처
창상이나
찰과상
뇌진탕이나
다른
머리
부상
근골격
부상
(골절,
인대
파열,
염좌,
탈골,
수근관
중후군 등)
탈장
맹장염,
신장
결석,
또는
다른
급성
질환
당뇨
전조증
또는
인슐린
저항성
당뇨병
고혈압
고지혈증
심장/
심혈관
질환
우울증,
불안장애,
공포증
또는
외상후
스트레스
장애
성인
주의력
결핍
과잉
행동
장애
뇌혈관
질환
(뇌졸증,
중풍,
일과성
뇌허혈
발작,
등)
근골격
질환
(류마티스,
섬유근통증후군,
등)
위장
질환
(궤양성
대장염,
과민성
대장
증후군,
크론병,
등)
신경
질환
(간질,
파킨슨병,
다발성
경화증,
헌팅턴병,
등)
알츠하이머
또는
다른
기억
장애
암
악성
종양
또는
혈액
질환
내분비
또는
갑상선
질환
천식
또는
다른
호흡기
질환
관절염
알코올/
약물
남용
또는
중독
거식증,
신경성
폭식증
또는
폭식
장애
후천면역결핍증후군/
에이즈
만성
피로
증후군/
전염단핵구증
불임/
난임
수면
장애
거동이
불편하여
휠체어
또는
보행
보조기
등의
기구를
사용함
난청
또는
청력장애
실명
또는
시력장애
전문가에게
진단
받은
다른
신체적
또는
정신적
건강상태나
중독
(상세기입)
마지막으로,
위의
질문들에
포함
되어
있지
않지만
당신의
웰빙에
관한
중요한
당신의
인적
사항이나
정체성에
관한
내용이
있으면
아래에
기입하
여주십시오.
다각적
웰빙
검사(Multidimensional Well-being Assessment)
당신의
웰빙,
이
설문은
긍정적인
웰빙
경험에
관한
160개의
진술문을
포함하고
있습니다.
우리는
웰빙이
다른
사람들에게
다른
것을
의미
한다고
생
각합니다.
당신의
경험에
대하여
가능한
솔직하고
정직하게
답변해
주십시오.
 Wellington
은
 없다.
아래의
척도를
사용하여,
오늘
을
포함한
지난
2주
동안
각
진술문이
당신에게
얼마나
맞는지
표시하여
주십시오.
Note: 

<table>
<thead>
<tr>
<th>0= 전혀 그렇지 않음</th>
<th>1= 거의 그렇지 않음</th>
<th>2= 때때로</th>
<th>3= 자주 그렇지 않음</th>
<th>4= 매우 자주 그렇지 않음</th>
<th>5= 항상 그렇지 않음</th>
<th>N/A= 해당 사항 없음</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

이 연구에 참여하시는 모든 분들에 대한 정확한 정보를 알 수 있도록, 160개의 모든 문항에 대해 주시기를 부탁드립니다. 설문을 하다가 중간에 익히시면 계속하십시오. 메일을 다시 받으시면, 그로 인해 도움을 줄 수 있도록 주십시오. (온라인 상단에 있는 북마크/책갈피 기능을 사용)

지난 2주 동안...

1. 난 식사에 양기를 드리는 일들에 대해 만족했다.
2. 난 긍정하고 힘들었다.
3. 난 일상의 문제들 앞에 상황이 만져졌다. 난 일일 스트레스 및 문제들에 효과적으로 대처했다.
4. 난 인생이 어렵다고 느꼈다. 내가 어떤 목적이 위해 존재한다고 느꼈다.
5. 난 창의적적이거나 좋은 아이디어가 있었다.
6. 난 더 나은 세상을 만들기 위해 무엇을 일조했다.
7. 난 나와 가장 가까운 사람들에게 사랑과 영정을 느꼈다.
8. 난 필요시 진정을 온라인, 내 자신을 진정시킬 수 있었다.
9. 나의 가장 개인적/사회적인 생생함을 공유할 수 있는 사람이 있었다.
10. 나의 나의 자식, 기술 또는 제공된 필요를 활용하거나 나타낼 수 있었다.

11. 나는 현명한 결정을 내렸다.
12. 목적이꼬 오고 망, 안전하다고 느꼈다.
13. 난 일상 활동을 영위할 수 있었으며 체력이 있고, 건강하다고 느꼈다.
14. 난 격려해주거나, 지지해주거나, 또는 동기를 부여해 준 사람이 있었다.
15. 나는 유머를 갖고 감각을 통해 내가 보고, 듣고, 느끼는 것을 느끼고 즐기는 시간을 가졌다.
16. 나는 문화와 관련된 조직이나, 나에게 중요한 다른 커뮤니티 활동에 적극적으로 참여하였다.
17. 나는 사람들과(어ubber, 직장 동료, 영업사용, 등) 긴밀하게 교류했다.
18. 나는 물, 과, 나무가 많은 곳이나, 캐나다, 강, 호수, 혹은 해변이 있는 곳에서 시간을 보냈다.
19. 나는 취미 활동이나, 특별한 일, 혹은 내가 즐기는 다른 활동을 하는데 시간을 보냈.
20. 나는 건강, 체력, 지구력, 또는 재미를 위해서 운동을 했다.

21. 나는 어떤 사람에게나, 상황에 대해 인내심을 보였다.
22. 나는 새로운 것에 열려있었고, 이상한 것에 대해 허락받는 표현이 있었다.
23. 나는 나의 문화적 특성에 대해 자랑스럽게 여겼다. (혹은 나의 정체성에 중요한 역할을 하는 다른 사회 성원의 역할에 대해 자랑스러웠다.)
24. 나는 만해 혹은 짧은 휴식에 관련된 나의 생활에 대해 만족했다.
25. 나는 내 삶 가운데 보이지 않은 독특한 일이나의 존재로 인해 편안함을 얻었다.
26. 나는 좋은 일이나 기대 되는 일이 있었다.
27. 내 이웃들은 서로를 알고, 서로의 이해가 가능하다.
28. 나는 내 가까운 사람들끼리도 서로에 대해 양해하지 않을 것이라고 느꼈다.
29. 나는 우리에게 충분한 마음이나 동정심을 느꼈다.
30. 나는 내 가까운 사람들과 함께 전환해서 있는 모습을 그대로 알 수 있었다.
(내 모습을 무시하거나 거리게 보이지 않아도 되었다.)

31. 나는 다른 사람들에게 보고 싶지 않게 느꼈다.
32. 독서, 수업, 혹은 도로를 통해서나의 신앙이나 영성이 단단해졌다.
33. 같은 문화의 사람들(혹은 내 정체성에 중요한 역할을 하는 다른 사회 그룹)과 함께 있을 때 “적에 있는 것 같은 편안함”을 느꼈다.
34. 나는 상황에 따라 내편을 맡고 일어나서나, 그로부터 회복했다.
35. 휴식, 휴식, 움직임 등 내 휴식이 원하는 것들에 귀 기울였다.
36. 내 지역 사회 내에는 충분한 평화 공간이 있었다. 즉, 많은 사람들이 교통량으로 봉 봉 바지 않았다.
37. 내 모험은 리더십과 정직적인 면에서 강하고 안정적이었다.
38. 내의 신앙과 영적인 문제는 강해졌다.
39. 내가 필요할 때 내가 있어주는데, 누군가를 지지해 주는 누군가가 있었다.
40. 나는 정직적으로 내의 문화적 개입으로부터 나에게 중요한 다른 그룹에 연결되지 않았다.
(예: 종교, 장애, 성적 성향, 군대, 대학 등)

41. 나는 지역적, 국가적, 혹은 세계적인 이슈에 대해 보다 많은 지식과 이해가 생겼다.
42. 나는 창의적인 표현에 의해 강등을 받았고, 육체, 음식, 성과 관련된 강한 정서적 교감이나 경험이 있었다.
43. 직장, 학교 혹은 내가 많은 시간을 보내는 곳에 있는 사람들에게 수용되고 환영 받는다고 느꼈다.
44. 나는 내적인 기발과 행복을 느꼈다.
45. 내 개인의 삶 이상의 어떤 큰 목적과 연결되었다고 느꼈다.
46. 나는 신체적으로 나보다는 스트레스 증상을 완화할 수 있었다(혹은 느끼지 못했다).
(예: 목마름, 경직, 두통, 통증, 여가, 피로, 교통, 협손란 등).
47. 나는 다른 사람에게 힘든 상황을 이겨내도록 도움을 주었다.
48. 나는 자신의 기능과 활동에 만족했다.
49. 내 삶에 중요한 도움과 지원을 보내 주 사람들이 있었다.
50. 나는 내가 잘 살아 있다는 것을, 삶의 순간에 "자신-여기" 존재한다는 것을 느꼈다.

51. 나는 모험이나 나의 삶 방식에 대해 기분이 좋았다.
52. 내가 속한 커뮤니티 혹은 조직의 변화를 이끌어내기 위해 리더의 역할을 했다거나 압박을 줄였다.
53. 나는 간호사일을 만족했다.
54. 나는 자신의 삶이 있었다. 즉, 자신감이 높았다.
55. 내가 사는 곳의 상황수요, 전기 시설이 제대로 작동했다.
56. 내 삶 가운데에 대한 위조는 나를 사랑한다고 느꼈다.
57. 나는 내 삶의 모든 곳에 대해 갑자기 사라지는 마음을 가졌었다.
58. 나는 건강상의 문제가 신체 증식을 효과적으로 관리했다.
59. 나는 복음소식이나 친구를 개인위한 일정을 세웠다.
60. 예전 동물이나 다른 동물과 보내는 특별한 시간을 즐겼다.
61. 나는 내적인 평화를 느꼈다.
62. 나는 커피나伊利, 친구, 학교, 혹은 다른 곳에서 공유의 문제를 해결하기 위해 다른 사람과 협력했다.
63. 인생의 비전이나 상황이 나를 어려워 봤다고 느꼈다.
64. 나는 문학( 혹은 나의 정체성에 매우 중요한 역할을 하는 다른 사회 집단)에 대한 긍정적인 부분을 보였거나, 배웠다.
65. 누군가에게 친절을 배풀었다.
66. 내 상이 나아졌다고 느꼈다.
67. 건강해 보다나 봤던 것을 피웠다(예: 춥음, 과음, 불법 마약, 우울한 운전 등).
68. 나는 일정은 내가 가진 영적 혹은 종교적인 신념과 일치했다.
69. 지역 커뮤니티나 동네에서 시간 보내는 것을 즐겼다.
70. 자연의 릴이나 폐전과 교감했다(예: 동물, 나무, 바다, 별, 산, 혹은 다른 살아있는 것).
71. 나는 가족, 문화 혹은 내가 가장 중요한 사회 집단에서 내 역할을 해내는 것에 대해 기분이 좋았다.
72. 누군가를 격려하기 위해 무언가를 하거나 말했다.
73. 조직 목적, 테라, 경찰 혹은 군대 목적으로부터 안전하다고 느꼈다.
74. 나는 높은 경향, 혹은 정체성을 경험했다(예: 긴 게임, 경의심, 다른 사람과의 강한 교감, 희박한 창의적, 계기).
75. 직장이나 학교에서 많은 일이나 내가 많은 임무를 잘 수행했다.
76. 목상, 개인적인 변상, 긍정적인 사색을 하는 시간을 가졌다.
77. 부황하거나 불안정한 상황에 처한 사람을 지지하거나 돕기 위해 개입했다.
78. 내가 살고 있는 곳에 강한 소속감을 느꼈다(예: 집처럼 느꼈다).
79. 도움이 필요한 사람을 도와주었다.
80. 다른 사람들 혹은 신앙 공동체에서 나의 영성/신앙을 표현하거나 나누는 것을 즐겼다.
81. 누군가에게 도움이 되는 조언이나 가르침을 주었다.
82. 나는 정직하게 사였고, 내 자신과 내가 중요하게 여기는 가치에 대해 헌신했다(내 가진 일에 대한 영향).
83. 나는 생활 정서를 전반적으로 안전하고 건강했다(예: 공평함, 산업 공해, 유해 화학 물질, 음, 먹이 살아가는 페인트 등으로부터 안전했다).
84. 직장이나 학교, 내가 많은 시간을 보내는 다른 곳에 있는 사람들에게 지지 받고 있다고 느꼈다.
85. 내 자신의 데어 보다 많이 이해한다고 느꼈다(예: 현재 나의 모습이 좋아지자, 내가 하는 일에 대해 하고 있는지).
86. 나는 중도 병역, 목록, 혹은 인종, 종교, 성별, 성적 지향, 장애 등 나의 정체성에 관한 차별로부터 안전하다고 느꼈다.
87. 나는 친구 관계, 원만한 사회 생활, 혹은 대화하거나 무언가를 함께 할 사람들에게 고마웠다.
88. 자연의 아름다움과 경이로움이 나를 위한 힘/신과 더욱 가깝게 느끼게 해 주었다.
89. 성북 혹은 성적적 견찍여서 부담스럽다고 느꼈다.
90. 내가 즐기는 활동에 응용하거나 완전히 빠져 드는 경험을 냈다.
91. 나는 괴롭히던 어떤 일에 대해서 기분이 나아졌다고 느꼈다.
92. 나는 신성한, 광비, 아름, 사계(신부), 구루, 목사, 혹은 다른 종교 지도자에게 귀한 조언을 받았다.
93. 하던 일을 주수하고 내가 정직적으로 혹은 혹은 신체적으로 느끼는 것에 주의를 기울였다.
94. 나는 가치관과 내가 중요하게 여기는 것들에 대한 강한 의식이 있었다.

<table>
<thead>
<tr>
<th>항목</th>
<th>1=전혀 그렇지 않음</th>
<th>2=거의 그렇지 않음</th>
<th>3=때때로</th>
<th>4=자주</th>
<th>5=항상</th>
<th>N/A=해당 사항 없음</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>10.</td>
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</tbody>
</table>

95. 나의 영토(신앙적 믿음)과 활동은 내가 직면한 어려움에 힘과 지표가 되어 주었다.  
96. 가족들과 잘 지냈다.  
97. 나의 직업이 나를 잘 이끌어 주었다.  
98. 내가 사는 곳에는 대체로 자랑, 기자, 총리의 큰 소음이 없었다.  
99. 나는 다른 사람들과 정신적, 혹은 영적으로 긍정적인 교감을 느꼈다 (살아 있는 사람, 혹은 죽은 사람).  
100. 내 문화 혹은 나에게 매우 중요한 다른 사회 집단에 있는 사람들에게 수용 받는다고 느꼈다.

101. 내 삶에 대한 지혜, 통찰력, 혹은 이해가 있다고 느꼈다.  
102. 우리 동네 혹은 지역 커뮤니티는 내 삶에 중요한 한 부분이었다.  
103. 내 모국에 대해 자부심을 많이 느꼈다.  
104. 나는 육물을 뿌리쳤다. 즉, 나에게 해가 되었을 어떤 일을 거부했다.  
105. 인종, 국적, 사회 계급 등과 상관없이 모든 인류와 연결되었다고 느꼈다.  
106. 누군가에게 고마움이나 감사를 표현했다.  
107. 나는 사회 정의에 기여하거나 사회 정의에 관련된 이슈에 긍정적인 변화를 일으키는데 동참했다.  
108. 누군가에게 동기를 부여해주거나, 격려하고 응원해주었다.  
109. 나의 문화나 나의 정체성에 중요한 그룹이 나의 동일시한다는 것을 보여주었다 (예: 성장, 충격, 연, 예술작품, 집단 정식, 커뮤니티, etc).  
110. 나는 합법, 언어 목록, 정서적 목록, 혹은 스토리로부터 안전하다고 느꼈다.

111. 기분 좋은 필요가 충족했다 (예: 기차, 음식, 옷).  
112. 나의 정체성과 나의 누구인지에 대한 명확한 인식이 있다고 느꼈다.  
113. 누군가가 무엇을 이해하거나 배우도록 도왔다.  
114. 도움이 필요한 사람들, 동물, 또는 환경이나 나에게 중요한 의미가 있는 것을 위해 자원 동원하는데 시간을 들였다.  
115. 나의 직장, 학교 혹은 내가 많은 시간을 보내는 곳에서 존중 받았다.  
116. 누군가가 나를 위해 기도하거나 축복해주었다.  
117. 편안한 신념을 충분히 취했다.  
118. 나의 지역 커뮤니티에 일어나는 일들에 대한 정보를 알고 있는지 확인했다.  
119. 나의 진구 관계에 대해 기분 좋게 느꼈다.  
120. 나는 성장하고 있었고, 삶의 중요한 교훈을 배우고 있었다.

121. 나의 문화 혹은 나의 정체성에 중요한 사회 집단 안에서 안정감을 느끼고 잘 정착 했다고 느꼈다.  
122. 직장이나 학교, 내가 많은 시간을 보내는 곳에서 있는 것이 기대가 된다 (나가 생활하는 곳 이외의 장소).  
123. 나는 새로운 것을 배웠고 지식을 빼앗았다.  
124. 나는 누군가를 응시하거나, 누군가에게 가졌던 부정적인 감정을 내려 놓았다.  
125. 내 삶을 진정시키기 위해서, 또는 나 삶에 올바른 방향으로 나아가도록 도움을 줬다.  
126. 내 모국을 더 나은 것으로 만들기로 결심했다고 느꼈다.  
127. 나는 나의 마음속 깊고 정직 그리고 신체에 일어나는 반응들이 서로 연결되어 있는 것을 인지하고 있었다.  
128. 나는 사랑받고 있다고 느꼈다.  
129. 내가 살고 있는 동네가 안전하다고 느꼈다.  
130. 나는 기도하거나, 종교상もちろん적인 영적 음악을 듣는 시간을 보냈다.
131. 나는 생산적이었고, 일을 마무리 했다.
132. 나는 나의 가족의 우리 문화권이나 다른 중요한 공동체에서 잘 존중 받고 있다고 느꼈다.
133. 나는 더 나은 사람이 되어 가고 있었다. 나의 어떤 면이 공정적으로 변하고 있었 다.
134. 누구나가 나를 전적으로 이해하고 잘 알아준다고 느꼈다.
135. 난 무엇인가에 대해 명감을 받거나 신이 났다.
136. 내가 사랑하는 사람들들이 목록이나 학대, 위협으로부터 안전했다.
137. 좋은 일이 있거나, 어떤 일이 내가 원하던 대로 되었다.
138. 내 삶에 미소, 재미, 그리고 충성을 느꼈다.
139. 난 신선한 바람 공기를 충분히 마셨다.
140. 나는 개인적인 필요나 육구보다 나의 가족이나 나에게 가장 중요한 문화 공동체나 다른 그룹의 필요를 우선 순위에 두는 것에 대해 기쁨이 했다.

141. 문제를 다루는 것이나 나의 습관을 없애는데 제적이 있었다.
142. 내가 하겠다고 말한 것이나, 약속한 것을 지켰다.
143. 나는 희망적으로 공정적이었다.
144. 내 건강을 잘 돌보았다.
145. 영적인 치유를 목격하거나 경험했다.
146. 어떤 일들을 할 때나 치료받거나 애기만한 일을 했다.
147. 내가 닫는 문을 대부분 (혹은 전부) 구입할 수 있었다.
148. 나는 여가 시간에 나의 문화나 나의 생활에 매우 중요한 그룹을 방문하는 일들었다 (예: 영화, 음악, 책, 시사유, 사회활동).
149. 나는 부정적인 상황에서 무언가 좋은 것을 찾아낼 수 있었다.
150. 우리 집에 있는 건물이나 공간 장소는 관리가 잘 되고 있었다.

151. 나는 긍정적인 태도를 갖고 있었고, 기분이 좋았다.
152. 나는 집단이나, 주변, 혹은 묵묵히 같은 집단 장소에서 신체적인 편안함을 누렸다.
153. 나는 직장이나 학교 혹은 내가 많은 시간을 보내는 다른 곳에서 강한 소속감을 느꼈다.
154. 나의 성에 대해 판단하게 느꼈다.
155. 나의 도덕에 대해 공정적으로 느꼈다.
156. 내가 사는 곳에서 충분한 사생활을 보장 받았다.
157. 나의 의도나 차별(예: 레이, 오, 얼굴, 품)을 특별히 관리했다.
158. 나는 자세히 있다.
159. 나는 문화(또는 내가 가장 동일히 하는 사회 집단)의 존중 받는 구성원이었고, 나 는 그것을 잘 나타냈다.
160. 나는 대체로 건강에 좋고 영양이 있는 음식을 먹었다.

다음으로, 지금 귀하의 삶에서 발생한 것 많은 부분을 결정하는데 다음의 각 항목이 얼마나 중요하다고 표시해 주십시오. 특히 어떤 항목에서 부정적이거나 긍정적으로 일어나는 어떤 일이 귀하의 삶의 만족도에 영향을 미치면, 그것이 귀하의 활동에 중요한 역할을 하는 항목이라고 여기시면 됩니다. 반대로 어떤 항목에서 부정적이거나 긍정적으로 많이 일어났을 때 그것은 귀하의 삶의 만족도에 별로 큰 자리를 만들어 내지 않는다면, 그 항목이 귀하의 활동에 별로 중요하지 않다고 생각하시면 됩니다.

<table>
<thead>
<tr>
<th>항목</th>
<th>전히 중요하지 않다</th>
<th>별로 중요하지 않다</th>
<th>조금 중요하다</th>
<th>정말 중요하다</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 일반적인 활동과 생활</td>
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<td>2. 다른 사람들에게 중요한 일</td>
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<tr>
<td>3. 긍정적인 정서와 감정을 느끼는 것</td>
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</table>

<table>
<thead>
<tr>
<th>1. 일상적인 활동과 성취</th>
<th>2. 다른 사람들을 위해 좋은 일을 하는 것</th>
<th>3. 긍정적인 정서와 감정을 느끼는 것</th>
<th>4. 강한 공동체(커뮤니티)에 소속감을 갖는 것(예: 직장, 지역사회, 학교, 또는 다른 조직)</th>
<th>5. 강한 자기 만족을 갖는 것, 나의 강점과, 내가 느끼고 생각하는 것을 잘 아는 것</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. 신체 기능과 건강</td>
<td>7. 영성과 종교적인 경험이</td>
<td>8. 의미를 느끼고 목적의식을 갖는 것</td>
<td>9. 위험이나 해로로부터 안전한 것</td>
<td>10. 나를 발전시키고 내가 노력하고 있는 변화를 이뤄내는 것</td>
</tr>
<tr>
<td>11. 긍정적인 사회 변화나 커뮤니티 발전에 참여하는 것</td>
<td>12. 내 문화(또는 종교, 성적 지향, 또는 비장애/장애와 같이 내 정체성에 중점적 역할을 하는 다른 사회 집단)에 대한 강한 정체성이나 연결감</td>
<td>13. 내가 사는 곳의 물리적인 환경</td>
<td>14. 나와 가까운 사람들의 관계의 질</td>
<td>15. 내가 모국이고 생각하는 나라에서 일어나는 일들</td>
</tr>
<tr>
<td>16. 내가 사랑하는 사람들이 잘 지내는 것</td>
<td>전하 중요하지 않다</td>
<td>매우 중요하지 않다</td>
<td>조금 중요하다</td>
<td>정말 중요하다</td>
</tr>
</tbody>
</table>

마지막으로, 지금 귀하의 삶에서 귀하의 웰빙을 결정하는데 가장 중요한 다섯개의 항목을 골라주십시오.

<table>
<thead>
<tr>
<th>1. 일상적인 활동과 성취</th>
<th>2. 다른 사람들을 위해 좋은 일을 하는 것</th>
<th>3. 긍정적인 정서와 감정을 느끼는 것</th>
<th>4. 강한 공동체(커뮤니티)에 소속감을 갖는 것(예: 직장, 지역사회, 학교, 또는 다른 조직)</th>
<th>5. 강한 자기 만족을 갖는 것, 나의 강점과, 내가 느끼고 생각하는 것을 잘 아는 것</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. 신체 기능과 건강</td>
<td>7. 영성과 종교적인 경험이</td>
<td>8. 의미를 느끼고 목적의식을 갖는 것</td>
<td>9. 위험이나 해로로부터 안전한 것</td>
<td>10. 나를 발전시키고 내가 노력하고 있는 변화를 이뤄내는 것</td>
</tr>
<tr>
<td>11. 긍정적인 사회 변화나 커뮤니티 발전에 참여하는 것</td>
<td>12. 내 문화(또는 종교, 성적 지향, 또는 비장애/장애와 같이 내 정체성에 중점적 역할을 하는 다른 사회 집단)에 대한 강한 정체성이나 연결감</td>
<td>13. 내가 사는 곳의 물리적인 환경</td>
<td>14. 나와 가까운 사람들의 관계의 질</td>
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<tr>
<td>16. 내가 사랑하는 사람들이 잘 지내는 것</td>
<td>전하 중요하지 않다</td>
<td>매우 중요하지 않다</td>
<td>조금 중요하다</td>
<td>정말 중요하다</td>
</tr>
</tbody>
</table>

Block 12

남은 설문의 질문들이 다소 반복적으로 느껴질 수 있지만, 웰빙을 길이 이해하고 가장 잘 측정할 수 있는 방법을 연구하기 위해서 필요한 중요한 질문들입니다. 시간을 내어 연구에 참여해주셔서 감사드립니다. 계속해서 각 질문들에 열린 마음, 솔직한 태도로 응답해 주시길 부탁드립니다.
아래에는 귀하가 동의 혹은 부정할 수 있는 5개의 문장이 있습니다. 아래의 1부터 7까지의 점수를 사용하여 각 문장에 대한 귀하의 동의여부를 나타내십시오.

<table>
<thead>
<tr>
<th>SWLS</th>
<th>1=전혀 동의하지 않음</th>
<th>2=동의하지 않음</th>
<th>3=동의하지 않을 편임</th>
<th>4=동의도 부정도 약간</th>
<th>5=동의 하는 편임</th>
<th>6=동의함</th>
<th>7=전적으로 동의함</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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</table>

Broad Assessment of Distress and Dysfunction (BADD; Harrell, 2011)

다음의 항목들은 사람들이 삶 속에서 경험하는 여러 고통이나 문제들을 기술하고 있습니다. 지난 2 주 동안, 당신이 얼마나 자주 이런 것들을 느꼈는지 가장 잘 나타낸 항목에 표시해 주십시오.

0=전혀 그렇지 않았음 (지난 2 주 동안 전혀 그렇지 않았음) 혹은 해당 되지 않음
1= 거의 그렇지 않았음 (간혹 또는 일주일에 한 두 번 정도)
2=중등 정도를 (절반 정도 혹은 지난 2주 동안 빈번할 수 있음)
3=자주 그랬음 (대부분의 시간 혹은 지난 2주간 대부분)
4=(거의) 항상 그랬음 (매일 혹은 지난 2주간 거의 매일)

<table>
<thead>
<tr>
<th>0=전혀 그렇지 않음</th>
<th>1=거의 그렇지 않음</th>
<th>2=중등 정도</th>
<th>3=자주 그랬음</th>
<th>4=(거의) 항상 그랬음</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

*어떤*
18. 난 나쁜 결정을 내렸거나 울바른 판단을 하지 못했다.
19. 가까운 인간 관계(가족, 친구, 또는 연인)에 문제가 있었다.
20. 나는 내가 얻고 행동하는 것을 조절하지 못 하는 느心境이 들 어, 마음 동체력을 잃은 것 같았다.
21. 내가 심적이나 혹은 내가 사랑하는 사람들에게 영향을 미친 목 적이 존재했다.
22. 내가 실패자 혹은 패배자처럼 느껴졌다.
23. 내 감정이나 행동이 나의 일 혹은 인간관계에 방해가 되었다.
24. 나는 마음에 가책이 느껴지는 행동을 했다.
25. 불면증이나 악몽 같은 수면 문제가 있었다.
26. 난 극심한 공황을 느꼈다.
27. 내 머릿속을 떠나지 않는 불안한 생각이나 장면들이 있었다.
28. 나는 심심해 가는 듯, 미치 바닐 결 같았다.
29. 난 정말 손고 두었었다.
30. 내 삶을 왜곡시키는 일을 했다.
31. 나는 초조하고, 끊임없이, 많은 불안감이 있었다.
32. 나는 희망에 잃져있거나 두둑하고, 혹은 기울해 내는데 문제가 있었다.
33. 나는 내게 심각한 정서적인 문제가 있을 수 있다고 느꼈다.
34. 난 극심한 분노를 느끼거나 감정이 폭발해서 다른 사람들에게 소리를 질렀다.
35. 막을 수 없는 눈물이 났다.
36. 배운 심장 박동, 두통, 발진, 복통, 아지럼, 숨 가쁨과 같은 신체적인 변화를 경험했다.

SPANe and Flourishing

지난 4주 동안에 귀하께서 하는 일이나 경험한 일을 생각해 보시고, 아래의 척도를 사용하여 각각의 감정들을 얼마나 경험하셨는지 표시하여 주십시오.

<table>
<thead>
<tr>
<th>SPANe</th>
<th>전혀, 또는 거의 그렇게 느끼지 않았다.</th>
<th>그렇게 느낀 적이 별로 없다.</th>
<th>가끔 그렇게 느꼈다.</th>
<th>자주 그렇게 느꼈다.</th>
</tr>
</thead>
<tbody>
<tr>
<td>긍정적 (Positive)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>부정적 (Negative)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>좋음 (Good)</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>나쁨 (Bad)</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>즐거움 (Pleasant)</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>불쾌함 (Unpleasant)</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>행복 (Happy)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>슬픔 (Sad)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>두려움 (Afraid)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>기쁨 (Joyful)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>분노 (Angry)</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>만족 (Contented)</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>


15/18
아래에 귀하께서 동의하거나 (혹은 동의하지 않는) 8개의 진술문이 있습니다. 1부터 7까지의 점수를 이용하여, 각 진술문에 대해서 귀하의 위치를 표시하여 주십시오.

### Personal Well-Being Index

다음의 문항들은 0부터 10까지의 점수에서, 당신이 얼마나 만족하게 느끼는지를 묻고 있습니다. 0은 전혀 만족하지 않는다는 것을 뜻하고, 10은 전적으로 만족한다는 뜻입니다. 각 항목에 대해 0에서 10까지의 점수를 매겨주십시오.

### 담당은 각각의 항목에 얼마나 만족하실까요?

<table>
<thead>
<tr>
<th>항목</th>
<th>0=전혀 만족하지 않음</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10=전적으로 만족한다</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 당신의 생활 수준? (your standard of living?)</td>
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<tr>
<td>2. 당신의 건강? (your health?)</td>
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<tr>
<td>3. 당신이 삶 속에 성취하고 있는 것들? (what you are achieving in life?)</td>
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<tr>
<td>4. 당신의 대인 관계? (your personal relationships?)</td>
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<td>5. 얼마나 안전하게 느끼는지? (how safe you feel?)</td>
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<tr>
<td>6. 당신의 축한 공동체에 대한 소속감? (feeling part of your community?)</td>
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<td>7. 미래에 대한 안정감? (your future security?)</td>
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<td>8. 당신의 영성이나 종교? (your spirituality or religion?)</td>
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<tr>
<td>9. 당신의 삶과 개인적인 상황들을 고려해 볼 때, 당신의 삶 전체에 대하여 얼마나 만족하는지? (Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?)</td>
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</tbody>
</table>

### Questionnaire for Eudaemonic Well-Being

본 설문지는 당신의 삶에 일어나고 있는 일들에 대해 자신이 어떻게 느끼는지에 관한 진술문들을 포함하고 있습니다. 각각의 항목을 읽으시고, 이에 얼마나 동의 혹은 반대하시는지 결정하십시오. 삶에 일어나는 일들에 대한 바탕 보다는, 당신이 그들에 대해 사실적으로 느끼는 감정에 따라 솔직하게 답해주십시오. 다음의 점수를 사용하여 각 항목에 답해 주시면 됩니다.

강하게 반대한다  0  1  2  3  4  강하게 동의한다  (Strongly Disagree)  (Strongly Agree)
19. 만약 무엇인가를 정할 어렵다면, 아마도 그건 별로 해볼만한 가치가 없을 것이다.  
20. 내가 하는 일이 길이 엉뚱한 것이 어렵게 느껴진다.  
21. 난 내 일생에서 무엇을 해야 하는지 모르고 있다고 믿는다.

Marlowe-Crowne Social Desirability Scale

다음의 각 문항을 읽고 본인에 해당한다고 생각될 경우 “T (진실)에, 그렇지 않은 경우 “F (거짓)”에 표시 해 주십시오. 정답은 없습니다. 솔직한 답 변을 부탁 드립니다.

<table>
<thead>
<tr>
<th>진실 (True)</th>
<th>거짓 (False)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 나는 귀에 받지 못하면 일을 계속하기 힘들 때가 더러 있다.</td>
<td></td>
</tr>
<tr>
<td>2. 내 마음대로 되지 않으면 때때로 분할 때가 있다.</td>
<td></td>
</tr>
<tr>
<td>3. 나 자신의 능력을 과소평가 하면서 무언가를 포기한 적이 몇 번 있다.</td>
<td></td>
</tr>
<tr>
<td>4. 권위 있는 사람들이 높다가 열 얻었음을 머리에 타고 흘리며 생각하디다.</td>
<td></td>
</tr>
<tr>
<td>5. 나는 누군가와 대화 하는 간에 는 경청하는 사람이다.</td>
<td></td>
</tr>
<tr>
<td>6. 누군가를 이용하여 이득을 본 적이 있다.</td>
<td></td>
</tr>
<tr>
<td>7. 내가 실수한 경우 날 장난을 거꾸로 인정하지 않는가.</td>
<td></td>
</tr>
<tr>
<td>8. 난 때때로 용서하고 싶고 보다는 복수하려고 한다.</td>
<td></td>
</tr>
<tr>
<td>9. 나는 무례한 사람들 포함한 모든 사람에게 항상 예의 있게 대한다.</td>
<td></td>
</tr>
</tbody>
</table>

10. 나는 사람들이나 나와 전혀 다른 생각을 표현해도 그에 대해 싸우지 않는다.
11. 다른 사람들의 행동을 빼내 질투한 적이 없다.
12. 나에게 무언가 부탁하는 사람들 때문에 가끔 짜증이 난다.
13. 나는 다른 사람의 기분을 상하게 하는 말을 일부러 한 적이 없다.

THANK YOU

모든 설문을 마치셨습니다. 다시 한 번 시간을 내어 웰빙 연구에 기여해 주셔서 감사합니다.

-이에스더, Shelly Harrell 박사 (The Harrell Research Group)
APPENDIX D

GPS IRB Approval Notice
NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: May 11, 2017

Protocol Investigator Name: Esther Lee

Protocol #: 16-12-460

Project Title: Psychometric Validation of the Multidimensional Well-Being Assessment (MWA) and Broad Assessment of Distress, Disfunction, and Disorder (BADDD) in Diverse Populations: Assessing the Well-Being of Minority Cultural Group (Korean-American)

School: Graduate School of Education and Psychology

Dear Lee:

Thank you for submitting your amended expedited application to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your 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 of the federal Protection of Human Subjects Act, the IRB conducted a formal, but expedited, review of your application materials.

Based upon review, your IRB application has been approved. The IRB approval begins today May 11, 2017, and expires on May 07, 2018.

Your final consent form has been stamped by the IRB to indicate the expiration date of study approval. You can only use copies of the consent that have been stamped with the IRB expiration date to obtain consent from your participants.

Your research must be conducted according to the proposal that was submitted to the 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 an amendment to the IRB. Please be aware that changes to your protocol may prevent the research from qualifying for expedited review and will require a submission of a new IRB application or other materials to the IRB. If contact with subjects will extend beyond May 07, 2018, a continuing review 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 the 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 IRB as soon as possible. We will ask for a complete written explanation of the event and your written 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 IRB and documenting the adverse event can be found in the Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this
scholarly pursuit.

Sincerely,

Judy Ho, IRB Chairperson

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives

Mr. Brett Leach, Regulatory Affairs Specialist
APPENDIX E

Agreement to Participate in Research Activities
AGREEMENT TO PARTICIPATE IN RESEARCH ACTIVITIES
Harrell Research Group - Well-Being Projects - Pepperdine University Graduate School of Education and Psychology

Dear Dr. Harrell, Esther Lee, and Pepperdine University Institutional Review Board,

After reviewing the “Informed Consent,” the research questionnaires, and having my questions answered, I am agreeing to cooperate with Esther Lee and the Harrell Research Group in the collection of data for their Well-Being Projects. I understand that the participation of any individual in this research is entirely voluntary and that potential participants should not be required to participate or experience any pressure or negative consequences related to research participation. I am granting permission for the following research activities to be conducted with the named organization, business, or group. (Please check all that apply)

- Post and/or place announcements in designated locations that are part of my organization, business, or group.
- Pass out research announcements to individuals attending an event or activity sponsored by my organization, business, or group.
- Make an announcement describing the research at events and meetings to be specified.
- Place an announcement about the research project in our newsletter, newspaper, magazine, electronic resource, or website.
- Send an email describing the research to a membership list that I will provide.
- Collect data involving completion of a 40-60” questionnaire during a meeting that is part of my organization, business, or group.

I affirm that I am authorized to give permission for the research activities indicated above to be conducted with the organization, business, or group named below.

Name of Organization/Business/Group: ________________________________
Name of Person Granting Authorization: ______________________________
Title of Authorized Person Named Above: ____________________________
Signature of Authorized Person: _______________________________ Date:

Contact Person for making specific arrangements: _______________________
Contact Telephone #: __________________ Alternate #: ___________________
Contact email addresses: ________________________________

THIS FORM MAY BE RETURNED BY:
FAX: 888-380-7835
EMAIL: esther.lee2@pepperdine.edu (as a scanned attachment)
POSTAL MAIL: Dr. Shelly Harrell, Pepperdine University, 6100 Center Drive, 5th floor, Los Angeles, CA 90045