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The Development of the Well-Being Interview

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A dissertation submitted to the Graduate Faculty of

James Madison University

In

Partial Fulfillment of the Requirements

For the degree of

Doctor of Psychology

Combined-Integrated Clinical and School Psychology

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Dedication

This body of work is dedicated in loving memory of my grandmother, Concetta "Connie" Crichton. Your spirit, immense ability for compassion, and strength will be with me always. I love you.

Acknowledgments

I would like to begin by acknowledging my advisor and Dissertation Chairman, Dr. Gregg Henriques. I am so appreciative of his mentorship, guidance, and friendship throughout my doctoral training. His continued support, encouragement, and willingness to provide a challenge has helped tremendously in my development as a professional, and as an individual. I can confidently say that without his commitment to my growth and assistance along the way, I would not be where I am today.

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granting me opportunities for personal growth both in and out of the classroom, I will be forever grateful.

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Abstract

Although psychologists and psychotherapists have long been concerned with the construct of well-being, currently there exist only self-report measures of the construct. This is potentially problematic because, as a number of researchers have pointed out, there are many different kinds of biases that can undermine the validity of data obtained from self-report measures. The purpose of this project was to develop a comprehensive, user-friendly, clinician administered interview to assess well-being. In order to accomplish this, the Well-Being Interview (WBI) was developed, based on recent developments in positive psychology (e.g., Diener (2000), Ryff (1995) and Seligman (2011) and theoretical unification (Henriques, 2011). The WBI is a structured, clinician-administered assessment of well-being that evaluates well-being across ten different domains: Satisfaction, Engagement, Purpose, Health and Habits, Emotions, Relationships, Coping, Identity, Environmental Influences, and Trajectory. For each domain, individuals provide a narrative report reflecting on the domain, offer a quantitative rating, answer forced choice questions and are rated by the interviewer.

Two hundred and fifty-eight participants filled out a series of self-report measures assessing a variety of constructs related to well-being online and a subset of fifty one subsequently participated in completing the WBI with trained evaluators. The measure performed well in terms of time of administration, comprehensiveness, and feasibility for use in clinical settings. Correlations with existing self-report measures were explored and future directions are discussed.

CHAPTER ONE

Introduction and Overview

Although psychotherapists have long been concerned with the wellness of their patients, the construct of well-being has not been systematically assessed in the same way that psychopathology has been. Consider, for example, that various structured clinician administered interviews have been developed for identifying the presence of symptoms associated with various diagnoses of psychopathology. One of the more well-known examples of this is the Structured Clinical Interview for the DSM-IV (SCID) (Spitzer, Williams, Gibbon, & First, 1990). In fact, structured clinician administered assessment tools have been developed for specific disorders, such as the Hamilton Rating Scale for Depression (Hamilton, 1960). In contrast, the systematic assessment and measurement of well-being has received far less attention. Moreover, what measures have been created to assess well-being have almost exclusively been self-report scales, questionnaires, and surveys. A systematic review of the literature did not turn up a single clinician administered assessment of well-being, despite the potential value of such a tool. The purpose of the present project is to fill this gap through the development of the Well-Being Interview (WBI; see Appendix A).

Many have noted that the field of psychology as a whole has tended to focus on the maladaptive aspects of human functioning. Following the Second World War, the attention of professional psychology focused on healing the emotionally wounded, and the soldiers returning from war were generally conceptualized within the framework of the disease model (Seligman and Csikszentmihalyi, 2000). Consequently, the focal point of treatment centered on reducing suffering and psychopathology. In order to accomplish

this, clinicians tended to focus primarily on identifying, diagnosing, and treating the maladaptive behaviors and distressing symptoms, as opposed to enhancing wellness. This focus resulted in a relatively limited emphasis on strengths, positive qualities, and adaptive traits, etc. Such a focus is partly understandable in that (psychological) health has often been viewed as the absence of disease and dysfunction. This had long remained the case despite the World Health Organization's insistence—since 1948—that health is made up of positive physical, mental, and social functioning.

Some have argued that the reason this narrow view continues to remain is that there has yet to be a tool created for the purpose of measuring psychological health (Keyes, 2005). As a result, psychologists are left to assess mental health through the absence of dysfunction (Ryff and Singer, 1996; Keyes, 2005). In turn, this creates a failure to recognize the importance that wellness plays in one's overall health. As the field of psychology continues to shift in a more positive direction, emphasizing mental health over mental illness, our general understanding of wellness continues to evolve. Specifically, more recent researchers have proposed that the presence of mental illness does not extinguish the potential for purpose, engagement, positive emotion, positive relationships, and positive accomplishments in one's life. Instead, it acts to merely obstruct their occurrence (Haidt, 2006; Lyubomirsky, 2007; Seligman, 2002; 2011).

In response to the increasing demand for a greater emphasis to be placed on the health and wellness of individuals, psychologists have started to shift their attention in the direction of positive psychology, a key aspect of which is satisfaction with one's life and the elements that contribute to it (Seligman, 2011). In order accomplish this task, the positive psychology movement argued the focus of the field had to first shift from the

maladaptive features of human functioning to its more adaptive features. In doing so, Seligman and Csikszentmihalyi (2000) identified three distinct levels that make up the framework of positive psychology: the subjective level, the individual level, and the group level. The subjective level is comprised of "valued subjective experiences" that are part of an individual's past (well-being, contentment, & satisfaction), present (flow & happiness), and future (hope & optimism) (Seligman & Csikszentmihalyi, 2000, p. 5). In essence, this takes into account the individual's self-appraisal along across these three areas (e.g.: past, present, and future). The level of the individual incorporates "positive individual traits", or positive functioning. This incorporates the extent to which the individual possesses traits that foster higher amounts of wellness, happiness, and satisfaction. Examples of such positive traits might include: "the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom" (Seligman & Csikszentmihalyi, 2000, p. 5). The third level, or group level, includes: "civic virtues". In essence, civic virtues are thoughts and actions which help shift a person's focus from thinking solely on the level of the individual, to thinking about their impact on the larger system; such as: in their family, church, community, or country. The belief is that acts, such as: responsibility, altruism, tolerance, and work ethic, etc. help individuals become better citizens (Seligman & Csikszentmihalyi, 2000, p. 5).

With the rise of positive psychology has come an emergence of increasing attention to these various areas, and there has been a particular focus on well-being. The last several decades have produced a number of lines of research that have expanded our current understanding of well-being. This has translated into attempts at arriving at a

deeper conceptual understanding of the construct (Diener, 1994; Ryff, 1989b; Bradburn, 1969), developing ways in which well-being can be measured (Sandvik et. al, 2009; Diener, 2000; Ryff, 1989b), determining the accuracy of well-being rating scales (Sandvik et. al, 2009; Diener, 2000; Diener, 1994; Ryff, 1989b), and creating a strong theoretical foundation to base well-being in (Ryff, 1995; 1989b). For the purpose of this study, well-being is viewed as a state of overall health and happiness in relation to the biological, psychological, and social areas of functioning (WHO, 2009). The World Health Organization (2009) identifies an individual who is high in the area of well-being as someone who: is aware of their potential, possess the ability to navigate daily stressors, can work productively, and is able to make contributions to a larger system. With regards to these advances, previous research has demonstrated that a number of questions still remain.

One such question that continues to surface throughout the literature is the extent to which subjective well-being (SWB) rating scales can accurately measure an individual's level of well-being (Diener, 2000). Although a number of self-report scales have been developed that meet basic quantitative criteria for reliability and validity, a number of factors have been uncovered which possess the potential of influencing the findings of these measures (Diener, 2000; Schwarz and Strack, 1999). For starters, Schwarz and Strack (1999) argued that the current mood of the respondent plays an important factor in how he or she answers each of the questions. For example, an individual who recently discovered that he had won the lottery prior to completing a SWB rating scale is more likely to score higher in terms of SWB, than an individual who had just been issued a speeding ticket prior to completing the form. Furthermore, it was

concluded that the order in which the items were presented also had the ability to influence the overall outcome (Schwarz & Strack, 1999). The way in which questions are grouped may influence the way a rater evaluates him or herself. For example, if a grouping of questions focuses more on the negative aspects of a concept, it is possible that the individual might rate him or herself less favorably, than when compared to a scale in which a group of questions highlights more of the positive aspects of the concept. Schwarz and Strack (1999) believe that when a scale focuses more on the positive aspects of well-being, an individual would be more likely to rate him or herself in a favorable manner seeing as how a positive appraisal would be more readily available to them. In addition to the findings of Schwarz and Strack, Eid and Diener (1999) noted that it is hard to ignore the presence of more global factors, and the impact they have on levels of SWB. Their findings indicated that global (long-term) influences tended to have more of an impact on an individual's overall SWB when compared to current mood (short-term) influences. Eid and Diener argued that even though an individual's self-appraisal of SWB may be influenced by their current mood while taking the measure, their overall (long-term) levels of well-being will not be greatly impacted by a momentary shift.

Another potential factor facing the use of SWB rating scales is the respondent's need to increase their level of socially desirability (Diener, 2000 & Paulhus, 2002). This desire may or may not be readily conscious to the individual. Despite this, it can be accomplished through responding to questions in a manner that would portray the respondent in a more favorable fashion. The rationale is that the respondent is aware of the presence of the rater; and this awareness may result in feelings of discomfort about answering questions in a way that will decrease their level of social influence. In order to

prevent this, the respondent will choose their answers based not on their true view of him or herself, but on answers they believe the rater will find most socially desirable.

As a result of these potential limitations facing the use of subjective well-being scales, a need has been identified to utilize SWB rating scales in combination with alternative methods of rating well-being (Diener, 2000). The belief is that administering evaluations of well-being within the context of a battery of assessments will help to minimize these potential threats, and lead to a more accurate rating. Diener (2000) notes that more research in this area needs to be conducted in order to further support this claim. However, looking at an individual's level of well-being from alternative angles will also help to decrease the over-emphasis that is placed on SWB measures, instead of only relying solely on the use of subjective rating scales. This may also allow for the evaluation of less studied aspects of well-being, such as, objective well-being. Another way to reduce the social desirability limitations as suggested by Paulhus (1991) is to make responding anonymous whenever possible. Doing so will help in reducing variables that could lead to a potential deception in self-presentation.

The final concern facing the construct of well-being and its assessment may be one that has the most impact. Specifically, Ryff (1995; 1989b) has argued that there is limited theoretical backing to the foundation upon which well-being stands upon. Ryff claimed that the early notions surrounding positive functioning, and the instruments developed to measure it were actually created with alternative intentions. Specifically, as researchers investigated topics such as happiness and quality of life, they continued to stumble across the concept of well-being. Over time, these defining notions and

instruments have become the default standard for conceptualizing and measuring well-being (Ryff, 1989b).

The absence of a theoretical foundation opens the door for additional concerns to surface in the area of well-being. The first of these concerns is a result of early advancements being made in the area without the direct intention of furthering our knowledge base of well-being. Ryff (1989b) argues that by not having a unified foundation from which to start, a rift has been created in our overall understanding of the concept. By not having a clear and concrete conceptualization for what well-being is, we are left with a fairly confusing and abstract notion. This has translated into generating criteria for well-being that are "diverse and extensive" (Ryff, 1989b). An additional limitation that Ryff (1989b) and Christopher (1999) draw attention to is that advancements in the area of well-being have been made without cultural sensitivity in mind. Ryff (1989b) argues that "the literature is hopelessly value laden in its pronouncements about how people should function" (pg. 1070). The thought here is that by not having fundamental consistency at the theoretical level to draw from results in researchers making unfounded claims.

While much work has been completed on the understanding and assessment of well-being, there are still sizable gaps in the literature that have not yet been addressed. As such, the intended outcome of this study is a theoretically grounded, comprehensive, user-friendly, structured interview for assessing psychological well-being. Such a tool could be used in a wide variety of settings, including in psychotherapy, on college campuses, in businesses, or even governments, all of whom may have a vested interest in knowing the well-being of the individuals with whom they are involved. My particular

interest is in the domain of psychotherapy. As such, it is envisioned that such a measure could provide therapists, in a wide variety of different settings, a systematic procedure for assessing well-being. The potential is also created to supply them with the ability to view the client in a manner that is more well-rounded and complete. Accomplishing this could ultimately lead to a deeper and more robust conceptualization of the client.

Six research questions have been identified within the score of this project and are as follows. First, is it feasible to develop a structured clinical interview that appears to offer a comprehensive assessment of well-being? Second, what are the appropriate domains to assess in such an interview? Third, what is the best, user-friendly, way to assess these domains that will yield potentially valid data on the various domains? Fourth, how would the specific domains relate to each other and the overall score (i.e., would they cluster together, would certain domains be more closely associated with well-being than others). The fifth question pertained to how the interview data would relate to self-report data. Specifically, we expected to generally find a moderate, positive correlation between self-report data and interview gathered data. If the relationships were found to be extremely high, then an interview may not add much information above the self-report. If the correlations were low, then questions are raised as to why and which assessment measure is more valid. Finally, our sixth question was simply to describe the well-being of college students assessed, with our expectation being that college students at JMU should demonstrate generally a high to very high level of well-being.

The current project was accomplished in three phases. First there was the structural development phase, in which a quasi-exploratory design was employed. In

essence, the researchers reviewed the relevant literature on well-being, organized it through the lens of Henriques' (2011) meta-theoretical framework for psychology and decided on the key domains that flowed into the construct of well-being. Once the domains were determined, a systematic way of approaching each domain was determined, such that each domain is analyzed via an open stem question, followed by a quantitative rating, followed by a series of closed ended questions, followed by an examiner rating. The second phase was the feasibility stage. The measure was piloted on volunteers and several individuals were trained on how to administer and score the measure. Once a draft of the measure was finalized, we systematically researched its implementation, administering it to over 50 college undergraduates, who participated in return for research credit. Finally, we analyzed the data, describing how individuals scored, assessed the relationships between and within each of the WBI domains, and also explored the relations between the data derived from the WBI and data on validated self-report measures of well-being.

This work describes the result, which is The Well-Being Interview. The WBI takes approximately twenty-five minutes to complete and covers 10 different domains relevant to well-being, yielding results consistent with a wide variety of existing self-report measures. The existence of such a scale opens up numerous future pathways for application.

CHAPTER TWO

Literature Review

A Brief History of Well-Being

Deliberation and discussions of the construct of well-being can be traced back to philosophers such as Aristotle, during the Golden Age of Greek Philosophy (Diener, 1994; Ryff, 1989b). However, it hasn't been until the last half-century that researchers in the field of psychology decided to revisit this topic with a more critical lens. Prior to this movement, the field of psychology and psychotherapy has focused much of its attention on the symptoms, suffering, and maladaptive behaviors of the individual (Ryff, 1989b; Diener, 1984; Jahoda, 1958). One might say that research in the area of well-being came about as a much needed response to the symptom based frame that was currently in place.

Even though early rumblings of well-being first surfaced during philosophy's Golden Age, one of the preliminary movements away from the disease model, and towards more positive aspects of the individual occurred shortly after the turn of the 19th century. The mental hygiene movement was an introductory undertaking by the field of psychiatry towards the promotion, prevention and early intervention of mental health issues (Pols, 2008). The group behind the movement was a collection of leading psychiatrists, who formed The National Committee for Mental Hygiene in 1909 (Cohen, 1983 & Pols, 2008). Today, this committee can be better recognized as the National Association for Mental Health.

Dain (1980) depicts Clifford W. Beers as one of the founders and main driving forces responsible for the mental hygiene movement. Dain wrote that Beers had endured a series of hospitalizations in number of psychiatric facilities due to his ongoing struggles

with mental illness. While institutionalized Beers was said to have encountered inhumane treatment and appalling conditions. In response to this, Beers and the National Committee for Mental Hygiene set out to impose a public health reform. In doing so, the committee's goals were to improve the conditions in psychiatric hospitals, advance research and education in the field of psychiatry, develop a means for increased prevention of mental illness, and to reduce the stigma associated with mental illness by bring psychiatry psychology into the mainstream (Cohen, 1983 & Pols, 2008). Coming from a predominately psychoanalytic background, the psychiatrists in the committee recognized the importance of early childhood experiences, and the impact they can have on ones future mental health (Pols, 2008). Given this, their belief was that it would be most beneficial to direct their efforts towards increasing the overall health of children by utilizing interventions geared towards parents and teachers (Cohen, 1983 & Pols, 2008). The mental hygiene movement continued to gain momentum through World War II; and as such, it has had an influence on a variety of mental health professionals. For soldiers returning from war, treatment often focused solely around symptom reduction and relief. However, with such a narrow focus, treatment failed to take into consideration the soldiers strengths, or to view them in entirety (Peterson, 2006). Preliminary efforts such as the mental hygiene movement acted as a springboard for future research, and subsequent initiatives towards a more humanistic and holistic form of treatment. One such example of this is the current field of positive psychology.

The Positive Psychology Movement

Prior to the formal launching of the positive psychology movement, Bradburn (1969) was the first individual to recognize that happiness/well-being was more than just

the presence of positive affect; it was also the absence of negative affect within the individual. Others before him tended to see positive and negative affect existing solely on a continuum. Bradburn had the idea to separate the two, and to treat them as two separate dimensions. He went on to attest that happiness/well-being was the balance between these two separate dimensions (Bradburn, 1969).

Positive psychology is a movement that was born out of the field of psychology in the late 1990's. Seligman et al. (2005) characterized positive psychology as an "umbrella term" used to describe the study of "positive emotions, positive character traits, and enabling institutions" (p. 410). Seligman et al. (2005) argued that the principles of positive psychology were built upon the theoretical work of Maslow, Jahoda, Rogers, Erikson, Ryff, Deci and Ryan, and a number of others. Consequently, the umbrella of positive psychology has a wide scope which houses a number of subfields, such as: happiness, life satisfaction, flow, and well-being. Currently, the principles of positive psychology are being utilized across a variety of areas, which include: positive health, positive education, positive neuroscience, positive education, and comprehensive soldier fitness.

Well-being is noted as one of the central constructs in positive psychology. Despite this, the initial advances in the subfield originated as a byproduct of other research interests (Ryff, 1989b). During this time much of the focus was placed on the areas of happiness and quality of life. Many of these early developments often came in the form of rating scales, which were crafted to measure an individual's level of functioning in relation to these areas (Diener, 1994). It was from this in-depth exploration into the areas of happiness and quality of life by behavior scientists that the

concept of well-being emerged (Diener, 2000; 1994). Through the process of boiling down the concept of happiness into various components (subjective feelings, morale, positive affect, and life satisfaction), researchers believed that it would provide a more tangible frame for a once abstract concept (Diener, 1994).

Subjective Well-Being

As researchers continued to explore well-being in order to increase their understanding, an alternative view of the concept began to take shape. This view is similar to our most current understanding of well-being. Specifically, a distinction had been made between two unique sides of the construct: hedonic and eudaimonic. The hedonic view of well-being takes into consideration an individual's subjective appraisal of happiness and pleasure in relation to unhappiness and displeasure. This is more commonly referred to today as subjective well-being (Ryan & Deci, 2001). Hedonic well-being relates nicely to subjective well-being, as both look to evaluate the presence of positive mood, the absence of negative mood, and an overall satisfaction with life (Ryan & Deci, 2001). The belief is that as an individual increases their feelings of pleasure, and reduces experiences of displeasure and pain, their levels of happiness (hedonic/subjective well-being) will rise.

A little over a decade after Bradburn, Schwarz and Clore (1983) suggested that an individual's level of subjective well-being was most significantly impacted by their current mood at the time of the evaluation. Building upon these preliminary notions of SWB, Diener, Larson, Levine, and Emmons (1985) proposed that it had more to do with the frequency and intensity of positive feeling states. In their formulation, it was not only important as to how often an individual felt happy (positive affect), but also how strong

or intense those feelings of happiness were. Diener et al. were the first to consider the dimension of intensity of the emotion when it came to measuring SWB. Diener later refined his formulation of SWB to reflect the individual's affective and cognitive evaluations of their life, stressing the importance of an individual's feelings and thoughts in relation to their life when measuring SWB (Diener, 2000). The two dimensions that Diener took into consideration this time around were "online-reactions to events" (affects) and "broader judgments" (cognitions) (p. 1). In Diener's reformulated belief of SWB, online-reactions to events or affects referred to the current feelings the individual is experiencing. This is similar to the ideas as proposed by Schwarz and Clore (1983). However, the additional piece that Diener took into consideration is the individual's broader judgments or cognitions about their life as a whole. Despite continued relative uncertainty in terms of coming to a consensus on a definition of SWB, Diener has proposed that there are pillars to the concept of SWB. Specifically, he proposed that one's level of SWB is influenced by three components: the individual, the presence of positive factors in combination with the absence of negative factors, and cognitive rating that stretch across the individual's life (Diener, 1994). This framework, as proposed by Diener, appears to do an adequate job of taking into consideration other researchers attempts at conceptualizing SWB.

It is worthwhile to note that some researchers, such as Inglehart (1990), view SWB as being more of a hierarchy. In a similar fashion to Maslow and his hierarchy of needs, Inglehart proposed that there is a certain level of basic material needs that need to be met initially, before the individual can progress towards higher levels of self-fulfillment. As true in Maslow's well-known hierarchy of needs, once those basic needs

are met, the individual is free to focus on higher levels of being. In contrast, individuals who are not getting their basic needs met will most likely have lower levels of SWB due to less of an ability to attend to self-fulfillment.

Psychological Well-Being

The alternative view to hedonic or subjective well-being is that of eudaimonic well-being. The eudaimonic view of well-being is closely related to the notion of psychological well-being in that it takes into account an individual's functioning across a number of domains; such as: having meaning and purpose, having a sense of independence, feelings connected to others, competent, and striving towards continual improvements (Ryan & Deci, 2001). Aristotle contended that happiness is an impractical concept. His belief was that not all desires are worth pursuing, even if they produced momentary feelings of pleasure. This is because one cannot assume that it would automatically increase their level of well-being (Ryan & Deci, 2001). Ryan and Deci differentiate eudaimonic from hedonic well-being by highlighting that in the eudaimonic view happiness is regarded as merely a component for well-being, and not the overarching goal. Ultimately, in the pursuit of eudaimonic well-being, happiness (SWB) is believed to result as a byproduct (Ryan & Deci, 2001).

Carol Ryff's Psychological Well-Being. Carol Ryff (1989b) is another researcher who aligned with the eudaimonic view, and she argued there was more to the construct than what SWB articulated. Ryff saw well-being as a concept that encompassed all aspects of the individual's experience, including relationships with self and others, finding meaning in one's life, and the desire for connectedness. She referred to this depiction of well-being as psychological well-being (Ryff, 1989b). Ryff attempted to

ground the construct of well-being in a theoretical foundation. Ryff decided to review a number of works from prominent theorists in the field, such as: Erikson's psychosocial stages, Buhler's basic life tendencies, Neugarten's personality changes across life span, Maslow's conception of self-actualization, Allport's formulation of maturity, Roger's fully functioning person, and Jung's account of individualization, etc. (Ryff, 1995; 1989b). After conducting an extensive review of the literature, Ryff conducted a factor analysis in order to identify consistent themes across the research. She was able to boil down her findings into six domains of psychological well-being: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff, 1995, 1989b).

Ryff (1989b) describes the domain of *Self-Acceptance* as: a "central feature of mental health as well as a characteristic of self-actualization, optimal functioning and maturity" (p. 1071). This domain takes into account the individual's attitude towards the self in relation to various qualities, aspects, and past life events. Individuals who measure higher on this domain are found to be in possession of a positive self-image, in acceptance of the self's multidimensionality, and generally has positive feelings about their prior experiences (Ryff, 1989b). Ryff goes on to highlight that those who typically score lower on this domain are found to possess much high levels of dissatisfaction, have a more negative view of self, and harbor regrets from earlier life experiences.

With the domain of *Positive Relation with Others,* Ryff (1989b) looked to highlight the value of warm and trusting relationships, and the ability of the individual to love. Someone who is high on this domain tends to have positive relations, which are satisfying, trusting, and warm. These individuals are capable of demonstrating empathy,

concern, and compassion towards others. They are also able and comfortable with expressing intimacy, affection, and understanding (Ryff, 1989b). Contrary to this, someone who scores lower on this domain has difficulty creating and maintaining relationships that are open, trusting, close, and complimentary. They also may struggle to express feelings, show intimacy, and form deeper emotional connections (Seifert, 2005).

The domain of *Autonomy* refers to the extent to which the individual is self-determined, independent, and confident in their abilities (Ryff, 1989b). Individuals who are higher on the domain of autonomy are described as being able to act independently of social pressures, are intrinsically motivated, able to demonstrate self-restraint, can regulate their own actions and thoughts, and able to adhere to personal standards (Ryff, 1989b & Seifert, 2005). Similar individuals may be described as independent and determined (Seifert, 2005). Those who are less autonomous are often extrinsically motivated, concerned about the expectation and appraisal of others, unable to make decisions on their own, and readily conform to environmental pressures (Seifert, 2005).

Ryff's domain of *Environmental mastery* refers to the ability of the individual to become part of an environment, either by choice or creation, which is conducive to their psychological needs. In doing so, they feel able to manage their own life, especially in relation to their external environment (Ryff, 1989b, Ryff & Keyes, 1995). Seifert (2005) identifies a number of qualities found in individuals where this is an area of strength. These qualities include: feelings of competency, an ability to demonstrate mastery over their environment, skillfully makes effective use of the environment, identifies and utilizes external opportunities, and able to create situations in which their needs can be

met. Those who are found to be lower in this domain typically experience trouble in navigating their daily tasks, feel hopeless in relation to their ability to impact or change their environment, and may be uninformed about potential surrounding opportunities.

The next domain as identified by Ryff is *Purpose in life*. This domain is an assessment of an individual's overall evaluation of the past, present, and future. It takes into account one's belief or feeling that their life has meaning and purpose (Ryff, 1989b, Ryff & Keyes, 1995). Individuals who are high in the area of purpose in life typically have identified life goals, feel as if their life is headed in a positive direction, and believe that their actions and existence has meaning and purpose. Those who are found to be low in the area of purpose in life are void of a life with meaning, direction, and purpose. These individuals may have goals, but they are few or limited. Additionally, their outlook towards the future may be bleak, and view of the past is negative (Ryff & Keyes, 1995 & Seifert, 2005).

The final domain that Ryff identified is *Personal Growth*. This refers to the ability of the individual to continue developing, growing, and expanding their potential, and as a person over time (Ryff, 1989b & Ryff & Keyes, 1995). An individual who scores high on this domain has a desire for continued self-improvement and growth. He views himself as continually developing, expanding, and improving their abilities and behaviors. They are also open to new experiences, and demonstrate awareness and realistic insight into their potential (Seifert, 2005). Seifert goes on to identify that individuals scoring low in this domain tend to feel stagnant, have limited drive towards self-advancement and improvement, is seen as closed minded and stubborn, and tends to be bored or limited in their engagement with pleasurable activities.

Despite the significant advancements being made towards redefining the constructs of subjective and psychological well-being, both are not free of cultural biases (Ryff, 1989b & Christopher, 1999). For instance, subjective well-being is constructed around raising levels of happiness within the individual. It is this type of individualistic thinking that is heavily influenced by western culture (Christopher, 1999). Even though elements of the construct of well-being can be found across various cultures, it does not guarantee that each culture places the same amount of weight or emphasis on an element as another culture (Christopher, 1999). Christopher (1999) goes on to state that the elements that subjective and psychological well-being are built upon are better identified as "clusters of cultural assumptions and values" (p. 149). As such, it is the responsibility of the psychologist to take cultural considerations into account when assessing the well-being of their clients.

Authentic Happiness and PERMA

As the field of positive psychology continues to advance, a main focus in the research remains around advancing the subfield of well-being. Martin Seligman has invested much of his energy over the past decade towards promoting the growth of positive psychology, and his theory of Authentic Happiness (Seligman, 2002). In his book *Authentic Happiness: Using the New Positive Psychology to Realize Your Potential for Lasting Fulfillment*, Seligman introduces the readers to the movement of positive psychology and to his theory of happiness. Seligman (2002) views happiness as being comprised of three elements: the pleasant life, the engaged life, and the meaningful life. He describes the pleasant life as referring to one's ability to feel positive emotions. The engaged life depicts the extent to which a person engages in activities that create pleasure

and enjoyment. Finally, Seligman describes the meaningful life as a person's ability to create meaning and purpose in their life (Seligman, 2002). Seligman suggests that the individuals who are found to be most happy tend to look for fulfillment in all three of these areas (Seligman, 2002).

His more recent efforts have added a new layer of insight and understanding to positive psychology and well-being. In his new book: *Flourish: A Visionary New Understanding of Happiness and Well-Being,* Seligman outlines his theoretical model on well-being, PERMA. In the book, Seligman begins by revisiting his original theory of Authentic Happiness. He describes the shift in his focus from Authentic Happiness to well-being; and in doing so, distinguishes his realization that happiness is one of the many facets of well-being and not a sole indicator in itself.

In Seligman's early work, he contended that happiness was the main focal point of well-being. More recently he has since altered his view following a realization that happiness is indeed one of the ingredients of well-being, but not the final product. This is because Seligman points out that no single ingredient is responsible for the recipe in entirety (Seligman, 2011). In his theory of happiness, the overarching premise is to increase levels of satisfaction within one's life (Seligman, 2002 & 2011). In contrast, Seligman identifies the goal of PERMA as being to increase flourishing through the enhancement of the six elements comprising well-being (Seligman, 2011).

In PERMA, Seligman (2011) identifies five distinct elements that contribute to well-being: positive emotions, engagement, relationships, meaning and purpose, and accomplishment. In the development of these various elements each was required to meet the following criteria: that it "contributes to well-being", is pursued for its "own

sake", and that it is "independent of the other elements" (Seligman, 2011, p.16). When taking a closer look into the individual components, Seligman drew from his original framework in constructing the first element of positive emotion. Specifically, he connects this element to the pleasant life; and in doing so, highlights that happiness and life satisfaction are being seen as a component of well-being (Seligman 2011). This differs from Seligman's (2002) original theory in which he viewed the sole act of increasing one's levels of satisfaction and happiness as being the objective for well-being. The element of engagement looks to assess the extent to which an individual inundates him or herself in pleasurable activities. Specifically, this element aligns with Csikszentmihalyi's (1991 & 1997) theory of flow; which is described as the extent to which an individual is immersed in an activity. Specifically, it is better defined as complete involvement in an activity in which an optimal balance is achieved between involvement and challenge (Csikszentmihalyi, 1991). The relationship element of PERMA takes into consideration the quality of interpersonal relationships. The belief is that these connections allow for feelings of joy, pride, laughter, and accomplishment, etc. to be present (Seligman, 2011). The next element of Seligman's theory is meaning. He describes this as having a sense of purpose and connection, and feeling as if they are part of a greater good (Seligman, 2011). The final element described in the PERMA theory is accomplishment. This is an individual's feelings of achievement through the pursuit of goals (Seligman, 2011).

　　As the fields of positive psychology and well-being continue to grow, its acceptance within the mainstream culture becomes more evident. More than ever before these topics are surfacing in a number of media and technological outlets. This has

sparked an international interest in a number of countries, including Australia, Canada, German, Italy, New Zealand, and the UK to focus more attention on well-being and life satisfaction (Mustafa, 2005). A subsequent 2006 survey of 80,000 people from 178 countries found Denmark to be the word's happiest nation (Kamenev, 2006). This reinforces that countries are not only attending more to the concept of well-being, but are assessing where their citizens measure up in relation to other countries.

Assessing Well-Being via Self-Report Measures

As mentioned above, the development of rating scales for happiness and well-being has been taking place for some time now. Currently, the level of well-being found within an individual is most commonly measured using SWB rating scales (Sandvik, Diener, & Seidlitz, 2009). Over the years, these scales have come in a variety of formats, lengths, and styles. Many of the researchers developing these scales did so with mainly their view of well-being in mind. As a result of the inconsistency this created, there was much skepticism surrounding the reliability and validity of the measures. However; in light of this, a number of scales were able to stand the test of time. One such scale is Bradburn's Affect Balance Scale (ABS) (Bardburn, 1969). The Affect Balance Scale is a rating scale which consists of ten content items, which take approximately five to ten minutes to administer. Five of the prompts on the scale reflect positive feelings, and the other five items on the scale reflect negative feelings. Each question calls for either a yes (positive) or no (negative) response. Results from the ABS are used to determine the individuals overall level of psychological well-being at a given point in time (Bradburn, 1969). Another subjective measure for assessing levels of well-being is The PANAS: Positive and Negative Affect Schedule (Watson, Clark, & Tellegen, 1988). This measure

is similar to the ABS in that it measures both positive and negative affects and consists of ten items. Much simpler versions of well-being scales have also been created. Most notably are the D-T Scale (Andrews & Withey, 1976) and Happiness Scale (Fordyce, 1988). Each of these measures consists of one item, and rate the individual in terms of global well-being (Diener, 1994). One of the more supported scales in the area of well-being is the Satisfaction with Life Scale created by Diener et al. (1985). Sandvik, Diener, and Seidlitz (2009) describe satisfaction with life as being one of the significant constructs that factor into one's sense of well-being. The SWLS is a measure that consists of five items on a 1 (strongly disagree) to 7 (strongly agree) Likert scale. It can be administered in an interview format or with paper and pencil, and takes a few minutes to complete (Sandvik, Diener, & Seidlitz, 2009).

Much debate continues to exist in the field surrounding potential limitation to these SWB rating scales. The most common issues raised are that these measures can be heavily influences by situational factors (i.e., current mood), and that respondents typically have a need to respond in ways that will increase their social desirability (Diener, 2000; Schwarz & Strack, 1999). In addition to filtering responses in order to increase social desirability, Paulhus (2002) also identified two additional processes that can contribute to a distorted self-narrative: self-deception through the inflation of positive qualities or dismissal of negative qualities.   As a result of these potential contaminating factors, the majority of these measures have been evaluated numerous times in order to assess their validity and reliability (Sandvik, Diener, & Seidlitz, 2009).

In addition to these more standardized measures, attempts have been made at developing alternative instruments for measures of well-being. One of the more

unconventional methods described in Sandvik, Diener, and Seidlitz (2009), was the

written interview. Here the individual is given the opportunity to write out open-ended

responses to notions around their sense of happiness and life satisfaction. The measure is

a five page questionnaire, consisting of nineteen questions that touch upon various

content areas (mood, suicidal ideation, and the happiest and unhappiest times in their life)

(Sandvik, Diener, & Seidlitz, 2009). By having the respondent write out his or her

answers, the hope is to eliminate instances of wanting to increase social desirability.

Other alternative measures that have been utilized in attempt to limit the impact of

current mood and desire for making a positive social impression have been informant

reports, daily affect assessments, and forced choice questionnaires, etc. (Sandvik, Diener,

& Seidlitz, 2009). The technique of informant reports involves having someone who is

close to the individual, such as a relative, spouse, or friend, complete an evaluation

assessing where they see the individuals level of well-being failing (Sandvik, Diener, &

Seidlitz, 2009). Surprisingly, this is one of only a handful of attempts at creating a

measure for assessing well-being objectively. Additionally, by having the individual

keep track of their varying level of affect throughout the day, researchers believe that this

may be a more accurate assessment of well-being. This is especially true when compared

to instruments that base their findings off of a single measure (Sandvik, Diener, &

Seidlitz, 2009).

Assimilating and Integrating Key Ideas into a Coherent Framework

Despite the significant advancements made in the conceptual understanding and

measurement of well-being, a number of problems still remain. Carol Ryff identified one

of the more prominent being that too much energy has been focused on the reliability of

brief rating scales, and she has argued that efforts should instead be placed on clarifying the conceptual underpinnings of well-being. With a more stable theoretical guideline, well-being measures can be made with more confidence on consistency on the part of the researcher. In identifying these limitations, along with others listed above, Ryff attempted to advance the research by deepening the analysis of the construct. She accomplished this through drawing connections between past theory and current research. Once there was more of a theoretical basis to provide structure and consistency, Ryff was able to successfully create self-report measures that mapped onto the six domains of psychological well-being that she had identified (Ryff, 1989b).

In light of Ryff's attempts at deepening the theoretical foundation of well-being, it remains clear that variation still remains between the individual researchers and their perspectives on the construct. It is believed that much of this variation exists due to the lack of a broader theory of psychology helping to ground these perspectives. Without this essential component serving as the theoretical foundation, fragmentation within the field of well-being is created. This discontinuity acts to parallel the fragmentation found within the larger field of psychology. In order to help alleviate this disparity and better anchor prior well-being research in theory, the concepts discussed above were viewed through the lens of a new unified theory of psychology (Henriques, 2011). Henriques describes the unified theory as a meta-theoretical framework that is designed to integrate and assimilate various lines of research into a more coherent, holistic paradigm. In addition to providing a more organized and coherent system for understanding various theoretical perspectives, the unified theory also offers a comprehensive approach that draws on research in psychotherapy and personality. Specifically, Henriques (2011)

utilized his meta-theoretical system to identify key elements that go into developing a holistic conceptualization of an individual. Thus, whereas much of the foundation of the WBI is built upon the writings of Ryff, Diener, Seligman, Csikszentmihalyi, Watson, Clark, & Tellegen, etc., we also utilized the unified theory and the UCSA in order to provide a more coherent and organized foundational structure that is anchored in a single theoretical frame.

Specifically, the Unified Component Systems (UCS) approach, which is depicted in Figure 1, conceptualizes an individual across three contexts and five characteristic adaptational systems (See Figure 1). The three contexts of the UCS approach are the Biological, Learning and Development, and Sociocultural Contexts. The Biological Context refers to an individual's evolutionary history, genetic makeup, and current functioning of physiology and anatomy (Henriques, 2011). In an assessment context, this is done through investigating a number of specific areas, such as: prior history of family illnesses, known allergies, infections, diseases, and temperamental side effects.

The Learning and Developmental Context looks to examine the impact of early life experiences and present events on current functioning. This is done through taking into account patterns of investment, navigation of life stages, and developmental pathways (Henriques, 2011).

Figure 1.

The Unified Component Systems Approach to Conceptualizing
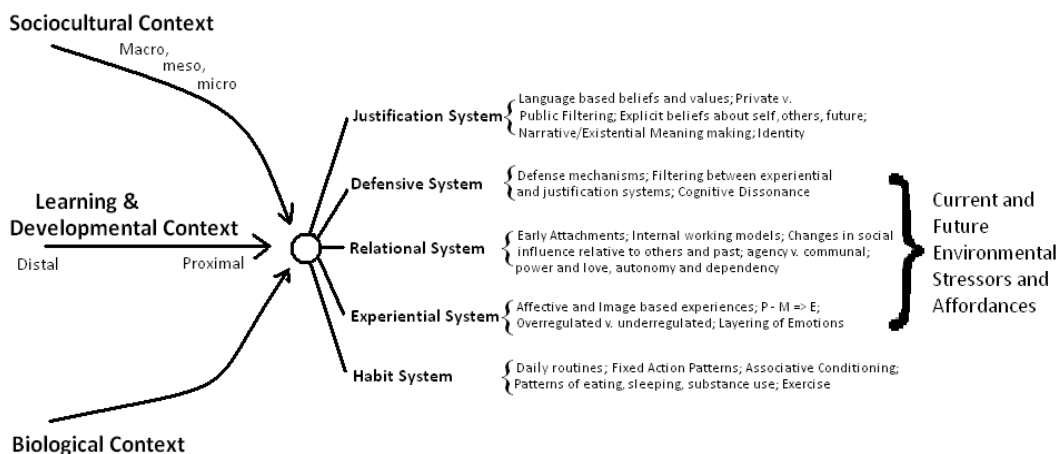
The conceptualization weaves a narrative together from these domains that tells a story of how the person got to where they are and what will influence the trajectory in an adaptive as opposed to maladaptive way.

The final context of the UCS approach is the Sociocultural Context. This takes into consideration the societal and relational spheres that the individual is integrated into. This is accomplished through evaluating an individual across the macro, community, and micro levels of functioning (Henriques, 2011). Henriques (2011) distinguishes between these levels by identifying that on the macro level, the customs, values, and norms of the larger society that the individual is operating in is explored. He adds that the community level takes into consideration things resembling the cultural tones of the community that the person is involved in and their socioeconomic status. This is in comparison to the micro level of functioning, which examines relationships with family and friends.

In addition to the three contexts that the UCSAC attends to, it also assesses the five Characteristic Adaptational Systems that are at play within an individual. These domains were particularly influential in how the WBI was constructed. Note that, as was

mentioned previously, the WBI assesses ten different areas of well-being. The five domains of adaptation correspond directly to the five systems of adaptation highlighted in the UCS approach. The first of these being the Habit System, investigates an individual's daily routines, activities, sleep hygiene, dietary patterns, substance use, exercise routine, and sexual activity. In doing so, this system provides the clinician with a deeper understanding of basic levels of mental processes (e.g.: sensory motor patterns, procedural memories, and reflexes) (Henriques, 2011).

The next system that Henriques highlights is the Experiential System. This takes into consideration various affective states, such as: nonverbal feelings, images, and sensory aspects of an individual's life (2011).

The third system as outlined by Henriques is the Relational System. This system is said to take a close look at an individual's interpersonal relationships, and the various motives and feeling states that guide their involvement in the relationship (2011).

The next system of the UCSAC is the Defensive System. This refers to the way in which an individual regulates their feelings, thoughts, and behaviors. Additionally, this system also taps into how a person experiences (copes with) and navigates (how resilient they are) stressful events (Henriques, 2011).

The final system of the UCS approach is the Justification System. Henriques explains that this system takes into account the way in which an individual uses language to better understand and express their beliefs and values. In doing so, they utilize language to help legitimize their behavior, while at the same time expanding their self-narrative and where they fit into the larger system (Henriques, 2011).

CHAPTER THREE

Methodology

As identified earlier, this project set out to answer six research questions in relation to the conceptual makeup and assessment of well-being. More specifically, the study looked to address the following questions: is it feasible to develop a structured clinical interview that appears to offer a comprehensive assessment of well-being? Second, what are the appropriate domains to assess in such an interview? Third, what is the best, user-friendly, way to assess these domains that will yield potentially valid data on the various domains? Fourth, how would the specific domains relate to each other and the overall score (i.e., would they cluster together, would certain domains be more closely associated with well-being than others). The fifth question pertained to how the interview data would relate to self-report data. Finally, the sixth question was to describe the well-being of college students assessed using the WBI. This chapter provides a more in-depth depiction of the structure of the WBI, followed by a description of the research procedures and how the measure was incorporated, who the participants were and how they were recruited, and finally the background of the research assistants and their training on the WBI.

The Well-Being Interview

The Well-Being Interview (WBI) is a structured, clinician-administered assessment of well-being. It was designed based on the subfield of positive psychology, and blends together the two most prevalent conceptualizations of well-being: subjective well-being and psychological well-being. Specifically, the WBI utilizes research and theory from Diener (1985 & 1999), Ryff (1989b), Seligman (2011), Csikszentmihalyi

(1991 & 1997), and Keyes (1995) in order to provide the measure with a foundational structure that is rooted in theory. In order to integrate these various notions of well-being, the works of the above mentioned authors were viewed through the lens of Henriques' unified theory (Henriques, 2011). The unified theory proposed that through the integration of these various theoretical perspectives a more holistic, accurate, and complete view of well-being can be obtained.

The development of such a measure was undertaken because we believe it could help to advance the field of well-being by providing a more comprehensive view of the construct. Doing so would also provide a more systematic assessment of well-being, which includes: open ended responses, forced choice responses, subject ratings and examiner ratings. If such a measure is successfully developed it could also be used to assist in client conceptualizations, intake assessments, and outcome tracking and measurement.

As touched upon earlier in the literature review, the structure of the WBI conceptualizes well-being across three general Sections: Section I: Domains of Life Satisfaction, Section II: Domains of Adaptation, and Section III: External Domains. Each of these three sections is comprised of distinct domains that assist in further defining well-being. In constructing Section I, the WBI drew from a number of current theory's, such as: Diener's concept of satisfaction with life, Csikszentmihalyi's theory of Flow, Ryff's domain of purpose in life, Watson, Clark, & Tellegen's research on positive and negative affect, and Seligman's concept of happiness. The WBI domains that comprise this section are: A) Satisfaction; B) Engagement; and C) Purpose. The Satisfaction domain is a general measure of how satisfied people are with their life as a

whole. This takes into account how they feel at a given point in time (positive vs.

negative affect). Specifically, it explores goal achievement, levels of happiness, finances,

overall stress, occupation, and one's living situation. In taking each of these areas into

consideration, one's overall satisfaction in life can be measured. The second domain of

the WBI is Engagement. This domain is a measure of one's level of engagement and

involvement in social, leisure and productive activities. It specifically looks at one's

level of interest in activities, their level of excitement in life and activities, and event

planning. The final domain in Section I is Purpose, which is a general assessment of the

purpose and significance of the individual's life. This domain looks to evaluate an

individual's level of life meaning, desire to make a difference, concern with larger social

issues, and connection to religion.

Section II of the WBI consists of various Domains of Adaptation. This section

looks to assess an individual's awareness of self, daily functioning, and their

understanding of self in relation to others. As described earlier, this Section was

constructed using the foundation of Unified Component Systems Approach to

Conceptualizing. One can also see influence from Ryff's (1989b) domains of Self-

Acceptance, Positive Relations with Others, and Autonomy. Specifically, the WBI

domains included in Section II are as follows: A) Health and Habits; B) Emotions; C)

Relationships; D) Coping; and E) Identity. The first domain under Section II, Health and

Habits, is an evaluation of the individual's medical, physical and nutritional health and

the extent to which they engage in healthy habits. This is accomplished through

assessing an individual's performance in the following areas: experience of physical pain,

chronic health issues, ability to fulfill daily tasks (e.g.: attend work, school, etc.), exercise

habits, diet, substance use, and sleep hygiene. Given the range of areas this domain encompasses, it was believed to be important to separate it into two distinct categories: Medical Health, and Fitness and Healthy Habits. In doing so, the WBI is better able to assess the full range of areas, while giving respect to their individual differences.

The next domain located under Section II is Emotions. This domain evaluates an individual's awareness and ability to identify emotions, as well as their ability to regulate their own emotions. In order to accomplish this, the Emotions domain takes into account an individual's ability to experience a range of emotions, ability to regulate emotions, level of positive emotions experienced, and the level of negative emotions experienced. The third domain of Section II on the WBI is the Relationship domain, which examines the quality, depth, and connectedness of the individual's relationships. This domain takes into account the level of connectedness, communication, fondness, and love across family, peer, and romantic relationships. The Coping domain looks to investigate the individual's ability to encounter and endure significant stressors without becoming overwhelmed with negative emotions, or disconnected from their feelings. This is evaluated across an individual's ability to bounce back from stress/negative events, avoidance of feelings, how are crisis's handled, ability to take criticism from others, vulnerable feelings and/or threats, ability to adapt to situations, and their levels of stress. The final domain under Section II of the WBI is the Identity. This domain is a general assessment of an individual's view and awareness of sense of self. In order to accomplish this, the domain takes into account an individual's level of confidence, ability to make decisions, awareness and/or understanding of the "real you", openness,

acceptance of limitations or weaknesses, and feelings of pride in self and accomplishments.

The final section of the WBI has been constructed to assess the stressors and affordances that an individual is exposed to, as well as, an appraisal of their trajectory in life. This section was created with Ryff's domain of Environmental Mastery and Personal Growth in mind. Section III: External Domain is comprised of two domains: A) Environmental Influences and B) Trajectory. The first domain in this section is an assessment of two separate facets that an individual's is exposed to, stressors and affordances. The stressors section looks to evaluate the extent and significance of current mental, emotional, and physical demands. This is taken into consideration with the opportunities and possibilities for enrichment, engagement, and fulfillment the individual has exposure to (affordances). This part of the domain takes a closer look at the individual's financial means, living situation, occupation/work, and other opportunities they are afforded. The final domain under Section III of the WBI is Trajectory. This is an appraisal of the individual's life path. Specifically, it explores whether or not they have goals, plans, hopes and dreams. If they do, this domain also investigates whether the individual seems to be making forward progress towards achieving them. The specific areas that this domain looks to assess is future outlook, goals, hopes, personal growth, and if they are progressing.

What is unique about the WBI is that it is designed to be administered by a clinician in order to obtain a more objective evaluation of an individual's level of well-being. This is made possible through a combination of subjective appraisals, objective evaluations, and objective observations. Overall, the WBI provides the examiner with a

hierarchy of fourteen unique scores, reflecting the individual's levels of well-being across a number of conceptual areas.

Each of the domains is comprised of four different styles of questions. This is in order to provide the examiner with a variety of qualitative and quantitative data. The initial question in each domain prompts the individual to provide a subjective narrative assessment of their functioning in relation to the given domain, and to provide supportive examples. This allows for the administrator to acquire a rich qualitative narrative from the individual. The WBI then provides the individual with a descriptive definition of the domain in question, and then details what someone who is high in the domain looks like, versus someone who is low in relation to the given quality. The individual is then asked to rate himself on a 7 point Likert scale. From there, the next style of question utilized on the WBI are forced choice prompts: "yes", "no", or "maybe/sometimes". This allows the examiner to gather specific data pertaining to each of the domains in a quick and concise manner. Finally, each of the domains ends with a prompt for the administrator to provide their own clinician rating of the individual based upon each of the responses acquired from the given domain. Similar to the subjective ratings, this prompt also uses a 7 point Likert scale.

Included at the end of the WBI is a page long form which objectively rates the individual's presentation. Here, the examiner can provide their own narrative in relation to any significant interpersonal factors present (e.g.: motivation, engagement, dress, speak, mental status, etc.). This is in order to provide a more vivid depiction of the client.

In order to obtain a score on the qualitative narratives, the administrator is to evaluate each response using the WBI Narrative Scoring Rubric (see appendix B);

examiners will assign a 0-3 rating to each of the qualitative narratives. Each score is broken down into two categories: domain functioning and potential response styles. A response should meet at least 2 criteria from both categories in order for it to be eligible for the corresponding score. Each narrative score takes into consideration five areas of the response: assessment, breadth, depth, insight/awareness, and openness. The area of assessment is an overall appraisal of how the individual is functioning in relation to the given domain. Response breadth refers to the broadness, width or expansiveness of the qualitative response. When assessing for the depth of a narrative, the administrator is rating the response on the complexity, and the extent to which it is emotional profound. The factor of insight/awareness assesses the extent to which the individual demonstrates insight into his or her emotional process, and the level to which insightful connections are made between current patterns and past experiences. The final factor that each of the qualitative narratives are assessed on is openness. This factor describes the amount, relatedness, and descriptiveness of the details provided.

The WBI thus yields the following data for each domain: 1) an objective score that ranges from 0 to 3 based on the narrative response; 2) a subjective rating of functioning in the domain that ranges from 1 to 7; 3) a score obtained from the specific forced choice data, and 4) an overall objective rating provided by the examiner that ranges from 1 to 7. As noted above, each of these areas of assessment provides the examiner with way to assess the individual's level of functioning in relation to the given domain. It is believed that when each of these scores is combined, the examiner is presented with a more complete view of the individual's level of well-being.

Procedures

      WBI Development. The current study was conducted in two distinct stages. The initial stage, the instrument development stage, began with the collection of qualitative data. Specifically, this consisted of an in-depth literature review identifying major themes across the research in well-being. This process involved analyzing our findings and identifying major themes. These findings were then integrated utilizing the lens of the unified theory (Henriques, 2011). This process allowed for the development of the foundational domains of the WBI. Once these findings were obtained, the next task was to make interpretations. This was accomplished through creating the initial pool of questions for the WBI that fell under the various domains of well-being. The final step in phase one was the development of the actual instrument. An important part of this process was to make sure that the questions we have created mapped onto the various foundational domains of well-being, and it is these domains that the WBI is structured around. This was to ensure that the instrument remained grounded in theoretical foundation.

      IRB Proposal. Following the development of the instrument, a formal proposal was submitted to the Institutional Review Board (IRB). This outlined the aim of the current study and its justification, the research design, the investigators who would be involved in the data collection, the desired participants, the level of potential risk to the participants, and a description of the WBI.

      Once the approval was received from the IRB, the second stage was ready to begin. This stage was divided into two separate phases, phase I and phase II. Phase I began with the study being advertised to students through the online psychology subject pool and in introductory psychology classes. The subject pool is comprised of individuals who are

enrolled in one of the general education psychology courses at JMU. As part of their

general education requirement each student is asked to participate in a total of three hours

of research throughout the course of the semester.

Informed Consent. Any interested individuals were directed to the subject pool

website in order to read and agree to the terms and conditions of the study. At this time the

participants were also provided with a copy of the phase I informed consent form (see

Appendix C). The informed consent detailed any possible risks associated with the study

and clearly stated that personal information gathered was kept confidential and only

disclosed in the form of aggregate data. Once participants provided their consent to

participate in the study, they were able to click on a link to take them to the beginning of

the online survey. Prior to the start of phase II, participants were again asked to read and

sign the phase II informed consent form (see Appendix D).

Phase I. The first part of the online survey prompted participants to provide

demographic information. During this time, students were also asked to provide their

name, email address, and a four-digit subject number (such as the last four digits of their

student ID card or social security number). Once students completed the demographic

section, their data was compiled into a database that was kept separate from the responses

gathered from the rating scales during the phase I battery. This allowed the students to be

identified by their subject number during data collection. Once respondents completed

the demographic questions and clicked the button to begin the survey, students were

allocated the appropriate credit for participation. Credit for participation was confirmed

upon completion of the phase I survey.

The phase I survey began with a prompt, on a new screen, asking students to provide their four-digit subject number, and to complete a series of self-report well-being questionnaires. Upon completion of the questionnaires, participant responses were compiled in a different database, kept separate from the demographic information. This allowed participants to be identified based on their subject number, keeping their individual item responses confidential.

Phase II. Upon completion of phase I of the study, each participant was contacted though email (See Appendix E) and invited to participate in an in-person interview regarding their well-being and satisfaction with life. During phase II, willing participants met with researchers in the counseling suite in order to provide the participants with a balance of privacy and comfort. The counseling suite is a training lab located in the basement of the psychology building (Miller Hall). The lab consists of a variety of individual and group counseling rooms that are each equipped with audio/video equipment. A separate control room serves as a hub, where the primary investigators were able to connect to each of the individual counseling rooms, accessing live audio and video feeds. This aided in the training, observation, and documentation of each of the research assistants. Each of the individual meetings in phase II lasted approximately 45 minutes. Once consent was obtained, researchers began the administration of the WBI. Data from the WBI was recorded manually by each of the researchers.

Participants

Participants for this study were comprised of 258 undergraduate college students who were attending James Madison University (JMU), in Harrisonburg Virginia at the

time. These students ranged in age from 18-24, with the Mean age being 19.1 and a

Standard Deviation of 1.0.

Our participants were recruited through the psychology subject pool at JMU. The

subject pool is comprised of individuals who are enrolled in one of the general education

psychology courses at JMU. As part of their general education requirement each student

is asked to participate in a total of three hours of research throughout the course of the

semester. Participants were awarded with credit for 1 research hour for each phase they

participated in, earning a max of 2 hours for participation in both phases. This being so,

our sampling technique is considered to be a convenience sample. This is based upon the

accessibility and availability of the students. Within our convenience sample, it is

considered a simple random sample. This is because each student enrolled in any of the

general psychology courses had an equal opportunity to be chosen for this study. We

found that our sample mirrored the overall population, varying in gender, year in school,

and ethnicity. The gender distribution of our overall sample was close to being evenly

split, with 44.6% of being males and 55.4% being female. In terms of current year in

school, the overall sample was made up primarily of freshman (64.7%) and sophomores

(21.7%). These two classes made up 86.4% of the overall sample. In terms of ethnicity,

the overwhelming majority of participants were White (91.5%).

In order to obtain participants for phase two of the study, each student who

completed the online battery in entirety was invited, via email, to participate in the follow

up phase. Once again, this form of sampling is considered a simple random sample. This

is due to the fact that each participant from the overall sample was eligible to participate

in phase two of the study. This sampling technique allowed for each of the 258 subjects

from phase I to have an equal opportunity to volunteer for participation in phase two. This phase of research consisted of 51 total participants from the original sample, who ranged in age from 18-22, with a mean age of 18.9 (SD = 1.0). Compared to the overall sample, the gender distribution of the phase two sample differed, with 33.3% of the sample being male and 66.7% being female. Similar to the overall sample, the majority of phase two participants were freshman making up a total of 76.5% of the phase two sample. Additionally, 92.2% of the participants in the phase two sample identified their ethnic identity as White.

Research Assistants

In addition to the primary investigator, twelve undergraduate research assistants were used in order to help with the implementation of the Well-Being Interview and the process of data collection during phase two of the study. Each of the research assistants were enrolled in either a directed or independent study course at James Madison University. The research assistants ranged from freshman to seniors in their level of education. In addition, a doctoral level student was also on hand to assist in instructing the WBI training course.

WBI Training

Due to the fact that this study utilized undergraduate research assistance with limited experience conducting clinical interviews, a six week training course was developed in order to provide basic foundational skills in this area. The training began with providing the research assistants with an introduction and historical background of well-being, an overview of the conceptual frame work, important figures related to the field of well-being, and varying theoretical perspectives. Each of the research assistants

were also encouraged to look for articles that further described well-being theory and research.

Once the research assistants had a better basic conceptual understanding of well-being, they were introduced to the WBI. Time was spent reviewing the overall aim of the WBI, walking the group through each of the ten domains, discussing the format of the various styles of questions used, the preferred method for documenting participant responses, how to differentiate between the points on the Likert scales, and how to objectively rate the participants responses.

As the research assistants became more familiar and comfortable with the WBI, the next step was to teach them how to conduct a structured clinical interview and basic attending skills. This curriculum was developed using the structure from an introduction to counseling course. The research assistants then observed two live demonstrations of a structured clinical interview using the WBI. Each of the assistants was expected to solely observe the first interview. During the second demonstration each of the research assistants were asked to follow along by record the participant answers, and assigning subjective ratings when necessary. Upon completion of this activity time was spent reviewing how each person documented the narrative responses, and what examiner ratings were assigned. During this exercise, time was spent processing the overall experience and the objective ratings as a group. In order to help provide the research assistants with hands on experience with conducting clinical interviews, each was asked to conduct two interviews on their own each week.

In order to track the progression of the research assistants throughout the training, a variety of evaluative tasks were utilized. Each week the assistants were given a WBI

vignette to review and score (5 vignettes in total). The research assistants would bring the scored vignettes to the following training, and as a group would discuss and review the objective ratings. The goal was to have each of the ratings be as close as possible with one another. In instances where there was a significant discrepancy in rating (higher than +/- 1 point), the objective assessments were discussed. The objective was to increase rater reliability by getting each of the raters within appropriate degree of measurement with one another.

The final step in the training involved two live observations of each of the research assistants. This step also allowed the research assistants to be introduced to the counseling lab and the video recording equipment. Both of the live observations were conducted in the counseling lab in order to allow the research assistants to become more comfortable with the atmosphere. The first observation took place during the end of week four of the training. Each of the research assistants was teamed up in groups of three to conduct the live WBI's. These administrations were observed, and the administrators were provided with constructive feedback following the completion of the activity. During the administrations each assistant was assigned a different role (e.g.: interviewer, interviewee, and rater). The job of the rater was to follow along with the interview and objectively rate the responses along with the interviewer. Following the conclusion of the WBI, the rater and interviewer took time to discuss with one another the objective ratings they each assigned throughout the interview. The second live observation of the WBI administration took place at the end of the sixth week of the training. Once again, research assistants were paired together and observed while administering the WBI. During this process each of the research assistants were

evaluated using the WBI Observation Rating form (see Appendix F). The WBI

Observation Rating form assessed the research assistants across eight different areas:

clarity, pace, attending skills, professionalism, engagement/enthusiasm, familiarity with

the WBI, comfort in administration, and total timing. Each of these eight areas was

assessed on a score from 1 "below satisfaction" to 7 "quality". In order for a research

assistant to be deemed eligible to work with student participants, they needed to earn a 45

out of 56 total possible points, or 80%. Once research assistants successfully completed

the WBI training, there were randomly assigned to the student participants that they

worked with.

Measures

The following instruments were included in the phase I online battery:

The Satisfaction with Life Scale (SWLS): Diener and colleagues developed the

Satisfaction with Life Scale, a five-item measure with each question answered on a 7-

choice Likert scale (1 = strongly disagree, 7 = strongly agree). Total scores for the SWLS

can range from 5 to 35. The SWLS measures an individual's subjective experience of their

overall satisfaction with life (Diener et al, 1985; Pavot & Diener, 1993). (see Appendix G).

Ryff's Scales of Psychological Well-Being - Short Form (SPWB-SF): The

original version of the scale consisted of 120 items, with 20 items representing each of the

six subscale dimensions: self-acceptance, positive relations with others, autonomy,

environmental mastery, purpose in life and personal growth (Ryff, 1989b). The scale has

since been reduced into various shorter versions. For the purpose of this study the 54-item

measure was utilized (Ryff & Keyes, 1995). Each item was answered using a six-point

Likert scale (1 = Strongly Disagree, 6 = Strongly Agree) with nine items written to

represent each of the six subscales. The possible scores range from 9 to 54 for each of the subscales. (see Appendix H).

The Scales of Psychological Well-Being-Revised Short Form (SPWB-HR-SF): This is a six-item measure that utilizes Ryff's six dimensions of well-being (environmental mastery, purpose in life, personal growth, autonomy, self-acceptance, positive relations with others). The six-item scale consists of a narrative prompt that captures the essence of each dimension. Each narrative provides differentiated examples of thoughts or behaviors that a person might experience if he or she demonstrates the given quality to either a high or low degree. Given these examples, the respondent would infer where they believe they currently fall and indicate their response along the 7-point Likert-type scale. (see Appendix I).

The Mental Health Continuum Short Form (MHC-SF): The MHC-SF is a 14-item measure comprised of short phrases. Respondents are asked to read each item and evaluate on a scale ranging from never to everyday, how often they have felt that way in the past (Keyes, 2009). (see Appendix J).

The Positive and Negative Affect Schedule (PANAS): The PANAS includes 10 positive and 10 negative adjectives. For each adjective, participants were asked to "indicate to what extent you have felt this way during the past week?" by answering on a five-point Likert scale ranging from never (1) to frequently (5). Possible scores range from 10 to 50 on both the positive and negative subscales. In a previous sample of 1,002 psychology undergraduate students, mean on the positive subscale was 33.3 ($SD = 7.2$) and ($M = 17.4$, $SD = 6.2$) for the negative subscale (Clark & Tellegen, 1988). In addition to the

twenty affects on the PANAS, we will add six additional affects to asses: guilt, shame, embarrassment, pride, irritation, annoyance. (see Appendix K).

The Rosenberg Self-Esteem Scale (Rosenberg, 1979): This frequently used measure consists of 10 items asking participants to rate how much self-respect they have and how satisfied they are with themselves in general. (see Appendix L).

Planned Analyses

Results of the WBI were compiled, analyzed, and then compared to the results obtain from the original subjective well-being measures. This was in order to best determine the degree of convergence and divergence in theoretically predicted ways. This was accomplished using SPSS, a computer program used for statistical analysis. Additionally, each of the individual administrations of the WBI was video recorded with the participants consent. This was done in order to allow the research team the ability to go back and clarify participant's responses when necessary.

CHAPTER FOUR

Results

In order to address the six research questions highlighted earlier in this paper, both descriptive and correlational analyses were conducted on the data. In the first set of analysis, a descriptive breakdown was conducted on each of the individual domains of the WBI. A subsequent correlational analyses was conducted between the individual WBI domains and corresponding findings from subjective measures of well-being and satisfaction. Following this, the next sets of analyses examined the Overall WBI descriptive findings, inter-domain correlations, between domain correlations, and the correlations between the findings on the WBI to the self-report measures.

Analyses of Each Specific WBI Domain

The WBI is divided into 10 domains, two of which (Health and Habits & Environmental Influences) have two subdomains; thus we will be exploring 12 different domains of analysis. Each domain has the following component: 1) A narrative, scored on a 0-3 rubric by a trained evaluator; 2) A self-evaluation where the individual is given a description of the domain (e.g., high life satisfaction feels pleased with most major domains, is at peace with the past, and generally feels fulfilled and happy) and asked to rate their functioning on that domain on a Likert 1 to 7 scale, with a 1 being "very low" a 4 being "medium" and a 7 "high"; 3) A series of forced choice questions, that are rated on a "no", "maybe" and "yes" scale, and scored such that a yes to a positive well-being item is a '1', a maybe is a '0' and a no is a '-1', with the reverse being true for negatively worded items; and 4) A interviewer rating of the individual on a Likert 1 to 7 scale. Finally, a total domain score is calculated by adding across the four scores.

Domain I, A: Satisfaction. Table 1 provides the descriptive data on the

Satisfaction domain of the WBI, and Table 2 provides the correlations between the

assessed components and self-report measure of satisfaction. A couple of points are

noteworthy in examining these data. First, the ratings were quite high for the scale, both

in terms of the self-evaluation (M = 5.8; SD = .77) and the interview evaluation (M = 5.9;

SD .8). Second it was noted that the narrative rating demonstrated a fairly restricted

range, and the responses were scored either a 2 or a 3. Third, there were four forced

choice questions, and responses ranged from 0 to 4 (a -4 would have been the lowest

possible score).

Table 1

Descriptive Statistics for the Satisfaction Domain

Variable	Mean	SD	Range	Min	Max
Narrative	2.6	.49	1	2.0	3.0
Subjective	5.8	.77	4	3.0	7.0
Forced Choice	3.1	1.1	4	0.0	4.0
Evaluator	5.9	.81	3	4.0	7.0
Total	17.5	2.6	10.0	11.0	21.0

These scores were then correlated with the *Satisfaction with Life Scale* using a

Pearson product-moment correlation coefficient. Table 2 shows the correlations of each

domain with that measure. Although significant and in the expected directions, the

correlations are somewhat lower than would be predicted, ranging from .5 with the

overall score to .37 with the forced choice. The low correlation with the forced choice is

particularly striking as the items are very similar.

Table 2

Correlations between WBI domain of Satisfaction and the Satisfaction with Life Scale

Variable		Narrative	Subjective	Forced Choice	Evaluator	Total
SWLS	Pearson N (51)	.465**	.472**	.370**	.392**	.504**

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

Domain I, B: Engagement. Table 3 provides the descriptive data for the

Engagement domain. The ratings were again quite high for the scale and very similar in

absolute score to the first domain. The self-evaluation (M = 5.8; SD = .77) and the

interview evaluation (M = 5.8; SD .8) also demonstrated similar central profiles. There

was slightly more range to the narrative score and the forced choice scores on this

domain. There was no direct relationship between the construct of engagement and

measures of self-report.

Table 3

Descriptive Statistics for the Engagement Domain

Variable	Mean	SD	Range	Min	Max
Narrative	2.7	.51	2	1.0	3.0
Subjective	5.8	.91	4	3.0	7.0
Forced Choice	3.0	1.1	5	-1.0	4.0
Evaluator	5.8	.74	3	4.0	7.0
Total	17.3	2.8	14	7.0	21.0

Domain I, C: Purpose. Table 4 provides the descriptive data for the domain of

Purpose on the WBI, and Table 5 provides the correlations between the components, as

well as the relationship between the components and scores on the Purpose of Life

subscale of the SPWB. A couple of points are noteworthy in examining these data.

Similar to the findings described above, the ratings on this domain were quite high for the scale, both in terms of the self-evaluation (M = 5.7; SD = 1.0) and the interview evaluation (M = 5.8; SD .93). Second it was noted that the narrative rating showed a larger range, the responses were scored between 1 and 3. Third, there were four forced choice questions, and responses ranged from 0 to 4 (a -4 would have been the lowest possible score).

Table 4

Descriptive Statistics for the Purpose Domain

Variable	Mean	SD	Range	Min	Max
Narrative	2.4	.61	2	1.0	3.0
Subjective	5.7	1.0	4	3.0	7.0
Forced Choice	3.2	1.1	4	0.0	4.0
Evaluator	5.8	.93	3	4.0	7.0
Total	17.1	2.9	10	11.0	21.0

These scores were then correlated with *Ryff's domain of purpose in life* and the *purpose in life domain of the SPWB-HR-SF* using a Pearson product-moment correlation coefficient. Table 5 shows the correlations between each of the question types with the domains. Even though Ryff's domain of purpose in life was not a complete measure, it was felt that the relationships between the question types of WBI would have been more significant. That being so, the two question types that were found to be significant were in the expected direction, but lower than would be predicted, ranging from .459 with the forced choice score and .361 with the overall score. However, a review of the findings from the correlation between the WBI domain of Purpose and the SPWB-HR-SF domain of purpose in life reveals much stronger relationships. Each of these relationships were found to be significant and in the expected direction, ranging from the forced choice (r = .414) to participant rating (r = .621). This correlational analysis reflects scores much

closer to what was expected. The results in the initial correlation raises question as to

what factors are influencing the strength of relationship between the WBI domain of

Purpose and Ryff's domain of purpose in life.

Table 5

Correlations between WBI domain Purpose and SWB Domains of Purpose in Life

Variable		Narrative	Subjective	Forced Choice	Evaluator	Total
Ryff Purpose	Pearson N (51)	.096	.240	.459**	.256	.361*
SPWB Purpose	Pearson N (51)	.433**	.621**	.414**	.441**	.609**

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

Domain II, A: Health and Habits. As noted earlier, the domain of Health and

Habits is comprised of two subdomains: Medical and Fitness. Table 6 provides the

descriptive data for the Medical subdomain on the WBI, and Table 7 provides the

descriptive data for the Fitness subdomain and Health and Habits total on the WBI. It is

worth noting that the overall scores on the Medical subdomain were relatively high

across each of the question types, with the highest being the narrative rating (M = 2.5; SD

= .5) and the self-evaluation (M = 6.1; SD = 1.0). Additionally, the forced choice

question revealed an overall range of 6 (Min = -2.0; Max = 4.0).

Table 6

Descriptive Statistics for the Medical Sub domain on the WBI

Variable	Mean	SD	Range	Min	Max
Narrative	2.5	.58	2	1.0	3.0
Subjective	6.1	1.0	4	3.0	7.0
Forced Choice	2.3	1.3	6	-2.0	4.0
Evaluator	5.9	1.1	4	3.0	7.0
Total	17	3.3	15	6.0	21.0

Table 7 provides the descriptive data for the Fitness subdomain and Health and Habits total on the WBI. When compared to the Medical Health subdomain, the scores in this area were found to be slightly lower. Given the absence of a self-report measure that directly relates to either of these subdomains, a correlation was not computed at this time.

Table 7

Descriptive Statistics for the Fitness Sub domain on the WBI

Variable	Mean	SD	Range	Min	Max
Narrative	2.4	.64	2	1.0	3.0
Subjective	5.3	1.0	4	3.0	7.0
Forced Choice	5.4	2.7	13	-3.0	10.0
Evaluator	5.2	1.0	4	3.0	7.0
Fitness Total	18.4	4.8	22	5.0	27.0
Health and Habits Total	35.3	6.5	32	14.0	46.0

Domain II, B: Emotions. Table 8 provides the descriptive data on the Emotions domain of the WBI, and Table 9 provides the correlations between the question types and the PANAS self-report measure. Overall, the mean findings on this domain were in the high range (M= 17.6; SD = 3.4). Additionally, the range of scores related to each of the question types was found to vary more than when compared to the Domains of Life Satisfaction.

Table 8

Descriptive Statistics for the Coping Domain

Variable	Mean	SD	Range	Min	Max
Narrative	2.2	.55	2	1.0	3.0
Subjective	5.4	1.1	5	2.0	7.0
Forced Choice	4.7	1.4	7	-1.0	6.0
Evaluator	5.3	1.0	5	2.0	7.0
Total	17.6	3.4	18	4.0	22.0

These scores were then correlated with the *PANAS* using a Pearson product-moment correlation coefficient. Table 9 shows the correlations of each question type

with the self-report measure. Scores on the PANAS were separated between p*ositive affect* and *negative affect.* Upon initial review it came as a surprise to find that the only significant result for positive affect was the relationship between positive and negative affect (r = -.318, n = 51, p = .023). This finding differs from the results obtain between the question types on the Coping domain of the WBI and negative affect. Specifically, each of the findings here are significant and in the expected direction, ranging from -318 with the narrative response to -.562 with the subjective rating. Despite this, the correlation between the narrative response and negative affect was found to be lower than expected (r = -.318, n = 51, p = .023). This raises the question as to what differences exists between the two variables that are impacting the strength of the relationship.

Table 9

Correlations between WBI domain of Coping and the PANAS

Variable		Narr	Subj	FC	Eval	Total	Pos Aff	Neg Aff
Pos Affect	Pearson	-.049	-.003	.176	-.046	.048	1	-.318*
	N (51)							
Neg Affect	Pearson	-.318*	-.562**	-.428**	-.449**	-.542**	-.318*	1
	N (51)							

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

Domain II, C: Relationships. Table 10 provides the descriptive data on the Relationships domain of the WBI, and Table 11 provides the correlations between the question types and Ryff's domain of positive relationships with others from the self-report measure of PWB. Once again the average score on this domain was found to be in the high range (M = 23.5; SD = 4.2). It was noted that the narrative rating demonstrated a fairly restricted range, and the responses were scored either a 2 or a 3. Additionally, the rating were quite high for the subjective self-evaluation (M = 6.0; SD = .86) and the evaluator rating (M = 5.7; SD = .93).

Table 10

Descriptive Statistics for the Relationship Domain

Variable	Mean	SD	Range	Min	Max
Narrative	2.6	.49	1	2.0	3.0
Subjective	6.0	.86	3	4.0	7.0
Forced Choice	9.2	2.7	11	1.0	12.0
Evaluator	5.7	.93	4	3.0	7.0
Total	23.5	4.2	18.0	11.0	29.0

These scores were then correlated with Ryff's domain of *positive relations with others* and Keyes *social well-being* using a Pearson product-moment correlation coefficient. Table 11 shows the correlations of each question type with the measures. Although significant and in the expected directions for the most part, it was surprising to find that the relationship between the narrative responses and positive relations with others was non-significant. The remainder of the findings within this relationship ranged between $r = .391$ on the forced choice questions to $r = .616$ on the subjective rating. The low correlation with the forced choice is particularly striking as the items are very similar. These findings were similar to the correlations between the questions types on the Relationship domain on the WBI and SWB relationship domains. When examining the correlation between the question types on the Relationships domain and social well-being, findings were found to be in the expected direction, though not all relationships were found to be significant. Of the ones that were significant, the relationships between the evaluator rating ($r = .315$, $p = .024$) and domain total ($r = .292$, $p = .037$) were found to be lower than expected.

Table 11

Correlations between WBI domain of Relationships and Pos Rel w/others and Social WB.

Variable		Narr	Subj	FC	Eval	Total
Ryff Pos Rel	Pearson	.202	.616**	.391**	.553**	.520**
	N (51)					
SPWB Rel	Pearson	.204	.567**	.405**	.527**	.513**
	N (51)					
Soc WB	Pearson	.052	.460**	.193	.315*	.292*
	N (51)					

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

Domain II, D: Coping. Table 12 provides the descriptive data on the Coping

domain of the WBI, and Table 13 provides the correlations between the question types

and the PANAS self-report measure. A couple of points are noteworthy in examining

these data. First, the overall ratings on the domain were found to be within the moderate

range (M = 18.5; SD = 5.4). When taking a close look at the specific question types, the

forced choice responses were found to vary, ranging from -5 to 9 (M = 4.2; SD = 3.0).

Additionally, both narrative response ratings were found to be slightly lower than on

previous domains.

Table 12

Descriptive Statistics for the Coping Domain

Variable	Mean	SD	Range	Min	Max
Cope Narrative	2.2	.69	2	1.0	3.0
Subjective	5.1	1.1	5	2.0	7.0
Stress Narrative	2.1	.65	3	0.0	3.0
Forced Choice	4.2	3.0	14	-5.0	9.0
Evaluator	4.9	1.1	4	2.0	6.0
Total	18.5	5.4	24.0	4.0	28.0

These scores were then correlated with the *PANAS* using a Pearson product-

moment correlation coefficient. Table 13 shows the correlations of each question type

with the self-report measure. Scores on the PANAS were separated between *positive*

affect and *negative affect*. Upon initial review there were no significant findings between

the question types and positive affect. Given that there was not a direct relationship between the two variables, these findings did not come as a complete surprise. When compared to the findings between the questions types and negative affect there were some differences. Specifically, each of the relationships were found to be significant and in the expected direction expect with regards to the forced choice and evaluator ratings. Similar to the relationships with positive affect, these low relationship strengths were not found to be out of the ordinary due to the suspected limited overlap between the two variables.

Table 13

Correlations between WBI domain of Coping and the PANAS

Variable		Cope	Subj	Stress	FC	Eval	Total	Pos Aff	Neg Aff
Pos Affect	Pearson	.150	-.065	.100	-.021	-.028	.001	1	-.318*
	N (51)								
Neg Affect	Pearson	-.330*	-.295*	-.311*	-.214	-.234	-.306*	-.318*	1
	N (51)								

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

Domain II, E: Identity. Table 14 provides the descriptive data on the Identity domain of the WBI, and Table 15 provides the correlations between the question types and *Rosenberg's self-report measure of self-esteem* and Ryff's domain of *self-acceptance*. An initial review of the findings reveals overall moderate functioning within this domain (M = 18.5; SD = 4.4). The highest scale on this domain was found to be the narrative response score (M = 2.5; SD = .58). Additionally, the scale score with the largest range was once again the forced choice response (M =5.1; SD = 2.4), ranging between -3.0 and 8.0.

Table 14

Descriptive Statistics for the Identity Domain

Variable	Mean	SD	Range	Min	Max
Narrative	2.5	.58	2	1.0	3.0
Subjective	5.7	.94	4	3.0	7.0
Forced Choice	5.1	2.4	11	-3.0	8.0
Evaluator	5.4	.98	4	3.0	7.0
Total	18.5	4.4	20.0	4.0	24.0

These scores were then correlated with the *Rosenberg Self-Esteem Scale and Ryff's domain of self-acceptance* using a Pearson product-moment correlation coefficient. Table 15 shows the correlations of each domain with the two variables. When taking a close look at the relationship between the question types and the domain of self-esteem the findings were found to be significant and in the expected direction. It is worth noting that the relationship between the narrative response score and self-esteem was found to be the weakest of the group ($r = .347$, $p = .013$). This raises the question as to what differences exists between the two variables that are impacting the strength of the relationship. When examining the relationship between the question types and self-acceptance, the only relationship that did not result in a significant finding was between the narrative response and self-acceptance. Each of the other relationships were found to be significant and in the expected direction. Following a review of the analysis, the question is raised as to what is impacting the relationship between the narrative rating and subjective rating and self-acceptance. Additionally, when compared to the findings between the WBI domain of Identity and the SPWB-HR-SF domain of self-acceptance, results revel overall stronger correlations. These correlations were each found to be significant and in the expected direction, ranging from the narrative responses ($r = .434$) to the overall domain total ($r = .593$).

Table 15

Correlations between WBI domain of Identity and SWB Self-Acceptance and Social WB.

Variable		Narr	Subj	FC	Clin	Total
Self-Esteem	Pearson	.347*	.534**	.605**	.563**	.619**
	N (51)					
Ryff Accept	Pearson	.222	.391*	.428**	.436**	.446**
	N (51)					
SPWB Accept	Pearson	.434**	.534**	.542**	.552**	.593**
	N (51)					

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

Domain III, A: Environmental Influences. As noted earlier, the domain of

Environmental Influences is comprised of two subdomains: Stressors and Affordances.

Table 16 provides the descriptive data for the Stressors subdomain on the WBI, and

Table 17 provides the descriptive data for the Affordances subdomain and Environmental

Influences total on the WBI. It is worth noting that the overall scores on the Stressors

subdomain were found to be within the moderate range ($M = 10.0$; $SD = 3.6$). Overall,

these findings reflect lower scores in relation to current stressors when compared to other

domains. This indicates that in general, the participants are experience a moderate

amount of stress. Given the participants' academic demands and that Phase II overlapped

with finals, this finding does not come as a surprise. Additionally, the results indicate

that the self-evaluation and the examiner evaluation revealed similar results, $M = 4.1$; SD

$= 1.1$ & $M = 4.0$; $SD = 1.1$ respectively.

Table 16

Descriptive Statistics for the Stressors Sub domain on the WBI

Variable	Mean	SD	Range	Min	Max
Narrative	1.8	.57	2	1.0	3.0
Subjective	4.1	1.1	5	2.0	7.0
Forced Choice	.14	1.6	6	-3.0	3.0
Evaluator	4.0	1.1	4	2.0	6.0
Total	10.0	3.6	15	4.0	19.0

Table 17 provides the descriptive data for the Affordances subdomain and Environmental Influences total on the WBI. Overall findings suggest that the scores in this area fall within the high range (M = 16.8; SD = 2.5). When compared to the Stressors subdomain, the average scores were found be slightly higher in this area.

Table 17

Descriptive Statistics for the Affordances Sub domain on the WBI

Variable	Mean	SD	Range	Min	Max
Narrative	2.7	.57	3	0.0	3.0
Subjective	6.1	.79	3	4.0	7.0
Forced Choice	2.0	1.1	4	-1.0	3.0
Evaluator	5.9	.77	3	4.0	7.0
Affordances Total	16.8	2.5	11	9.0	20.0

It is worth noting that the total scores on each of the Environmental Influences subdomains were then correlated with SWB domains en*vironmental mastery* using a Pearson product-moment correlation coefficient. In both cases, results of the correlation revealed non-significant findings. Although surprising, it is possible that these findings reflect that the SWB domains of environmental mastery are not as closely related the Environmental Influences subdomains of the WBI.

Domain III, B: Trajectory. Table 18 provides the descriptive data on the

Trajectory domain of the WBI, and Table 19 provides the correlations between the

question types and Ryff's domain of purpose in life. A couple of points are noteworthy

in examining these data. First, the ratings were quite high for the scale, with the domain

total falling in the high range (M = 18.5; SD = 2.1). Second it was noted that the

narrative rating demonstrated a fairly restricted range, and the responses were scored

either a 2 or a 3. Third, there were four forced choice questions, and responses ranged

from 2 to 4 (a -4 would have been the lowest possible score).

Table 18

Descriptive Statistics for the Trajectory Domain

Variable	Mean	SD	Range	Min	Max
Narrative	2.8	.39	1	2.0	3.0
Subjective	6.0	.87	3	4.0	7.0
Forced Choice	3.7	.62	3	2.0	4.0
Evaluator	6.0	.84	3	4.0	7.0
Total	18.5	2.1	9	12.0	21.0

These scores were then correlated with Ryff's domain of purpose in life using a

Pearson product-moment correlation coefficient. Table 19 shows the correlations of each

domain with that measure. A review of the findings reveals that only two of the

relationships were found to be significant, the subjective rating and purpose in life (r =

.450, p = .001) and the domain total and purpose in life (r = .333, p = .017). Although

significant and in the expected directions, the correlations are somewhat lower than

would be predicted.

Table 19

Correlations between WBI domain of Trajectory and Ryff's Domain of Purpose in Life

Variable		Narrative	Subjective	Forced Choice	Evaluator	Total
PurLife	Pearson	.259	.450**	.029	.263	.333*
	N (51)					

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

Overall WBI Descriptive Analyses

The next step was to further examine what the WBI discovered in relation to the

well-being of college students (see table 20). In the current study, the WBI reveals a

mean Overall Well-Being Index score of 210.5, with a standard deviation of 25.2 for the

51 participants involved. The Overall Well-Being Index was calculated by adding up

each of the individual domain scores, in order to get a sense of the individual's level of

general or overall well-being. These findings were distributed across a range of 117

points, with the maximum score being 252 and the minimum score being 135. These

findings suggest that the average well-being of the participants fell within the top third of

the overall score range.

In taking a closer look at the individual domains on the WBI, total scores were

calculated by adding up each of the scores obtained from the four question types within

each specific domain. The data suggested that the participants are functioning best on the

domain of Trajectory. In regards to this domain, the mean score was 18.5, with a

standard deviation of 2.1. The scores varied across a range of 9 points, with a maximum

of 21 and a minimum score of 12. This score fell within the high range, and was found to

be the strongest area of functioning for each of the participants. Trajectory may have

been high because college is a dynamic environment that exposes students to a wide

range of opportunities. Additionally, the act of being in college assumes that most of the students have a path or trajectory. Even though the path can vary from the goal of graduating college to go to medical school and become a doctor, each path indicates movement towards a certain obtainable task. It is worth noting that as a whole, each of the Domains of Life Satisfaction fell within the high range, and were found to be above the other domains. Specifically, the average degree of functioning on the Satisfaction domain was found to be 17.5 (SD=2.6), the domain of Engagement domain was 17.3 (SD=2.8), and Purpose was 17.1 (SD=2.9) respectively.

Another area of interest for this study is to examine which domains the participants scored lowest in. Despite the fact that each of the domain scores fell within the high to moderate range of functioning, the results suggest that the functioning of the participants in the WBI domains of Coping, Identity, and Environmental Influences were lower than in other areas. In regards to the domains of Coping and Identity, the data indicates that each of the scores reflect a mean of 18.5, with a standard deviation of 5.4 and 4.4 respectively. Even though each of these domains fell within the moderate range of functioning, they were found to be the lowest of areas contributing to the overall well-being of the participants. This finding might be understood better when placed within the context of the participants involved. In both cases, these areas are developed through experience, reflection and personal growth. Given that the majority of the participants were underclassmen, it is possible that these two areas have yet to fully develop. As a result, it is possible that this ultimately impacted the strength of the relationship. Additionally, a review of the narrative responses on the Coping domain indicates that a preferred method of coping for many of the students was avoidance. That being so,

individuals who utilize this strategy are limiting themselves and their potential for growth

and deepening of the self. One of the more interesting findings during this phase of

analysis was in relation to the Environmental Influences domain. As you may recall, this

domain is comprised of both an evaluation of the Stressors and Affordances that are

affecting an individual. The findings that there is some discrepancy found within this

domain. Specifically, when looking at the area of stress, the results indicate a mean score

of 10.0, with a standard deviation of 3.6. This deviates some from the Affordances mean

score of 16.8 (SD=2.5).

Table 20

Descriptive Statistics for the WBI

Variable	Mean	SD	Range	Min	Max
OWBI	210.5	25.2	117.0	135.0	252.0
Satisfaction	17.5	2.6	10.0	11.0	21.0
Engagement	17.3	2.8	14.0	7.0	21.0
Purpose	17.1	2.9	10.0	11.0	21.0
Medical	16.9	3.3	15.0	6.0	21.0
Fitness	18.4	4.8	22.0	5.0	27.0
Health & Habits	35.3	6.5	32.0	14.0	46.0
Emotions	17.6	3.4	18.0	4.0	22.0
Relationships	23.5	4.2	18.0	11.0	29.0
Coping	18.5	5.4	24.0	4.0	28.0
Identity	18.5	4.4	20.0	4.0	24.0
Environmental Influences					
Stressors	10.0	3.6	15.0	4.0	19.0
Affordances	16.8	2.5	11.0	9.0	20.0
Trajectory	18.5	2.1	9.0	12.0	21.0

An additional layer of information was obtained when separating the various

demographic variables apart and reexamining the descriptive statistics and measures of

central tendency. For starters, when taking gender into consideration, the overall results

of the WBI suggest that both men (M=211.9, SD=23.0) and women (M=209.8, SD=26.6)

scored very similarly, with the female participants experienced a greater range in scores

(114), when compared to the male participants (93). Seeing as how there were twice as

many female participants than male participants, this finding was as expected (see table

21).

Table 21

Descriptive Statistics for the WBI and Gender

Gender	n	Mean	SD	Range	Min	Max
Males	17	211.9	23.0	93.0	159.0	252.0
Age		19.2	1.2	4.0	18.0	22.0
Females	34	209.8	26.6	114.0	135.0	249.0
Age		18.7	.83	3.0	18.0	21.0

Inter-Domain Correlations

The next step was to examine the relationships that exist within each of the

domains on the WBI. As described in the methods section, each domain is comprised of

four distinct styles of questions: an open narrative prompt, a subjective Likert rating,

various forced choice prompts, and an objective Likert rating. In order to accomplish

this, a Pearson product-moment correlation coefficient was computed to assess the

relationship between the questions making up each domain and the domain total score.

For starters, when examining the relationship between each of questions on the domain of

Satisfaction and the overall domain score, a strong positive correlation was found to exist

in each of the relationships (see table 22). Of particular interest were the relationships

between the evaluator ratings and total Satisfaction score. Specifically, there was a

strong, positive correlation between the two variables, $r = .902$, $n = 51$. Additionally, a

strong, positive correlation was also found to exist between the forced choice questions

and total Satisfaction, $r = .858$, $n = 51$. Such high correlations are expected because the

total score is made up of these domains, but the comparison between the domains helps to

determine which domain is most related to the overall score.

Table 22

Satisfaction Domain Correlation

Question Type		Narrative	Subjective	Forced	Evaluator	Total
Narrative	Pearson	1	.569**	.347*	.667**	.709**
	N (51)					
Subjective	Pearson	.569**	1	.480**	.521**	.766**
	N (51)					
Forced	Pearson	.347*	.480**	1	.742**	.858**
	N (51)					
Evaluator	Pearson	.667**	.521**	.742**	1	.902**
	N (51)					
Total	Pearson	.709**	.766**	.858**	.902**	1
	N (51)					

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

The next relationship that was investigated was on the Engagement domain on the

WBI (see table 23). Once again, there was a strong, positive correlation between each of

the question types and total Engagement. It is worth noting that there was a strong,

positive correlation between the evaluator rating and the narrative ($r = .705$, $n = 51$),

forced choice ($r = .755$, $n = 51$), and total Engagement ($r = .890$, $n = 51$). Additionally, a

moderate, positive correlation was found to exist between the evaluator rating and

subjective rating ($r = .633$, $n = 51$).

Table 23

Engagement Domain Correlation

Question Type		Narrative	Subjective	Forced	Evaluator	Total
Narrative	Pearson	1	.572**	.632**	.705**	.798**
	N (51)					
Subjective	Pearson	.572**	1	.613**	.633**	.833**
	N (51)					
Forced	Pearson	.632**	.613**	1	.755**	.902**
	N (51)					
Evaluator	Pearson	.705**	.633**	.755**	1	.890**
	N (51)					
Total	Pearson	.798**	.833**	.902**	.890**	1
	N (51)					

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

When considering the relationship between the WBI domain of Purpose and the total domain score, there were a number of strong, positive correlations found between the two variables (see table 24). Specifically, these relationships are between the subjective rating (r = .810, n = 51, p = .000), forced choice (r=.750, n=51, p = .000), and evaluator rating (p = .884, n = 51, p = .000). Additionally, there was a moderate, positive correlation found between the narrative responses and total Purpose, r = .699, n = 51, p =.000. An interesting finding within this domain was a non-significant finding between the narrative responses and the forced choice items. Upon initial review this came as a surprise; however, the finding became more apparent when revisiting the individual WBI protocols. In a review of the protocols, a slight discrepancy was noticed between the two variables. Specifically, despite having fairly positive narrative responses, students tended to answer the forced choice questions more negatively. It is possible that this discrepancy has contributed to the lack of significance.

Table 24

Purpose Domain Correlation

Question Type		Narrative	Subjective	Forced	Evaluator	Total
Narrative	Pearson	1	.563**	.201	.673**	.699**
	N (51)					
Subjective	Pearson	.563**	1	.404**	.573**	.810**
	N (51)					
Forced	Pearson	.201	.404**	1	.583**	.750**
	N (51)					
Evaluator	Pearson	.673**	.573**	.583**	1	.884**
	N (51)					
Total	Pearson	.699**	.810**	.750**	.884**	1
	N (51)					

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

The next relationship that was examined was between the WBI domain of Health and Habits and the domain total. In order to best look into these relationships, it was

important to separate the domain into medical health and fitness habits categories, and

compare them to their respective subtotals. When taking into consideration the

relationship between medical health and the total medical health subtotal, a strong,

positive correlation was found to exist between each of the variables (see table 25).

These correlations were found to be stronger when compared to the overall total domain

correlations. This was not found to be a surprise seeing as how the domain of Health and

Habits is multilayered, and as such, the area of medical health contributes to the total

domain score, but it does not make up the entire domain. As a result, one can be high in

medical health, but low in fitness. It was interesting to note that a weak, positive

correlation was found to exist between the narrative responses and the forced choice

answers, $r = .276$, $n = 51$, $p = .050$. Similar to the results described above, strong,

positive correlations were found to exist between the fitness questions and the domain

subtotal. When compared to the overall domain totals, these relationships were once

again found to be stronger (see table 26).

Table 25

Health and Habits Domain Correlation: Medical

Question Type		Nar	Sub	FC	Eval	Med Total	HH Total
Narrative	Pearson	1	.709**	.276*	.725**	.753**	.658**
	N (51)						
Subjective	Pearson	.709**	1	.519**	.715**	.892**	.676**
	N (51)						
Forced	Pearson	.276*	.519**	1	.379**	.751**	.357*
	N (51)						
Evaluator	Pearson	.725**	.715**	.379**	1	.837**	.722**
	N (51)						
Med Total	Pearson	.753**	.892**	.751**	.837**	1	.714**
	N (51)						
HH Total	Pearson	.658**	.676**	.357*	.722**	.714**	1
	N (51)						

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

Table 26

Health and Habits Domain Correlation: Fitness

Question Type		Nar	Sub	FC	Eval	Fit Total	HH Total
Narrative	Pearson N (51)	1	.747**	.624**	.550**	.771**	.639**
Subjective	Pearson N (51)	.747**	1	.654**	.684**	.837**	.694
Forced	Pearson N (51)	.624**	.654**	1	.672**	.942**	.866*
Evaluator	Pearson N (51)	.550**	.684**	.672**	1	.820**	.679**
Fitness Total	Pearson N (51)	.771**	.837**	.942**	.820**	1	.877**
HH Total	Pearson N (51)	.639**	.694**	.866**	.679**	.877**	1

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

Table 27 highlights that a strong, positive correlation also exists between each of the questions on the WBI domain of Emotions and the domain total. One relationship of particular interest was between the narrative responses and subjective responses on the Emotions domain. Specifically, there was a moderate, positive relations found between the two variables, $r = .394$, $n = 51$, $p = .004$. Even though the strength of this relationship is found within the moderate range of strength, it is towards the lower end of this range. Upon initial review, this finding came as unexpected. Specifically, the belief was that the relationship would have been stronger. It is possible that this finding is highlighting a discrepancy that exists between the narrative appraisal and the subjective rating of the individual. In order to get a better idea of what is impacting the relationship, further exploration within this domain would be useful.

Table 27

Emotions Domain Correlation

Question Type		Narrative	Subjective	Forced	Evaluator	Total
Narrative	Pearson N (51)	1	.394**	.526**	.667**	.700**
Subjective	Pearson N (51)	.394**	1	.547**	.616**	.797**
Forced	Pearson N (51)	.526**	.547**	1	.739**	.886**
Evaluator	Pearson N (51)	.667**	.616**	.739**	1	.904**
Total	Pearson N (51)	.700**	.797**	.886**	.904**	1

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

In regards to the Relationships domain on the WBI, it was surprising to discover that not all of the relationships between the domain questions and the domain total were found to be strong (see table 28). Specifically, the relationship between the narrative responses and domain total (r = .586, n = 51, p = .000), and subjective responses and domain total (r = .645, n = 51, p = .000) were found to be moderate, positive correlations. A review of the WBI protocols revealed that the narrative responses tended to lack detail and breadth, which ultimately impacted the score. Typical responses to these questions tended to be positive, despite being short and lacking in descriptions. This resulted in many one to three word general descriptions of different relationships. It is possible that this response style acted to impact the overall relationship to the domain total.

Table 28

Relationships Domain Correlation

Question Type		Narrative	Subjective	Forced	Evaluator	Total
Narrative	Pearson N (51)	1	.506**	.409**	.488**	.586**
Subjective	Pearson N (51)	.506**	1	.370**	.669**	.645**
Forced	Pearson N (51)	.409**	.370**	1	.798**	.937**
Evaluator	Pearson N (51)	.488**	.669**	.798**	1	.922**
Total	Pearson N (51)	.586**	.645**	.937**	.922**	1

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

When exploring the inter-domain relationships on the final two domains of

Section II, in general they were found to perform as expected. Specifically, on the

Coping domain, the findings suggest that strong, positive correlations exist between the

domain total and the subjective ratings, forced choice questions, and evaluator rating (see

table 29). Despite this, it was noted that the relationships between the two narrative

response prompts of coping and stressors were found to be moderately correlated to the

domain total, $r = .682$, $n = 51$, $p = .000$ and $r = .611$, $n = 51$, $p = .000$, respectively.

Table 29

Coping Domain Correlation

Question Type		Nar	Sub	Nar2	FC	Eval	Total
Narrative	Pearson	1	.690**	.478**	.450**	.528**	.682**
	N (51)						
Subjective	Pearson	.690**	1	.473**	.554**	.712**	.800**
	N (51)						
Narrative 2	Pearson	.478**	.473**	1	.444**	.429**	.611**
	N (51)						
Forced	Pearson	.450**	.554**	.444**	1	.665**	.915**
	N (51)						
Evaluator	Pearson	.528**	.712**	.429**	.665**	1	.833**
	N (51)						
Total	Pearson	.682**	.800**	.611**	.915**	.833**	1
	N (51)						

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

Similar results were obtained when comparing the questions on the Identity domain on the WBI to the domain totals. Specifically, strong, positive correlations were found to exist between the Identity domain totals and the subjective ratings, forced choice answers, and evaluator ratings (see table 30). Additionally, a moderate, positive correlation between the narrative response and the domain total, $r = .683$, $n = 51$, $p = .000$. Similar to the findings on the Coping domain, this relationship was also found to be lower. Both of these domains deal with higher order emotional processes, such as: emotion regulation, emotional intelligence, resiliency, self-acceptance, and self-worth. These are processes that are developed and refined over time with experience and reflection. It is wondered if these narrative responses were impacted by the age and level of emotional intelligence of the participants. Given that the majority of participants were under the age of 20 (40 out of 50 or 78%), it is possible that they have yet to fully develop these areas of self. Further investigation in to these domains and the differences found within the relationships is recommended.

Table 30

Identity Domain Correlation

Question Type		Narrative	Subjective	Forced	Evaluator	Total
Narrative	Pearson	1	.563**	.574**	.515**	.683**
	N (51)					
Subjective	Pearson	.563**	1	.723**	.668**	.836**
	N (51)					
Forced	Pearson	.574**	.723**	1	.828**	.966**
	N (51)					
Evaluator	Pearson	.515**	.668**	.828**	1	.890**
	N (51)					
Total	Pearson	.683**	.836**	.966**	.890**	1
	N (51)					

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

While examining the relationships within the External Influences domain, it was again felt necessary to break down the analysis into two parts, stressors and affordances. A review of the correlation analysis between the stressors subtotal and the domain questions revealed moderate to strong, positive correlations between each of the variables, ranging from the narrative response ($r = .518$) to the evaluator rating ($r = .881$) (see table 31).

Table 31

Environmental Influences: Domain Correlation: Stressors

Question Type		Nar	Sub	FC	Eval	Stress Total
Narrative	Pearson	1	.473**	.233	.343*	.518**
	N (51)					
Subjective	Pearson	.473**	1	.526**	.711**	.845**
	N (51)					
Forced	Pearson	.233	.526**	1	.651**	.849**
	N (51)					
Evaluator	Pearson	.343*	.711**	.651**	1	.881**
	N (51)					
Stress Total	Pearson	.518**	.845**	.849**	.881**	1
	N (51)					

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

These trends were similar to the findings on the second part of the analysis, which looked at the relationship between the affordances domain questions and the affordances subtotal (see table 32).

Table 32

Environmental Influences: Domain Correlation: Affordances

Question Type		Nar	Sub	FC	Eval	Afford Total
Narrative	Pearson	1	.473**	.405**	.589**	.741**
	N (51)					
Subjective	Pearson	.473**	1	.329*	.442**	.710**
	N (51)					
Forced	Pearson	.405**	.329*	1	.537**	.799**
	N (51)					
Evaluator	Pearson	.589*	.442**	.537**	1	.822**
	N (51)					
Afford Total	Pearson	.741**	.710**	.799**	.822**	1
	N (51)					

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

The final domain that was inspected was the Trajectory domain. It was a surprise to find that the correlations between the domain total and the narrative responses and forced choice responses were only in the moderate range (see table 33). Given that most of the students had a positive outlook on their future paths and outlook; it was believed that the correlation to the domain total would have been stronger. Once again, further exploration into this domain is warranted in order to get a clearer understanding of the relationship strength.

Table 33

Trajectory Domain Correlation

Question Type		Narrative	Subjective	Forced	Evaluator	Total
Narrative	Pearson	1	.417**	.335*	.548**	.669**
	N (51)					
Subjective	Pearson	.417**	1	.283*	.603**	.808**
	N (51)					
Forced	Pearson	.335*	.283*	1	.468**	.665**
	N (51)					
Evaluator	Pearson	.548**	.603**	.468**	1	.881**
	N (51)					
Total	Pearson	.669**	.808**	.665**	.881**	1
	N (51)					

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

Between Domain Correlations

In the next analysis a Pearson product-moment correlation coefficient was utilized

to assess the relationship between each of the domains on the WBI (see table 34). At first

glance, the results of the domain correlations appeared to vary. However, a closer look

reveals a number of relationships that are of interest. The first of the relationships worth

highlighting is between the Emotions domain and the Identity domain. A strong, positive

correlation was found to exist between the two variables, $r = .762$, $n = 51$, $p = .000$.

Similarly, a strong, positive correlation was also found to exist between the domains of

Coping and Identity, $r = .714$, $n = 51$, $p = .000$. It is worth noting that a moderate,

positive correlation was found to exist between the domains of Coping and Emotions, $r =$

$.676$, $n = 51$, $p = .000$. These sets of relationships were found to be the strongest of the

group. Given that each of these domains closely interact with one another, it was

expected that the relationships would act in this way. Specifically, the Emotions domain

assesses the extent to which an individual is able to experience a full range of emotions,

as well as to demonstrate an ability to regulate their emotions. This is similar to the

Coping domain, in that it looks to evaluate how an individual deals with intense emotions. It is likely that those who are able to function high in both of these are in possession of a higher emotional maturity, and the ability towards self-awareness. This being so, the relationship between the Identity domain and the Coping and Emotions domain were as would be expected. The final expected finding was between the Engagement and Emotions domain. There was a weak, positive correlation found to exist between the two variables, $r = .278$, n $=51$, $p = .048$. This finding was not a surprise because the two domains are fairly independent of one another.

In addition to the expected findings, a result that was unexpected involved the relationship between the Affordances subdomain and Trajectory. There was a weak, positive correlation found to exist between the two variables, $r = .298$, $n = 51$, $p = .034$. Upon the initial review, it was felt that there may have been a stronger correlation between the two variables. Given this finding, further exploration into what potential factors might be influencing this relationship is encouraged.

Table 34

Pearson Correlations between Domains on the WBI

Domain	Sat	Eng	Purp	HH	Emo	Rel	Cope	ID	Stress	Afford	Traj
Sat	1	.266	.552**	.232	.408**	.396**	.269	.529**	.052	.191	.522**
Eng	.266	1	.495**	.214	.278*	.217	.176	.231	.111	.375**	.220
Purp	.552**	.495**	1	.181	.315*	.268	.101	.246	.169	.233	.437**
HH	.232	.214	.181	1	.568**	.508**	.331*	.386**	.153	.353*	.256
Emo	.408**	.278*	.315*	.568**	1	.446**	.676**	.762**	.131	.102	.501**
Rel	.396**	.217	.268	.508**	.446**	1	.176	.394**	.156	.257	.302*
Cope	.269	.176	.101	.331*	.676**	.176	1	.714**	.080	.047	.414**
ID	.529*	.231	.246	.386**	.762**	.394**	.714**	1	.180	.178	.465**
Stress	.052	.111	.169	.153	.131	.156	.080	.180	1	.423**	.224
Afford	.191	.375**	.233	.353*	.102	.257	.047	.178	.423*	1	.298*
Traj	.522**	.220	.437**	.256	.501**	.302*	414**	.465**	.224	.298*	1

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

Well-Being Correlations

The next set of relationships that were investigated upon completion of the study was how the overall Well-Being Index score related with the overall scores from the well-being self-report questionnaires. The overall Well-Being Index score is an overall objective evaluation of an individual's level of well-being. This is accomplished through the acquisition of subjective appraisals, evaluator evaluations, and observations. This provides the assessor with fourteen unique domain scores, reflecting the individual's levels of well-being across a number of conceptual areas. The overall product of the WBI is the overall Well-Being Index score, which provides the examiner with a measure of overall well-being, and is based on a total of 282 points. Taking a closer look at each of the individual domains will provide the examiner with a more specific depiction of how the person is functioning in a given area. For the purpose of investigated how the WBI relates to subjective measures of well-being, it was decided to use the overall Well-Being index in this set of analyses.

In order to accomplish this, a Pearson product-moment correlation coefficient was computed to assess the relationship between the overall Well-Being Index on the WBI and the overall levels of well-being as assessed by the following self-report measures: the Satisfaction with Life Scale, Ryff's Scales of Psychological Well-being, The Scales of Psychological Well-Being-Revised, Short Form, The Mental Health Continuum Short Form, the Positive and Negative Affect Schedule, and the Rosenberg Self-Esteem Scale. Overall, a review of the analysis reveals that the strength of the relationships was each found to be in the moderate range (see table 35). Most notable of the relationships was between the overall Well-Being Index and overall psychological well-being as measured

by the Ryff Scales of Psychological Well-Being, r = .668, n = 51. This revealed a moderate, positive correlation between the overall Well-Being Index and psychological well-being. Given that each of Ryff's domains can readily relate to the various domains found on the WBI, this finding was expected. Another notable finding was within the relationship between the overall Well-Being Index and positive and negative affect. There was a moderate, positive relationship found between overall well-being and positive affect, r = .327, n = 51. Additionally, a moderate, negative correlation was found between the overall well-being index and negative affect, r = -.621, n = 51. It was surprising to find that the relationship between positive affect was not stronger to the findings on the WBI. This was especially so, given that the negative affect was more strongly related. The final relationship explored in this group was between the overall Well-Being Index and self-esteem. In this instance a moderate, positive correlation between the two variables was found, r = .657, n = 51. Given the overlap between well-being and self-esteem, this finding was as expected.

Table 35

Correlations between overall WBI Index and Subjective Well-Being

Variable		SWLS	Ryff	PSWB-HR	MHCS	MHCP	+Aff	-Aff	Self-Est
WBI Total	Pearson N (51)	.405**	.668**	.539**	.492**	.491**	.327*	-.621**	.657**

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

(SWLS = Satisfaction with Life Scale; Ryff = Ryff's Scales of Psychological Well-Being; PSWB-HR = The Psychological Well-Being Scale –HR-SF; MHCS = The Mental Health Continuum – Social Well-Being; MHCP = The Mental Health Continuum – Psychological Well-Being; +Aff = PANAS – Positive Affect; -Aff = PANAS – Negative Affect; and Self-Est = The Rosenberg Self-Esteem Scale).

Domain Correlations

Section I Domain Correlations. Once the relationships between the overall Well-Being Index and each of the three Section Indexes were explored, the next step was

to use a Pearson product-moment correlation coefficient to investigate the relationship between each of the individual domains on the WBI and the self-report measures of well-being. When looking into Section I: Domains of Life Satisfaction, the specific domains that are of interest are: Satisfaction, Engagement, and Purpose. When examining the relationship between the WBI Section I domains and the self-report measures of well-being, moderate correlations were found to exist in general (see table 36). Given this, there were two findings that were unexpected. The first of said relationships was between the WBI domain of Engagement and MHC psychological well-being. Specifically, there was only a weak, positive correlation discovered between the two variables, $r = .282$, $n = 51$, $p = .045$. Additionally, while looking into the relationship between the WBI domain of Purpose and Ryff's PWB, a moderate, positive correlation between the two variables was also found, $r = .383$, $n = 51$, $p = .006$. Given that purpose in life is one of the main components of psychological well-being, it was believed that this relationship would have been stronger.

Table 36

Correlations between WBI Domains of Life Satisfaction and Overall Subjective WB Totals

Domain		SWLS	Ryff	PSWB-HR	MHCS	MHCP	+Aff	-Aff	Self-Est
Index 1	Pearson N (51)	.470**	.561**	.549**	.464**	.435**	.432*	-.432**	.509**
Satisfaction	Pearson N (51)	.504**	.522**	.483**	.501**	.405**	.206	-.419**	.504**
Engagement	Pearson N (51)	.216	.437**	.422**	.197	.282*	.462**	-.357*	.331*
Purpose	Pearson N (51)	.406**	.383**	.405**	.414**	.352*	.382**	-.258	.385**

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

(SWLS = Satisfaction with Life Scale; Ryff = Ryff's Scales of Psychological Well-Being; PSWB-HR = The Psychological Well-Being Scale –HR-SF; MHCS = The Mental Health Continuum – Social Well-Being; MHCP = The Mental Health Continuum – Psychological Well-Being; +Aff = PANAS – Positive Affect; -Aff = PANAS – Negative Affect; and Self-Est = The Rosenberg Self-Esteem Scale).

Section II Domain Correlations. Section II on the WBI contains Domains of

Adaptation. The specific domains found within this section are: Health and Habits,

Emotions, Relationships, Coping, and Identity. In order to further examine the relation

between the individual domains making up Section II on the WBI and the overall scores

from the self-report measures of well-being, a Pearson product-moment correlation

coefficient was used (see table 37). Similar to the findings from the Section I correlation,

the majority of statistically significant relationships were found to within the moderate

range. Of the findings that stood out, the first was between the WBI domain of Emotions

and MHC social well-being. Specifically, there was a weak, positive correlation found to

exist between the Emotions domain and social well-being, $r = .278$, $n = 51$, $p = .048$.

Given that emotions and emotional regulation is a process that is often activated within

social contexts. As a result, it was surprising to find a weak relationship existing between

the two variables. Similarly, a weak, positive correlation was also found to exist between

the Relationships domain and MHC social well-being, $r = .292$, $n = 51$, $p = .037$. Once

again, this was a surprising finding given that interpersonal relationships have a direct

impact on an individual's level of social well-being. Given the overlap between the two

concepts, it was believed that the relationship would have been stronger. The last notable

finding in the Section II analysis was between the WBI domain of Identity and self-

esteem. There was a moderate, positive correlation established between the two

variables, $r = .619$, $n = 51$, $p = .000$. This relationship acted as expected seeing that the

Identity domain assesses an individual's level of self-acceptance, and their ability to view

his or her self in a positive light. This being so, there is a significant amount of overlap

between this domain and self-esteem.

Table 37

Correlations between WBI Domains of Adaptation and Overall Subjective WB Totals

Domain		SWLS	Ryff	PSWB-HR	MHCS	MHCP	+Aff	-Aff	Self-Est
Index 2	Pearson	.284*	.590**	.444**	.410**	.434**	.203	-.614**	.608**
	N (51)								
Medical	Pearson	.535**	.547**	.267	.309*	.324*	.193	-.506**	.376**
	N (51)								
Fitness	Pearson	.082	.335*	.140	.262	.224	.171	-.270	.246
	N (51)								
Health/Habit	Pearson	.328*	.519**	.236	.347*	.326*	.222	-.451**	.369**
	N (51)								
Emotions	Pearson	.256	.414**	.342*	.278*	.325*	.048	-.542**	.491**
	N (51)								
Relationships	Pearson	.410**	.469**	.479**	.292*	.348*	.378**	-.546**	.515**
	N (51)								
Coping	Pearson	-.039	.360**	.266	.266	.321*	.001	-.306*	.402**
	N (51)								
Identity	Pearson	.157	.477**	.448**	.371**	.347*	.116	-.569**	.619**
	N (51)								

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

> (SWLS = Satisfaction with Life Scale; Ryff = Ryff's Scales of Psychological Well-Being; PSWB-HR = The Psychological Well-Being Scale –HR-SF; MHCS = The Mental Health Continuum – Social Well-Being; MHCP = The Mental Health Continuum – Psychological Well-Being; +Aff = PANAS – Positive Affect; -Aff = PANAS – Negative Affect; and Self-Est = The Rosenberg Self-Esteem Scale).

Section III Domain Correlations. Section III on the WBI is comprised of

External Domains. The specific domains found within this section are: Environmental

Influences and Trajectory. In order to further examine the relation between the individual

domains making up Section III on the WBI and the overall scores from the self-report

measures of well-being, a Pearson product-moment correlation coefficient was once

again used. In general, the correlations that were found to be statistically significant were

to be within the low end of the moderate range, with a couple exceptions in the weak

range (see table 38). The most surprising finding here was that the majority of

relationships were found to be non-significant. It is possible that these findings exist as a

result because of the limited overlap between the domains in Section III and the

subjective measures of well-being. Despite this, it is felt that the extent to which the WBI

evaluates and individuals currently exposure to environmental stressors, and the way in

which they regard their future is a strength. This is especially so due to the fact that the

other self-report measures of well-being fail to do so. Given this, the overall results of

this analysis were not unexpected.

Table 38

Correlations between WBI External Domains and Overall Subjective WB Totals

Domain		SWLS	Ryff	PSWB-HR	MHCS	MHCP	+Aff	-Aff	Self-Est
Index 3	Pearson	.310*	.378**	.302*	.301*	.252	.274	-.258	.335*
	N (51)								
Stressors	Pearson	.154	.212	.108	.144	.221	.146	-.202	.296*
	N (51)								
Affordances	Pearson	.238	.350*	.292*	.313*	.136	.301*	-.080	.130
	N (51)								
Trajectory	Pearson	.357*	.326*	.349*	.259	.196	.193	-.308*	.315*
	N (51)								

**. Correlation is significant at the .01 level (2-tailed).
*. Correlation is significant at the .05 level (2-tailed).

CHAPTER FIVE

Discussion

The aim of this project was the development of a user friendly, comprehensive

assessment of well-being that could be administered by a trained evaluator. In doing so,

the hope is that it can be used in a wide variety of different settings, including mental

health clinics and college counseling centers. A review of the literature revealed that

such a measure did not exist. This finding was quite striking, given how prevalent

concerns with well-being have become over the past few decades. Such a tool could be

useful both as an assessment tool, fostering a conceptualization and domains of focus for

clinical work, or as an outcome tool, to assess growth and positive changes (or lack

thereof).

In order to accomplish the development of such an instrument, a review of the

literature on well-being was conducted and organized through the perspective of a new

meta-theoretical framework (Henriques, 2011). This review and conceptual analysis

resulted in the identification of ten different and potentially relevant domains of well-

being. These domains were grouped into three broad sections. The first section, which

we labeled the Domains of Satisfaction, assesses an individual's general satisfaction with

their life, their engagement and their life purpose. The second section, Domains of

Adaptation, examines an individual's medical health and fitness habits; their ability to

access and regulate their emotions, the types and quality of the relationships they engage

in, how an individual copes, and their overall appraisal of their self-identity. The final

section, External Domains, examines the current stressors and affordances an individual

is exposed to, and their sense of life trajectory. The structural framework for each

domain included four distinct formats of questions, which provide the examiner with varying angles of the construct. The first style of question found in each domain is a general open-ended stem regarding the domain which elicits a narrative response from the individual. The next style of question prompts the individual to provide a self-appraisal of their level of functioning in relation to each of the domains across a 7-point Likert scale. This is followed by a series of forced choice questions, requiring a "yes", "no", or "maybe" response. The final question type within each of the domains calls for the evaluator to provide an objective rating of the individuals' level of functioning in relation to the domain in question. Once a score is obtained for each of the question types, an overall domain score can be calculated by adding across each of the scores within the domain.

As highlighted above, the current project set out to answer six different research questions. The initial question being, was it feasible to develop a structured clinical interview that appeared to offer a comprehensive assessment of well-being? The preliminary answer to this question is yes. Twelve undergraduate researchers were trained in the administration of the measure, and it was given to a total of fifty one participants. The measure was found to take approximately 25 minutes to administer, and was reported to be easy to follow by both participants and evaluators alike. This process yielded scores across the ten domains of well-being that, with future development, could then be referenced to norms to yield a well-being profile.

The second question we had was whether the identified domains were appropriate and comprehensive, at a conceptual level. In other words, in applying the instrument and training to individuals, were there some domains that were deemed

unnecessary or difficult to assess in our format, and did the assessment appear to leave important areas un-assessed? When taking a closer look at the specific domains of the WBI in relation to the experiment findings, the overall belief is that the WBI does a decent job of providing a more well-rounded assessment of well-being. However, the findings suggest that there are a few domains that could be revisited in order to enhance the WBI's ability to more accurately pinpoint an individual' level of functioning. First, the domain of Emotions appeared to connect most readily to an individual's experience of negative emotions. This is reflected in the correlation between the Emotions domain and negative affect on the PANAS. Seeing that the objective of the domain is to get an assessment of the individual's ability to identify, experience, and regulate both positive and negative emotions, this finding suggests that this domain was more one sided in doing so. In order to correct this, it would be beneficial to structure the domain in a way that directly prompts the responder to address their ability to experience a full range of emotions, (e.g.: both positive and negative feelings). It is wondered how a change of this nature would impact a respondent's score on this domain.

The second domain that appears able to benefit from further fine-tuning is the WBI domain of Coping. Once again a review of the correlation between the Coping domain and the PANAS revealed much weaker relationships than were originally expected. Additionally, the relationships between positive affect on the PANAS to the domain were found to be non-significant. A closer review of the narrative responses did reveal a slight overlap between this domain and the Stressors sub domain of the WBI. Further differentiation between the domains appears necessary at this time. For example,

having more of a direct focus on an individual's coping strategies may elicit responses more in line with the construct that the domain sets out to measure.

The next question in relation to the domains of the WBI is whether or not the Environmental Influences domain should be broken apart into separate Stressors and Affordances domains, instead of having them combined into a single domain. Having them exist as separate sub domains of a single overarching domain adds a level of complexity to scoring, analyses, and interpretation. This raises the question of whether or not the administration and interpretation of the domain could benefit by separating the domain apart. Similar to the domain of Environmental Influences, the Health and Habits domain was also comprised of two specific sub domains. This differed slightly from the Environmental Influences domain seeing as how the sub domains of Medical Health and Fitness and Healthy Habits are closer in relation to one another. Despite this, it is wondered if this domain should also be broken down to help increase the ease of administration, scoring, and interpretation, and decrease any confusion.

The final question that surfaced in relation to the makeup of each of the domains was whether or not a spirituality component should be incorporated. This notion is loosely touched upon across the domains of Purpose, Meaning, and Identity; however it is wondered if this is sufficient, or if a more deliberate effort to evaluate an individual's spiritual identity is warranted.

A question that did surface in relation to the overall function of the measure is in relation to the issue of well-being versus psychological functioning, and what is the relationship between the two? Specifically, do well-being and psychological functioning overlap, and if so, to what extent? It is the belief of this researcher that there is a fair

amount of overlap between the two constructs. It is possible that the WBI opens the door for the assessment of both well-being and psychological functioning. This is given that the WBI looks to collect subjective appraisals and objective assessments of an individual's level of function. As a result, it is wondered if the subjective appraisals act to evaluate the individual's level of well-being, whereas, the objective assessment provides more of an evaluation of their current level of psychological functioning in relation to their well-being. It would be important in the future to take a closer look at each of these constructs and the extent to which they overlap. In doing so, the hope is to further tease apart the extent to which the WBI evaluates both constructs.

Our third question pertained to the results obtained on each of the ten domains assessed. Given that each domain was assessed in four ways, we needed to examine the pattern of relationships of the assessments made within each domain. We found that the majority of relationships that were found to be significant were in the moderate range. It is important to note that two relationships did stand out, falling in the low range. These relationships were between the domains of Engagement and Emotions, and Affordances and Trajectory. In both cases, these findings revealed a strength of relationship that was lower than expected. These findings raised the question as to what is impacting the strength of the relationship. An initial review of the data indicated that the forced choice questions were acting to bring down these relationships. For example, when examining the relationship between the forced choice on the Trajectory domain in relation to the questions and total on the Affordances sub domain, a non-significant finding was revealed.

It is important to note that a number of domain relationships revealed non-significant findings. Despite having the expectation of this occurring in a variety of the relations, a few of the non-significant findings were surprising. For example, the non-significant relationships found between the domains of Satisfaction and Engagement, Purpose and Identity, Engagement and Trajectory, and Emotions and Stress came as somewhat of a surprise. It would be beneficial to explore what is impacting these relationships in further studies.

When taking a closer look at the general correlations between the narrative responses and the evaluator assessments, each of the relationships were found to be significant, and varied in strength between moderate to strong correlations.

Our fourth question pertained to the pattern of relationships between the domains and how each domain related to the overall well-being score. An initial review of the findings revealed overall significant results in each of the relationships, ranging in strength from moderate to strong correlations. The domains that correlated most strongly to the overall well-being score were the Health and Habits, Emotions, and Identity domains. Given that these domains are salient components of well-being, it would make sense that they are the domains that most strongly relate to the overall well-being scores. Also of interest was that the weakest correlation was found to exist between the Stressors sub domain and the overall well-being score. Once again, this finding is understood through the idea that stressors and well-being are opposing concepts, and as such, the relationship is found to be weaker than in other cases.

Our fifth question pertained to the pattern of relationships with the self-report measures of well-being, exploring issues of convergent validity. Given the nature of the

study, it is also important to further explore the relationship between the Overall Well-Being Index score and results from the self-report measures. As expected, results from the Pearson correlation revealed clinically significant findings in each of the relationships. It is noted that even though each of the relationships were found to be within the moderate range, there was much variability found to exist. Specifically, the correlations between the Overall Well-Being Index and Ryff's psychological well-being, Henriques' Scales of Psychological Well-Being-Revised, negative affect on the PANAS, and Rosenberg's self-esteem all fell towards the higher end of the moderate range. These findings are better understood when taking into consideration that the above mentioned measures are comprised of concepts that resonate with multiple domains on the WBI. This allows for a greater amount of overlap between the self-report measure and the domains of the WBI. This can be seen more clearly when taking a closer look at the correlation between the Overall Well-Being Index and the Satisfaction with Life Scale. Once again, a moderate correlation was found to exist; however, it is closer to the lower end of the moderate range. This is better explained by the point that the construct of life satisfaction is more limited in regards to the number of WBI domains that it overlaps. In this example, there is mainly overlap with the Satisfaction domain of the WBI.

Additionally, results of this nature would also be expected because the WBI provides an added layer of assessment when compared to the self-report measures. That is, that the WBI provides both subjective and objective ratings of the clients functioning across each of the domains. Seeing as how the self-report measures account solely for subjective ratings, it would make sense that this impacts the amount of overlap between the two. It is this added dimension that is believed to account for the strength of the

correlation not being stronger. Overall the findings of this study suggest that the WBI demonstrates a moderate amount of convergent validity with the various self-report measures administered. This reflected the overall expectation that the WBI indexes would relate to these various measures.

Given that the WBI approaches the assessment of well-being from both the subjective and objective angles, the moderate strength of correlations can be better understood. Additionally, there was more variability found to exist between the individual domains of the WBI and the various self-report measures. This is understood when considering that each of the specific domains incorporate foundational aspects of the different self-reports. Seeing that the domains of the WBI each assess a specific area of well-being, the overall extent to which each of the constructs overlaps with one another in ultimately impacted.

When taking a look at the specific domains that make up the WBI, they were each found to correlate with the respective constructs that they were each based off of. Similarly to the relationships discussed above, it is believed that the overall strength of the correlations was impacted by the fact that the WBI assesses each of the constructs on both the subjective and objective level, where the self-report measures rely solely on the subjective level. Given this, there are a few of the relationships that are worth noting. For starters, a weak correlation was found to exist between the Engagement domain on the WBI and self-acceptance. It is believed to be the case because the Engagement domain takes into account the extent to which an individual is involved in meaningful activities. Self-acceptance is believed to differ from this a fair amount. Specifically, self-acceptance deals with the level of the individual and their general feelings and

attitudes about their self. It was also surprising to find that the strength of the correlation

between the WBI domain of Purpose and Ryff's domain of purpose in life were at the

lower end of the moderate range. This could indicate that the two domains measure

different parts of the same construct, or it could reflect that the WBI measures two levels

of each construct and not just a single level. Another finding of interest was that the

Health and Habits domain of the WBI was not as strongly correlated as originally

expected. When taking time to consider this further, it was noticed that each of the self-

report measures, and the specific domains of well-being fail to incorporate an

individual's level of health and fitness. This finding helped to highlight that and

individual's level of health and fitness is an important area of well-being that is currently

under emphasized. The next surprising finding was that social well-being, as assessed by

the Mental Health Continuum, was found to be weakly correlated with both the Emotions

and Relations domains on the WBI. When considering the relationship between the

Emotions domain and social well-being, the reason for the weak correlation is believed to

be a result of measuring different parts of a similar construct. Specifically, the Emotions

domain looks to evaluate internal experiences of an individual, and the extent of their

awareness and ability to identify emotions, as well as their ability to regulate their own

emotions. In contrast, social well-being assesses the ability to coexist with others in a

peaceful manner, which increases the extent to which the various social needs of the

individual are met. Even though emotions are a significant part of social relationships, it

appears as if this construct measures the emotions on the group level as compared to the

WBI domain that assesses emotions on the level of the individual. It is believed that this

difference is what accounts for the weak correlation. Additionally, in relation to the weak

correlation found between the Relationships domain on the WBI and social well-being it is believed that it is a result of the domains measuring different parts of the construct. The final finding of interest was in relation to the External Influences domain on the WBI. Because this domain assesses two opposed ends of the construct (stressors and affordances), it was found to be advantageous to separate the domain apart in order to get a more accurate assessment of its relation to the self-report measures.

Finally, we were interested in describing the overall level of well-being of college students as descriptively revealed by the interview. A review of the findings from the WBI revealed that in general, the participants are found to be in possession of a high amount of well-being. In relating this to the overall population, it is believed that this is a fairly representative sample. In general, it is felt that the majority of college students can be considered high functioning. Specifically, in order to be eligible for a college, students need to meet a number of educational, intellectual, emotional, and financial criteria. As a result, it is conceivable that the average college student has higher levels of well-being. Additionally, for most students, college is a time of development, exploration, and increased insight. This is accomplished through being exposed to a variety of education and extracurricular experiences that provide a numerous challenges and opportunities to the individual. It is these types of experiences that can increase levels of well-being. Given this, it is believed that the WBI can be an effective tool at providing a broader and more in-depth view of an individual's well-being.

Limitations

Perhaps the biggest limitation of the current study was the absence of an independent assessment of well-being and psychological functioning with which the WBI

could be corresponded and validated on. That is, in an ideal research situation, we would have been able to assess each participants' 'true' well-being, both in general and in the specific domain and then determine how the scores from the interview relate to this index. Of course, such an index of "true" well-being, if possible at all, would require a very complicated assessment. Indeed, to our knowledge, few, if any self-report scales have been validated in such a way. That said, validity evidence is a significant area of limitation in the current work.

The second limitation pertaining to this study deals with the level of clinical experience held by the research assistants. As described earlier, the research team was made up of twelve undergraduate students, who were enrolled in one of two upper level psychology courses, and two doctoral level students. One of the risks in utilizing undergraduate research assistants was that the group as a collective had limited to no experience working in a "clinical setting", conducting intake assessments or clinical interviews prior to their involvement in the study. In order to accommodate for their level of experience, a thorough training was created on basic clinical interviewing skills and administration of the WBI. This training was geared towards providing the research assistants with basic foundational attending skills, as well as, to fill any gaps for conducting a structured clinical interview. As a result, the WBI During phase II of the study forty-five of the fifty-one total WBI's were administered by the research assistants. This takes into account approximately 88% of the phase II WBI administrations. However, because the WBI is a structured clinical interview, it was felt that the prior experience of the researchers would not be as critical of a factor as initially believed. This is because the structure of the measure provides a solid script that the researchers

were able to rely on throughout the interview, and especially in event that their level of discomfort increased. Additionally, having prior insight into the initial inexperience of the research assistants allowed for the primary investigators to design the WBI training course with this in mind. In doing so, the training focused on four specific areas: increasing the basic comfort of the research assist when working with an unfamiliar person, developing the foundational attending skills that are necessary to effectively connect to another person in a clinical setting, develop their ability apply an accurate objective assessment, and to increase their understanding and familiarity of the concept of well-being and the WBI. Despite any initial concern, it is believed that the extent to which the research assistants were trained and provided with supervision, the initial inexperience of the research assistants was significantly reduced. Thus allowing for an accurate assessment of whether a trained individual can accurate assess well-being objectively using the WBI.

Another limitation was the homogeneity of the sample, in terms of age (18-24), life situation (attending college at the same university), and ethnicity. An additional potential limitation involving the sample is in relation to the participants' overall levels of functioning. Seeing as how each participant in the sample is a college student, attending a four year university, a general assumption of higher functioning is made. Meaning, that in order for a student to reach this level of education, various educational, financial, and emotional milestones must be met. By no means does this dismiss the notion that college students can be exposed to a number of mental, financial, environment, and/or educational stressors. What it does recognize is the need for the student to meet certain criteria and prerequisites in order to gain admission into a university. This opens up the

question as to how accurate the WBI will be at assessing individuals who are experiencing more severe levels of distress and impairment. This is especially important given that the ultimate hope for the WBI is that it can and will be utilized across a range of clinical settings. Thus, the generalizability of the findings of feasibility and basic validity is limited. Consider, for example, that in a separate study the WBI was piloted on a small population of severely mentally ill individuals, and it was found to be clearly invalid for some (i.e., despite being in a mental institution for many years, they rated themselves the highest possible score on all items). Thus, it must be made clear that the WBI is an assessment tool that is face valid and thus can be "faked", and requires some degree of insight, elements that our college student population had, but many clinical populations might not.

In addition to the limitations with the inexperience of the research assistants and homogeneity of the sample, it is important to revisit Ryff's argument about the cultural limitations of the construct of well-being. Not only is this an important factor for consideration when defining the construct, it also plays an important role when looking to incorporate an objective assessment component. When providing an objective assessment, there is often an influence of cultural context upon the rater and the subject. As noted before in the examples by Christopher (1999), he addressed that the concept of well-being is laden in western values. Specifically, he highlights a great point pertaining to objective ratings, and that the emphasis a given individual places on a particular area of functioning is highly depended upon the culture the individual is from. That being so, it is imperative that the evaluator administering the WBI not only takes into account the current environmental conditions, but also family and cultural influences as well.

Finally, given that the WBI looks to tap into an area of well-being assessment that has yet to explored, there was limits to the amount guidance provided by past and current research during the development of the WBI. For example, in its current form, the narrative responses are scored using the narrative scoring rubric. The hope is that over time a number of narrative responses will be collected for each domain and properly coded for response themes. In doing so, this will provide the foundation for rich, detailed examples to be provided in order to help better assist with the scoring of the narratives. It is believed that this will only help to increase the inter-rater reliability of the measure and the accuracy of scoring.

Future Implications

Given the direction that the field of positive psychology is headed, it appears as if a tremendous potential has been created for continued research in the area of well-being, and in particular the WBI. The primary hope for the WBI is that it will ultimately be utilized by clinicians during their intake assessment. The belief is that the WBI can help to better facilitate this process through its ability to quickly and concisely provide the clinician with a 360 degree view of the client, and insight into their symptoms. In doing, the examiner will be able to attain a deeper understanding of a range of factors contributing to the client's current presentation. These factors include: strengths, positive qualities, outlook, and level of resilience, etc. With this level of understanding, the clinician will be able to utilize the information gained from the WBI in order to craft therapeutic interventions tailored towards the client's most salient strengths. Ultimately, this will aid in the clinician in the processes of conceptualization and treatment planning.

As more research goes into the development of the WBI, it would be beneficial

to assess whether or not it can be generalized to other populations. As referenced earlier, due to the overall convenience of access to the sample population, the WBI was utilized solely within the college-aged population, ranging in age from 18 – 22 years. Because of this, the question still remains as to whether or not the WBI can be used with alternative populations, such as: with children, families, the elderly, and individuals with severe mental illness, etc. During the development of the WBI questions were raised in relation to whether the WBI can be utilized with children or adolescents. The initial belief is that the WBI can be a useful instrument to use with children. In order to accomplish this, various modifications would need to be made to the WBI. For examples, in order to make the WBI more suitable for children, slight adjustments may need to be made in the wording of the prompts and types of forced choice questions asked. Given the potential usefulness of this, it would be worthwhile to explore this further.

Another potential area of investigation would be into whether or not the WBI can be adapted into a parent rating scale. Seeing that the WBI looks to provide a more objective assessment of well-being, the potential exists for the WBI to be adjusted to serve a function similar to the parent rating scale of the Behavior Assessment System for Children, Second Edition (BASC) (Kamphaus, et al, 2007) or the Conners' Parent Rating Scales Revised (CPRS-R) (Conners, 1999). Both of these measures are self-report rating scales geared towards assessing the behavior and symptomology in children and adolescence. In both instances, multiple variations of the rating scales have been created in order to help in gathering objective information from parent's and/or teachers, in addition to the self-report. This allows for the examiner to gain snapshots of the child's behavior in a number of settings, instead of being limited to just a therapy office. The

thought behind this is that a parent, who has more continual exposure to the child, might be able to provide additional content that an intake assessment might overlook. Having this variety will help to show if there is any changes in behavior across the settings, and if so, it can shed light on what variables might be eliciting the change. However, doing so raises the question as to the extent in which an individual (parent) can provide an accurate objective assessment of their child. Given that there would be an existing relationship between the parent and child, the WBI would need to be altered in a way so that this can be taken into consideration. Being able to accomplish this would allow for the acquisition of an added layer of clinical data, creating the potential for a deeper conceptualization and treatment of the child.

Given the increased international attention being placed on positive psychology and well-being, another avenue for the WBI would be investigating whether or not it can be generalized for use in other countries. In order to accomplish this, more research would need to be done in relation to the cross cultural views on well-being. Specifically, this would require an investigation in the domains of well-being, and the extent to which they extend to other cultures. Additionally, the WBI would then need to be translated into other languages, and tested for reliability and generalizability.

The final future direction for the WBI worth mentioning is to assess its usefulness as an outcome measure. The hope here is that the WBI can be administered multiple times during the course of therapy in order to track a client's progress over time. Over the past decade shifts have been made towards managed care implementing limits on session number and the push for utilization of empirically supported treatments. It is felt that the use of an outcome measure has the potential to maximize a client's

experience is treatment through tracking progress over time and allowing for some on-line adjustments to be made. The feeling is that the examiner would be able to re-administer the entire WBI in order to trace a client's functioning overall, and in each of the specific domains. It is also wondered if the WBI can be partially re-administered in order to fine tune a client's function in specific domains by focusing solely on the domains of concern. Currently, the WBI is being used as part of a separate doctoral dissertation in order to evaluate its usefulness as an outcome measure. Findings from this study will help to confirm or deny the WBI's usefulness in this capacity.

Appendices

Appendix A

The Well-Being Interview

Client ID:_____ Date of Birth:_____

Date of Interview:_____ Clinician's Name:_____

Preamble:
The purpose of this interview is to gain an understanding of how you are currently feeling about yourself and your life. You will be asked a number of questions to help get a sense of how you are functioning in relation to a number of areas, including: satisfaction with life, relationships with family and friends, attitudes, general outlook, daily habits, sense of purpose, resiliency, and overall happiness.

Instructions:
The first part of each section will ask you to provide a general narrative in regards to how you have been feeling in relation to a specific area of well-being. Please look back over the past months and offer a brief description and evaluation of how you are doing in that domain. Specific 'yes' or 'no' questions will be asked to better clarify your experiences.

Section I: Domains of Life Satisfaction

A. Satisfaction

In a couple of sentences, please describe for me your levels of life satisfaction. Feel free to provide examples:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

An individual with high life satisfaction feels pleased with most major domains, is at peace with the past, and generally feels fulfilled and happy. In contrast, someone with low life satisfaction often wishes things were different, experiences problems in several major areas and often feels unhappy or unfulfilled. Given this please rate your level of life satisfaction on a scale of 1 to 7:

1   2   3   4   5   6   7
Low   Medium   High

I'd now like to ask you a few specific questions. Please answer yes, sometimes (maybe) or no.

1. Do you consider yourself to be happy?	Yes	Sometimes	No
2. Do you think you are flourishing as a person?	Yes	Sometimes	No
3. Overall, are you satisfied with your life?	Yes	Maybe	No
4. Are there things you'd change about your life if you could?	*Yes*	*Maybe*	*No*

ADMINISTRATORS RATING OF CLIENT'S LIFE SATISFACTION

1   2   3   4   5   6   7
Low   Medium   High

B. Engagement

In a couple of sentences please describe your level of engagement in life and the number and kinds of activities that you find enriching, interesting, or pleasurable. Feel free to provide examples:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Someone who is high in engagement often feels there is not enough time in the day to do all the things that could be done, often is involved in interesting or exciting activities and frequently planning what to do next. In contrast, someone low in engagement often feels bored, uninterested, or that they are just going through the motions. Given this please rate your level of engagement in life on a scale of 1 (low) to 7 (high):

1	2	3	4	5	6	7
Low			Medium			High
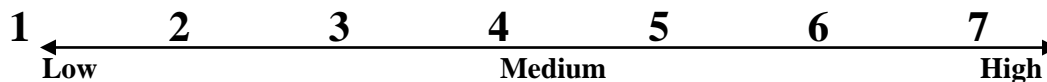
I'd now like to ask you a few questions about your engagement in life. Please answer yes, maybe (or somewhat or sometimes), or no.

1. Are there many activities that you find entertaining, interesting, or exciting?	Yes	Sometimes	No
2. Do you often feel bored and that there is nothing to do?	*Yes*	*Sometimes*	*No*
3. Do you have many hobbies or interests?	Yes	Sometimes	No
4. Do you feel you engage life to the fullest?	Yes	Sometimes	No

ADMINISTRATORS RATING OF CLIENT'S LIFE INTERESTS, ENGAGMENT, AND INVOLVEMENT

1	2	3	4	5	6	7
Low			Medium			High
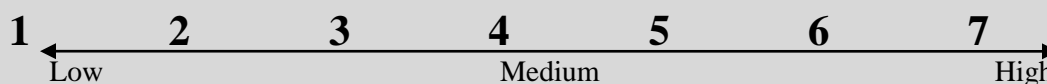
C. Purpose

In a couple of sentences, please describe for me the degree of purpose or meaning you believe that your life has. Feel free to provide examples:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

A person with a high sense of purpose sees their life as having meaning, they work to make a difference in the world, and often feel connected to ideas or social movements larger than themselves. Such individuals have a sense that they know what their life is about. Individuals low in this quality often question if there is a larger purpose, do not feel their life makes sense, and attribute no higher meaning or value to life other than the fulfillment of a series of tasks. Given this please rate your degree of purpose or meaning in life on a scale of 1 to 7:
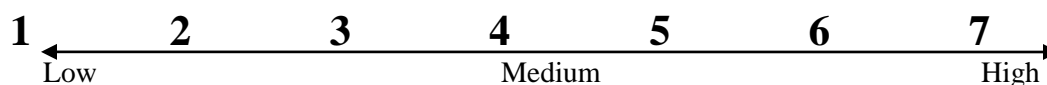
1   **2**   **3**   **4**   **5**   **6**   **7**
Low   Medium   High

I'd now like to ask you a few specific questions. Please answer yes, sometimes, or no.

1. Do you feel connected to higher causes or forces?	Yes	Sometimes	No
2. Do you feel like your life can make a difference for the better?	Yes	Sometimes	No
3. Do you feel like your life has a purpose?	Yes	Sometimes	No
4. Do you sometimes feel as if life has no meaning?	*Yes*	*Sometimes*	*No*

ADMINISTRATORS RATING OF CLIENT'S LIFE MEANING AND PURPOSE

1   **2**   **3**   **4**   **5**   **6**   **7**
Low   Medium   High
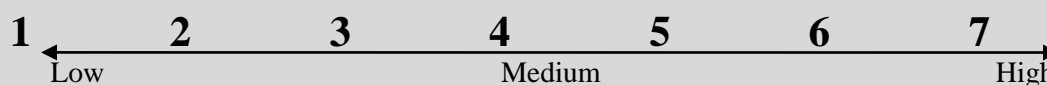
Section II: Domains of Adaptation

A. Health and Habits

<u>Medical Health</u>

In a couple of sentences please reflect on your medical health and the degree to which you are a healthy individual. Feel free to provide examples:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____

An individual high in medical health rarely has physical pain, does not have chronic health problems, and is able to accomplish the tasks in daily living without a problem. In contrast, a person low in medical health often has pain or discomfort, frequently misses work or requires visits to the doctor or has to continually manage problems related to their biological functioning. Given this please rate your level of medical health on a scale of 1 to 7:

1	2	3	4	5	6	7
Low			Medium			High
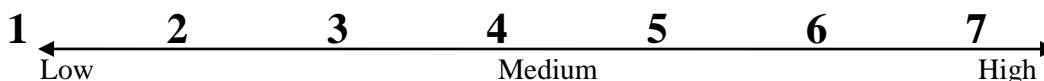
I'd now like to ask you a few specific questions. Please answer yes, sometimes, or no.

1. Are you usually free of pain or discomfort?	Yes	Sometimes	No
2. Do you have chronic health problems?	*Yes*	*Sometimes*	*No*
3. Overall, do you consider yourself a healthy person?	Yes	Sometimes	No
4. Does poor health negatively impact your happiness?	*Yes*	*Sometimes*	*No*

ADMINISTRATORS RATING OF CLIENT'S MEDICAL HEALTH

1	2	3	4	5	6	7
Low			Medium			High

Fitness and Healthy Habits

Please describe for me your level of physical fitness and the extent to which you engage in healthy habits. Feel free to provide examples:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

An individual high in fitness and healthy habits regularly exercises, has healthy body shape and weight, has good strength, flexibility, and endurance, and engages in healthy eating and sleeping patterns. In contrast, a person who is low in fitness and healthy habits rarely exercises, feels weak or easily run down, and does not have healthy eating or sleeping patterns and may regularly use unhealthy substances. Given this please rate the degree to which you engage in health habits on a scale of 1 to 7:

1   **2**   **3**   **4**   **5**   **6**   **7**
Low   **Medium**   **High**

I'd now like to ask you a few specific questions. Please answer yes, sometimes, or no.

Exercise

1. Do you regularly engage in exercise (3x week or more)?	Yes	Sometimes	No
2. Do you have good endurance (e.g., could run a mile)?	Yes	Sometimes	No
3. Do you sometimes feel weak or out of shape?	*Yes*	*Sometimes*	*No*
4. Are you overweight?	*Yes*	*Maybe*	*No*

Sleeping and Eating

1. Do you have good sleep habits?	Yes	Sometimes	No
2. Do you eat a balanced diet?	Yes	Sometimes	No
3. Do you frequently over-eat or starve yourself?	*Yes*	*Sometimes*	*No*

Substance Use

1. Do you smoke more than a half pack of cigarettes a day?	*Yes*	*Sometimes*	*No*
2. Do you regularly drink alcohol?	*Yes*	*Maybe*	*No*
3. Do you use illegal substances regularly?	*Yes*	*Maybe*	*No*

ADMINISTRATORS RATING OF CLIENT'S FITNESS AND HEALTHY HABITS

1　**2**　**3**　**4**　**5**　**6**　**7**

Low　　　　Medium　　　High
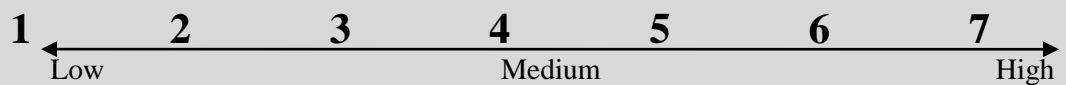
B. Emotions

Please take a minute to think about your emotional life, including the emotions that you often feel and emotions that you may try to regulate or not experience. In a couple of sentences, please provide an appraisal of how you are functioning in the domain of emotions and emotion regulation. Feel free to provide examples:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Someone who is functioning well in this domain is able to experience the full range of emotions, is able to regulate their emotions when necessary, and generally feels more positive as opposed to negative feeling states. In contrast, someone who is having trouble in this domain has difficulty in effectively controlling their emotions or connecting to them appropriately, often feels overwhelmed or afraid of their emotions, and tends to feel more negative than positive feeling states. Given this please rate the degree to which you engage in emotional regulation on a scale of 1 to 7:

1	2	3	4	5	6	7
Low			Medium			High
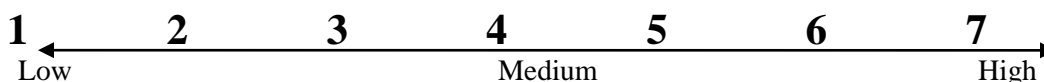
I'd now like to ask you a few specific questions about your emotions. Please answer yes, maybe (or somewhat or sometimes), or no.

1. Do you feel more positive than negative feeling states?	Yes	Maybe	No
2. Do you experience a significant amount of anger or hostility?	*Yes*	*Sometimes*	*No*
3. Do you experience a significant amount of guilt or shame?	*Yes*	*Sometimes*	*No*
4. Do you experience a significant amount of joy and contentment	Yes	Sometimes	No
5. Are you able to connect with how you feel?	Yes	Sometimes	No
6. Do you act on your emotions in a way you later regret?	*Yes*	*Sometimes*	*No*

ADMINISTRATORS RATING OF CLIENT'S EMOTIONS AND EMOTION REGULATION

1	2	3	4	5	6	7
Low			Medium			High

C. Relationships

Please take a minute to reflect on the quality of your relationship with others. Feel free to provide examples:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

An individual with positive relationships feels connected, respected, and well-loved. They can share aspects of themselves, experience intimacy, and usually feel secure. In contrast, individuals with poor relationships often feel unappreciated, disrespected, unloved, disconnected, hostile, rejected, or misunderstood. They tend to feel insecure and sometimes alone or distant from others. Given this, please rate the quality of your relationships with others on a scale of 1 to 7:

1	2	3	4	5	6	7
Low			**Medium**			**High**

I'd now like to ask you a few specific questions about your relationships. Please answer yes, maybe (or somewhat or sometimes), or no.

Family of Origin

1. Do you feel well-connected to your family of origin?	Yes	Maybe	No
2. Growing up, did you have a good relationship with your parents?	Yes	Maybe	No
3. Did you have serious, longstanding conflicts with members of your family?	*Yes*	*Sometimes*	*No*
4. Was your family close to a positive ideal?	Yes	Sometimes	No

Peers and Friends

1. Do you get along well with your peers?	Yes	Maybe	No
2. Do you have good friends you can trust?	Yes	Sometimes	No

3. Do you feel lonely or isolated?	Yes	Maybe	No
4. Do you feel your peers don't respect you?	Yes	Maybe	No

Romantic Relationships

1. Are you satisfied with your romantic relationship(s)?	Yes	Maybe	No
2. Do you know how to love and be loved romantically?	Yes	Maybe	No
3. Are you concerned you will not find a happy romantic relationship?	*Yes*	*Sometimes*	*No*
4. Are you experiencing significant conflicts in your romantic life?	*Yes*	*Maybe*	*No*

ADMINISTRATORS RATING OF CLIENT'S RELATIONSHIP QUALITY

1   2   3   4   5   6   7

Low   Medium   High

D. Coping

Please take a minute to describe your capacity to deal with stressors, and consider the extent to which you feel you are effective in managing your life and coping with difficulty in a resilient way. Feel free to provide examples:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Individuals high in resiliency and who have good coping strategies are able to deal with significant stressors without becoming overwhelmed with negative emotions or completely disconnecting from their feelings. They also have good insight into what makes them tick. In contrast, people who have difficulty in this area often feel insecure and overwhelmed or try not to deal with what is bothering them. Given this, please rate your ability to cope effectively and be resilient on a scale of 1 to 7:

1	**2**	**3**	**4**	**5**	**6**	**7**
Low			**Medium**			**High**

I'd now like to ask you a few questions about your coping. First, could you share a little bit about the kinds of things that make you feel defensive or vulnerable and explain how you cope?

_____
_____
_____
_____
_____
_____
_____
_____
_____

Now, I want to ask a few specific questions. Please answer yes, maybe (or somewhat or sometimes), or no.

1. Do you use humor to cope?	Yes	Sometimes	No
2. *Do you try to avoid painful feelings?*	*Yes*	*Sometimes*	*No*
3. *Are there parts of yourself or your life that you try not to think about?*	*Yes*	*Maybe*	*No*

4.	Do you deal well with criticism?	Yes	Sometimes	No
5.	*Have you ever had a crisis you could not deal with?*	*Yes*	*Maybe*	*No*
6.	Do you normally feel calm, relaxed, or centered?	Yes	Sometimes	No
7.	Do you have the ability to "bounce back" and recover from adversity?	Yes	Sometimes	No
8.	Do you have the ability to adapt to most situations?	Yes	Maybe	No
9.	*Do you often feel vulnerable, insecure, or threatened?*	*Yes*	*Maybe*	*No*

ADMINISTRATORS RATING OF CLIENT'S COPING, DEFENSIVENESS, AND RESILIENCY

```
1       2       3       4       5       6       7
 Low                 Medium                    High
```
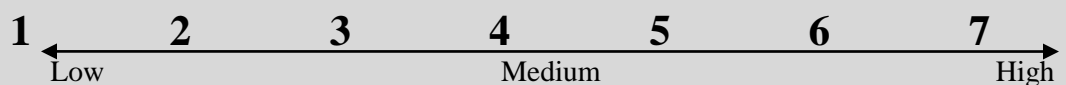
E. Identity

Please take a minute to reflect on who you are and how you evaluate your self. Consider the degree of positive and negative attitudes you have about yourself, your past behaviors and the choices that you have made. In a couple of sentences, please describe your attitudes about your self. Feel free to provide examples:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Someone with a positive view of self is pleased with who they are and accepting of multiple aspects of themselves, both good and bad. In contrast, individuals with a negative view of self are often self-critical, confused about their identity, and may wish they were different in many respects. Given this, please rate your overall view of self on a scale of 1 (negative) to 7 (positive):

1   2   3   4   5   6   7
Negative   **Neutral**
Positive
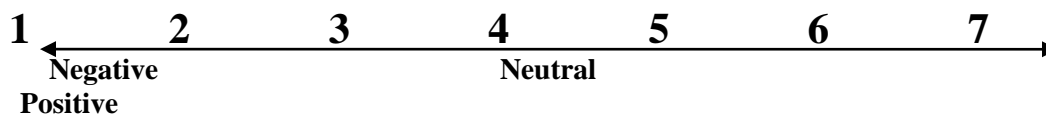
Now, I want to ask a few specific questions about your self. Please answer yes, maybe (or somewhat or sometimes), or no.

	Yes	Sometimes	No
1. Do you see yourself as an admirable person?	Yes	Sometimes	No
2. *Do you constantly second guess your decisions?*	*Yes*	*Sometimes*	*No*
3. *Do you wish you were someone else?*	*Yes*	*Maybe*	*No*
4. Are you confident in your abilities?	Yes	Sometimes	No
5. Do other people know "the real you"?	Yes	Maybe	No
6. Are you able to accept your limitations or weaknesses?	Yes	Sometimes	No
7. Do you take pride in what you have accomplished in life?	Yes	Sometimes	No
8. *Are you often critical or disappointed in yourself?*	*Yes*	*Maybe*	*No*

ADMINISTRATORS RATING OF CLIENTS NARRATIVE IDENTITY
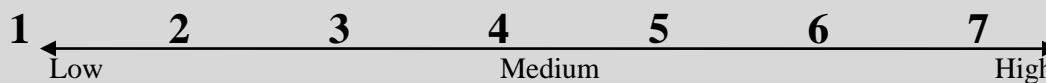
1   2   3   4   5   6   7
Low   Medium   High
Section III: Stressors and Affordances, and Trajectory

Section III: External Dimensions

A. Environmental Influences

In a couple of sentences, please describe the demands and stressors you have faced or are facing over the past months. Feel free to provide examples:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Consider, for example, your financial situation, the responsibilities placed on you by your work (or studies) and your current living situation. Given this, please rate your level of life stressors and demands on a scale of 1 (low) to 7 (high):

1	2	3	4	5	6	7
Low			**Medium**			**High**

REVERSE SCORED

Now, I want to ask a few specific questions about domains that frequently cause stress. Please answer yes, maybe (or somewhat or sometimes), or no.

1. Are you stressed about your finances?	*Yes*	*Maybe*	*No*
2. Does your living situation cause you significant stress?	*Yes*	*Maybe*	*No*
3. Does your occupation/studies place heavy demands on you?	*Yes*	*Maybe*	*No*

ADMINISTRATORS RATING OF CLIENT'S STRESSORS AND AFFORDANCES

1	2	3	4	5	6	7
Low			Medium			High

REVERSE SCORED
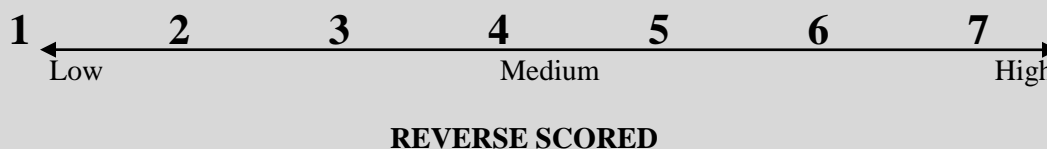
In a couple of sentences, please describe the opportunities you have in your environment for enrichment, pleasure or fulfillment. Feel free to provide examples:

_____
_____
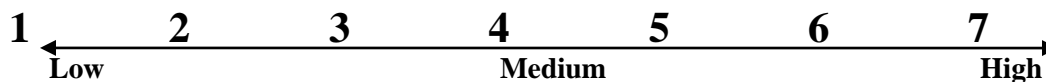_____
_____
_____
_____
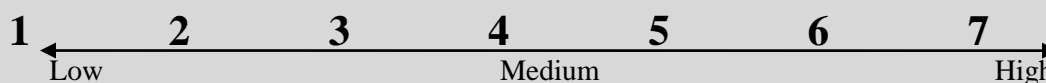_____
_____
_____
_____
_____
_____
_____

Consider your access to technology, your financial resources, the opportunities given to you by your work (or studies). Given this, please rate your opportunities for enrichment, pleasure or fulfillment on a scale of 1 (low) to 7 (high):

1   2   3   4   5   6   7
Low   Medium   High

I'd now like to ask you a few specific questions. Please answer yes, maybe (or somewhat or sometimes), or no.

1. Do you have the financial resources to buy what you want?	Yes	Maybe	No
2. Does your living situation give you the opportunities to have comfort as well as new, interesting experiences?	Yes	Maybe	No
3. Does your occupation/studies give you enriching opportunities?	Yes	Sometimes	No

ADMINISTRATORS RATING OF CLIENT'S AFFORDANCES

1   2   3   4   5   6   7
Low   Medium   High

B. Trajectory

In a couple of sentences please reflect on where and/or the direction you feel your life is headed. Feel free to provide examples:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Consider whether you feel you are on a good developmental pathway and that things will continue to get better (or, perhaps, remain very good). Or if you feel that you have stagnated or feel somewhat stuck or maybe even that things will get worse. Given this, please rate your level of satisfaction with your life trajectory on a scale of 1 to 7:

1   **2**   **3**   **4**   **5**   **6**   **7**
Low   **Medium**   **High**

I'd now like to ask you a few specific questions. Please answer yes, sometimes or no.

1. Do you feel things are getting better?	Yes	Sometimes	No
2. Do you feel like you are growing as a person?	Yes	Sometimes	No
3. *Do you feel stuck or in a rut?*	*Yes*	*Sometimes*	*No*
4. *Do you think your best days are behind you?*	*Yes*	*Sometimes*	*No*

ADMINISTRATORS RATING OF CLIENT'S LIFE TRAJECTORY

1   **2**   **3**   **4**   **5**   **6**   **7**
Low   Medium   High

ADMINISTRATORS RATING OF CLIENT'S PRESENTATION

Now that you have completed the WBI, please take a moment to describe the client's overall presentation:

1. How would you describe the client's level of engagement?	High	Average	Low
2. Where their responses believable?	Yes	Maybe	No
3. Did they have good insight/awareness of self?	Yes	Maybe	No
4. Was their mood congruent with affect?	Yes	Maybe	No
5. Were they oriented to state, place, and time?	Yes	Maybe	No
6. Did the client openly and thoughtfully respond to prompts?	Yes	Maybe	No

If you responded NO to any questions, please describe why:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Additional comments (for example regarding the client's level of engagement in the process, cooperation, amount of eye-contact, dress, speech (volume, rate, tone), and/or anything else that may have stood out about them or the way in which they interacted with you):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Appendix B

**The Well Being-Interview
Narrative Scoring Rubric**

Instructions:

After administration of the WBI, review each of the narrative response provided. Determine which score best fits the response by deciding which description most accurately represents the respondent's narrative. Responses are evaluated across 5 areas: assessment, breadth, depth, insight/awareness, and openness. Each score is broken down into two categories: domain functioning and potential response styles. A response should meet at least 2 criterions from both categories in order for it to be eligible for the corresponding score.

Score	Description
3	**Domain Functioning** • Individual's response reflects **high** levels of functioning in relation to the domain. • Response highlights significantly higher levels of fulfillment compared to distress in relation to the domain. • Responses demonstrate learning from past experiences and applying lessons towards present and/or future events. • Respondent uses self-reflection in order to make accurate connections and assessment of current levels of functioning in relation to the domain. • Response is exceedingly connected to an individual deemed to be highly functioning in that domain (e.g.: see subjective Likert prompt for description of high vs. low on specific domain; individual may fall at a 6 or 7). **Potential Response Styles:** • Response is well thought out and supplied specific detail as to how their life corresponds to the specific domain. • Response is complex and deep, touching upon multiple dimensions of the domain. • Tone of response is congruent with respondent's presentation, examples, and insight (e.g.: describes a positive life trajectory and describes a various future goals, visions, hopes, dreams; and they are realistically attainable). • Respondent successfully able to make insightful connections between current feelings and behavior, and past experiences. • Respondent is open and willing to share. • Respondent provided abundant examples (2+) that related to the given domain.
2	**Domain Functioning** • Individual's response reflects **moderate** levels of functioning in relation to the domain. • Response highlights at least equal amounts of fulfillment compared to distress in relation to the domain. • Respondent attempts to make connections between current feelings and behavior and past experiences. • Respondent demonstrated a moderate capacity for reflecting on current life circumstances, and was able to make connections to their relation to the specific domain. • Response is connected to an individual deemed to be highly functioning in that domain (e.g.: see subjective Likert prompt for description of high vs. low on specific domain;

	individual may fall at a 4 or 5). **Potential Response Styles:** • Response appears related to prompt, but may have some disorganization. • Response may include single word answers, but additional information is provided. • Responses demonstrate a capacity for insight. • Response is detailed, but some organization missing. • Response was thoughtful. • Respondent was open to elaborating or their response. • Examples (2) are provided in support of the response and are supported with moderate amounts of content (e.g.: a sentence).
<u>1</u>	**Domain Functioning** • Individual's response reflects **limited** levels of functioning in relation to the domain. • Response highlights more distress than satisfaction in relation to the domain. • Content of response is incongruent with respondents tone or presentation (e.g.: evaluates self as being high on healthy habits domain, but abuses alcohol/drugs, limited in exercise, and no self-control around food). • Response offered, though limited in terms of content/insight provided (e.g.: gives and assessment of their functioning in relation to the domain, but unable to or refrain from elaborating on why they are rated there). • Respondent uses any of the following words without providing any additional information: "fine", "good", "OK", etc. **Potential Response Styles:** • Response offered, though limited in terms of content provided. • Respondent refrains from adding much detail. • Respondent uses single word responses. • Response is scattered, unorganized, and somewhat tangential. • Response is somewhat flat, generic or vague. • Response is narrow and or specific, focusing on a single area of a potential complex domain (e.g.: response only highlights social relationships, and fails to recognize family and/or romantic relationships). • An example (1) is provided, but it is limited in in content (e.g.: a few words).
<u>0</u>	**Domain Functioning** • No response provided. • If response is provided, the individual appears significantly **impaired** or struggling to fulfill criteria in relation to the domain. • The individual describes themselves as "low", "bad", "terrible", etc. in relation to the given domain. • Response does not reflect personal insight and/or self-awareness of how they are functioning in relation to the domain. **Potential Response Styles:** • Response does not reflect the given prompt. • Response is vague, general, and/or obscure. • Response is significantly incoherent and/or highly tangential. • Response is incredibly limited in scope, and only addresses a small or loosely related part of the prompt. This results in a response that is narrow and/or constricted. • No examples provided.

Appendix C

Phase I Informed Consent Form

Consent to Participate in Research

Identification of Investigators & Purpose of Study
You are being asked to participate in a research study conducted by Craig Asselin and Dr. Gregg Henriques from James Madison University. This study is investigating the concept of well-being. Specifically, our aim is to revisit the traditional way in which well-being has been assessed through the development of a new clinical measure. In doing so, we will also be taking a closer look at how well-being has been defined, and what the various domains are which influence well-being. Well-being can be most commonly referred to as healthy mental functioning.

Research Procedures

Should you decide to participate in this research study, you will be asked to sign this consent form once all your questions have been answered to your satisfaction. This study consists of a survey and potential follow-up interview that will be administered to individual participants in Miller Hall at James Madison University. This study takes part in two phases. The first phase consists of an online survey that will be administered to individual participants through *Qualtrics*. You will be asked to provide answers to a series of questions related to well-being. Should you decide to participate in this research you may access the confidential survey by following the web link located under the "Giving of Consent" section.

Phase two of the study will involve the random selection of several participants from the larger subject pool. These select individual's will be invited to participate in the administration of a structured clinical interview to assess their level of well-being. Questions will be presented in the following formats: open-ended, forced choice, and likert scale rating responses. During this phase participants will be invited to participate in a face-to-face interview regarding their well-being and satisfaction with life. Appointments will be scheduled with the researchers that will last approximately 45 minutes in duration. The willing participants will meet the researcher in the counseling suite of Miller Hall.

Time Required
Participation in **phase one** of this study will require approximately 60 minutes of your time. Participation in **phase two** of this study will require approximately 45 minutes of your time.

Potential Risks & Benefits

The investigator does not perceive any more than minimal risks from your involvement in this study. Potential benefits from participation in this study include helping us learn more about the construct of well-being, and if it can be measured in a more objective manner.

Confidentiality

The results of this research will be used in the writing and potential publication of a doctoral dissertation; as well as, presented at national psychology conferences. While individual responses are confidentially obtained and recorded online through Qualtrics, data is kept in the strictest confidence. Responding participant's email addresses will be tracked using Qualtrics for follow-up notices, but names and email addresses are not associated with individual survey responses. The researchers will know if a participant has submitted a survey, but will not be able to identify individual responses, therefore maintaining anonymity for the survey. Results of the survey will be aggregated and ranked in order based on the overall total. Based on this ranking, the individuals selected for the follow-up will be matched to their participant number and contacted through James Madison University's email system. This match is solely for the purpose of obtaining contact information for phase two of the study. At no time will participant's individual survey item responses be associated with their name.

During phase two, selected participants will meet individually with a researcher to be asked questions in relation to their levels of well-being. Responses to these questions will be hand recorded and video recorded. Participant names and identification codes will be kept separate from their responses. This list will be kept in a locked file cabinet in the primary investigators locked office. Recordings of the second phase will be made on DVD's, and kept in a locked file cabinet in the primary investigators locked office as well. These DVD's will be destroyed after the 30 minute WBI phase is transcribed and de-identified. The results of this project will be coded in such a way that the respondent's identity will not be attached to the final form of this study. Aggregate data will be presented representing averages or generalizations about the responses as a whole. All data will be stored in a secure location accessible only to the researcher. Upon completion of the study, all information will be destroyed. Final aggregate results will be made available to participants upon request.

Participation & Withdrawal

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind.

Questions about the Study

If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

Craig A. Asselin, M.Ed., C.A.G.S.   Dr. Gregg Henriques
Department of Graduate Psychology   Department of Graduate Psychology
James Madison University   James Madison University

Email Address: asselica@dukes.jmu.edu Email Address: henriqgx@jmu.edu

Questions about Your Rights as a Research Subject
Dr. David Cockley
Chair, Institutional Review Board
James Madison University
(540) 568-2834
cocklede@jmu.edu

Giving of Consent

I have read this consent form and I understand what is being requested of me as a participant in this study. I freely consent to participate. The investigator provided me with a copy of this form through email. I certify that I am at least 18 years of age. By clicking on the link below, and completing and submitting this anonymous online survey, I am consenting to participate in this research.

Hyperlink to Qualtrics survey will be inserted here.

_____
Name of Participant (Printed)

_____   _____
Name of Participant (Signed)   Date

_____   _____
Name of Researcher (Signed)   Date

Appendix D

Phase II Informed Consent Form

Consent to Participate in Research

Identification of Investigators & Purpose of Study
You are being asked to participate in the second phase of a research study conducted by Craig Asselin and Dr. Gregg Henriques from James Madison University. This study is investigating the concept of well-being. Specifically, our aim is to revisit the traditional way in which well-being has been assessed through the development of a new clinical measure. In doing so, we will also be taking a closer look at how well-being has been defined, and what the various domains are which influence well-being. Well-being can be most commonly referred to as healthy mental functioning.

Research Procedures

Should you decide to participate in this research study, you will be asked to sign this consent form once all your questions have been answered to your satisfaction. This phase of the study (phase two) involved the random selection of several participants from the larger subject pool. You have been one of the selected individual's invited to participate in the administration of a structured clinical interview to assess their level of well-being. Questions will be presented in the following formats: open-ended, forced choice, and likert scale rating responses. During this phase you will participate in a face-to-face interview regarding your well-being and satisfaction with life. This phase will last approximately 45 minutes in duration. The willing participants will meet the researcher in the counseling suite of Miller Hall.

Time Required
Participation in **phase two** of this study will require approximately 45 minutes of your time.

Potential Risks & Benefits
The investigator does not perceive any more than minimal risks from your involvement in this study. Potential benefits from participation in this study include helping us learn more about the construct of well-being, and if it can be measured in a more objective manner.

Confidentiality
The results of this research will be used in the writing and potential publication of a doctoral dissertation; as well as, presented at national psychology conferences. During this phase, selected participants will meet individually with a researcher to be asked questions in relation to their levels of well-being. Responses to these questions will be hand recorded and video recorded. Participant names and identification codes will be kept separate from their responses. This list will be kept in a locked file cabinet in the

primary investigators locked office. Recordings of the second phase will be made on DVD's, and kept in a locked file cabinet in the primary investigators locked office as well. These DVD's will be destroyed after the 30 minute WBI phase is transcribed and de-identified. The results of this project will be coded in such a way that the respondent's identity will not be attached to the final form of this study. Aggregate data will be presented representing averages or generalizations about the responses as a whole. All data will be stored in a secure location accessible only to the researcher. Upon completion of the study, all information will be destroyed. Final aggregate results will be made available to participants upon request.

Participation & Withdrawal

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind.

Questions about the Study

If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

Craig A. Asselin, M.Ed., C.A.G.S.   Dr. Gregg Henriques
Department of Graduate Psychology   Department of Graduate Psychology
James Madison University   James Madison University
Email Address: asselica@dukes.jmu.edu Telephone: (540) 568-7857
                                     Email Address: henriqgx@jmu.edu

Questions about Your Rights as a Research Subject

Dr. David Cockley
Chair, Institutional Review Board
James Madison University
(540) 568-2834
cocklede@jmu.edu

Giving of Consent

I have read this consent form and I understand what is being requested of me as a participant in this study. I freely consent to participate. By signing below I am also giving my consent to being video recorded during this phase. The investigator provided me with a copy of this form through email. I certify that I am at least 18 years of age.

_____
Name of Participant (Printed)

_____ _____
Name of Participant (Signed)   Date

_____ _____
Name of Researcher (Signed)   Date

Appendix E

Phase II Email:

Dear XXX,

As you may recall, a couple of days ago you were involved in a study investigating well-being. This email is to inform you that you have been selected to participate in phase two of the study. You may recall that this will involve an in-person interview lasting approximately 45 minutes. Please respond to this email by XX/XX/XXXX in order to indicate whether you are interested in participating in this phase or not. If you plan on continuing with the study, it would be helpful for you to provide the researcher with various day's and time's of availability. Your current and continued participation is appreciated! Please let me know if you have an additional question(s) about the first or second phase of the process.

Regards,

Craig A. Asselin, M.Ed.; C.A.G.S
Doctoral Candidate
Combined/Integrated Program in Clinical & School Psychology
James Madison University
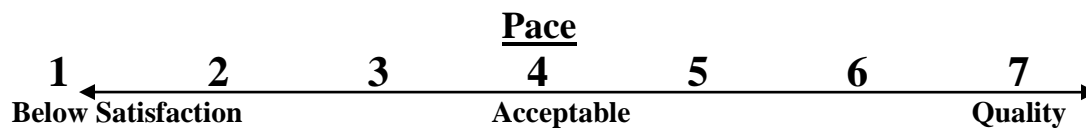Miller Hall, G091
Harrisonburg, VA 22807

Appendix F

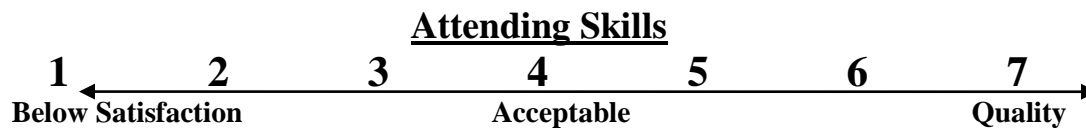# WBI Observation Rating

Name:_____   **Date:**_____

Start time:_____   **Stop Time:**_____

<u>Clarity</u>

1   **2**   **3**   **4**   **5**   **6**   **7**

Below Satisfaction   **Acceptable**   **Quality**

Comments:

<u>Pace</u>

1   **2**   **3**   **4**   **5**   **6**   **7**

Below Satisfaction   **Acceptable**   **Quality**

Comments:

<u>Attending Skills</u>

1   **2**   **3**   **4**   **5**   **6**   **7**

Below Satisfaction   **Acceptable**   **Quality**

Comments:

<u>Professionalism</u>

1   **2**   **3**   **4**   **5**   **6**   **7**

Below Satisfaction   **Acceptable**   **Quality**

Comments:

Engagement/Enthusiasm

1	2	3	4	5	6	7

Below Satisfaction　　　　　Acceptable　　　　　Quality

Comments:

Familiarity with WBI

1	2	3	4	5	6	7

Below Satisfaction　　　　　Acceptable　　　　　Quality

Comments:

Comfort in Administration

1	2	3	4	5	6	7

Below Satisfaction　　　　　Acceptable　　　　　Quality

Comments:

Total Timing: _____

1	2	3	4	5	6	7

Below Satisfaction　　　　　Acceptable　　　　　Quality

Comments:

Total: _____/56

Appendix G

The Satisfaction with Life Scale
By Ed Diener, Ph.D.

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

1 = Strongly Disagree
2 = Disagree
3 = Slightly Disagree
4 = Neither Agree or Disagree
5 = Slightly Agree
6 = Agree
7 = Strongly Agree

_____1. In most ways my life is close to my ideal.
_____2. The conditions of my life are excellent.
_____3. I am satisfied with life.
_____4. So far I have gotten the important things I want in life.
_____5. If I could live my life over, I would change almost nothing.

Appendix H

Scales of Psychological Well-Being (SPWB)
Carol Ryff, 1989

The following set of questions deals with how you feel about yourself and your life. Please remember that there are no right or wrong answers.

Strongly Disagree	Disagree Somewhat	Disagree Slightly	Agree Slightly	Agree Somewhat	Strongly Agree
A	**B**	**C**	**D**	**E**	**F**

1. Most people see me as loving and affectionate.
2. In general, I feel I am in charge of the situation in which I live.
3. I am not interested in activities that will expand my horizons.
4. When I look at the story of my life, I am pleased with how things have turned out.
5. Maintaining close relationships has been difficult and frustrating for me.
6. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.
7. The demands of everyday life often get me down.
8. I live life one day at a time and don't really think about the future.
9. In general, I feel confident and positive about myself.
10. I often feel lonely because I have few close friends with whom to share my concerns.
11. My decisions are not usually influenced by what everyone else is doing.
12. I do not fit very well with the people and the community around me.
13. I tend to focus on the present, because the future nearly always brings me problems.
14. I feel like many of the people I know have gotten more out of life than I have.
15. I enjoy personal and mutual conversations with family members or friends.
16. I tend to worry about what other people think of me.
17. I am quite good at managing the many responsibilities of my daily life.
18. I don't want to try new ways of doing things - my life is fine the way it is.
19. Being happy with myself is more important to me than having others approve of me.
20. I often feel overwhelmed by my responsibilities.
21. I think it is important to have new experiences that challenge how you think about yourself and the world.
22. My daily activities often seem trivial and unimportant to me.
23. I like most aspects of my personality.
24. I don't have many people who want to listen when I need to talk.
25. I tend to be influenced by people with strong opinions.
26. When I think about it, I haven't really improved much as a person over the years.
27. I don't have a good sense of what it is I'm trying to accomplish in life.
28. I made some mistakes in the past, but I feel that all in all everything has worked out for the best.

29. I generally do a good job of taking care of my personal finances and affairs.
30. I used to set goals for myself, but that now seems like a waste of time.
31. In many ways, I feel disappointed about my achievements in life.
32. It seems to me that most other people have more friends than I do.

33. I enjoy making plans for the future and working to make them a reality.
34. People would describe me as a giving person, willing to share my time with others.
35. I have confidence in my opinions, even if they are contrary to the general consensus.
36. I am good at juggling my time so that I can fit everything in that needs to be done.
37. I have a sense that I have developed a lot as a person over time.
38. I am an active person in carrying out the plans I set for myself.
39. I have not experienced many warm and trusting relationships with others.
40. It's difficult for me to voice my own opinions on controversial matters.
41. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.
42. Some people wander aimlessly through life, but I am not one of them.
43. My attitude about myself is probably not as positive as most people feel about themselves.
44. I often change my mind about decisions if my friends or family disagree.
45. For me, life has been a continuous process of learning, changing, and growth.
46. I sometimes feel as if I've done all there is to do in life.
47. I know that I can trust my friends, and they know they can trust me.
48. The past had its ups and downs, but in general, I wouldn't want to change it.
49. I have difficulty arranging my life in a way that is satisfying to me.
50. I gave up trying to make big improvements or changes in my life a long time ago.
51. When I compare myself to friends and acquaintances, it makes me feel good about who I am.
52. I judge myself by what I think is important, not by the values of what others think is important.
53. I have been able to build a home and a lifestyle for myself that is much to my liking.
54. There is truth to the saying that you can't teach an old dog new tricks.

Appendix I

The Psychological Well-Being Scale-HR
Gregg Henriques, Ph.D.

The following set of questions deals with how you feel about yourself and your life. Please remember that there are no right or wrong answers. Read each description carefully and then rate where you think you fall on the seven point scale provided.

1. Please rate your levels of self-acceptance, which refers to the degree positive attitudes you have about yourself, your past behaviors and the choices that you have made. Someone with high self-acceptance is pleased with who they are and accepting of multiple aspects of themselves, both good and bad. In contrast, individuals with low self-acceptance are often self-critical, confused about their identity, and may wish they were different in many respects.
1. Very low in self-acceptance
2. Low in self-acceptance
3. Somewhat low in self-acceptance
4. Neutral or sometimes high and sometimes low
5. Somewhat high in self-acceptance
6. High in self-acceptance
7. Very high in self-acceptance

2. Please rate the overall quality of your relationship with others. An individual with positive relationships feels connected, respected, and well-loved. They can share aspects of themselves, experience intimacy, and usually feel secure. In contrast, individuals with poor relationships often feel unappreciated, disrespected, unloved, disconnected, hostile, rejected, or misunderstood. They tend to feel insecure and sometimes alone or distant from others.
1. Very poor relations with others
2. Poor relations with others
3. Somewhat poor relations with others
4. Neutral or sometimes positive and sometimes negative
5. Somewhat positive relationships with others
6. Positive relations with others
7. Very positive relations with others

3. Please rate your sense of autonomy. Individuals with high levels of autonomy are independent, self-reliant, can think for themselves, do not have a strong need to conform, and don't worry too much about what others think about them. In contrast, individuals low in autonomy feel dependent on others, are constantly worried about the opinions of others, are always looking to others for guidance, and feel strong pressures to conform to others' desires.

1. Very low in autonomy
2. Low in autonomy
3. Somewhat low in autonomy
4. Neutral or sometimes high and sometimes low
5. Somewhat high in autonomy
6. High in autonomy
7. Very high in autonomy

4. Please rate your sense of mastery over the environment, which is the degree to which you feel competent to meet the demands of your situation. Individuals high in environmental mastery feel they have the resources and capacities to cope, adjust and adapt to problems, and are not overwhelmed by stress. Those with a low level of environmental mastery may feel powerless to change aspects of their environment with which they are unsatisfied, feel they lack the resources to cope, and are stressed or overwhelmed.

1. Very low in environmental mastery
2. Low in environmental mastery
3. Somewhat low in environmental mastery
4. Neutral or sometimes high and sometimes low
5. Somewhat high in environmental mastery
6. High in environmental mastery
7. Very high in environmental mastery

5. Please rate your level of personal growth. Individuals with high levels of personal growth see themselves as changing in a positive direction, moving toward their potential, becoming more mature, increasing their self-knowledge, and learning new skills. Individuals low in personal growth feel no sense of change or development, often feels bored and uninterested in life, and lacks a sense of improvement over time.

1. Very low in personal growth
2. Low in personal growth
3. Somewhat low in personal growth
4. Neutral or sometimes high and sometimes low
5. Somewhat high in personal growth
6. High in personal growth
7. Very high in personal growth

6. Please rate the level of your sense of purpose in life. Individual with a high sense of purpose sees their life has having meaning, they work to make a difference in the world, and often feel connected to ideas or social movements larger than themselves. Such individuals have a sense that they know what their life is about. Individuals low in this quality often question if there is a larger purpose, do not feel their life makes sense, and attribute no higher meaning or value to life other than the fulfillment of a series of tasks.

1. Very low in sense of purpose
2. Low in sense of purpose
3. Somewhat low in sense of purpose
4. Neutral or sometimes high and sometimes low
5. Somewhat high in sense of purpose
6. High in sense of purpose
7. Very high in sense of purpose

Appendix J

The Mental Health Continuum Short Form (MHC-SF)[1]
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Adult MHC-SF (ages 18 or older)

Please answer the following questions are about how you have been feeling during the [insert time frame: past month, past two weeks]. Place a check mark in the box that best represents how often you have experienced or felt the following:

During the [insert time frame: past month, past two weeks], how often did you feel …	NEVER	ONCE OR TWICE	ABOUT ONCE A WEEK	ABOUT 2 OR 3 TIMES A WEEK	ALMOST EVERY DAY	EVERY DAY
1. happy						
2. interested in life						
3. satisfied						
4. that you had something important to contribute to society						
5. that you belonged to a community (like a social group, or your neighborhood)						
6. that our society is becoming a better place for people like you						
7. that people are basically good						
8. that the way our society works makes sense to you						
9. that you liked most parts of your personality						
10. good at managing the responsibilities of your daily life						
11. that you had warm and trusting relationships with others						
12. that you had experiences that						

---

[1]Although copyrighted, the MHC-SF may be used as long as proper credit is given. Permission is not needed to use the measure and requests to use the measure will not be answered on an individual basis because permission is granted here, and this note provides evidence that permission has been granted. Proper citation of this document: Keyes, C. L. M. (2009). Atlanta: *Brief description of the mental health continuum short form (MHC-SF).* Available: http://www.sociology.emory.edu/ckeyes/. [On–line, retrieved insert date retrieved].

challenged you to grow and become a better person					
13. confident to think or express your own ideas and opinions					
14. that your life has a sense of direction or meaning to it					

Appendix K

Positive and Negative Affect Schedule (PANAS)

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that work. <u>Indicate to what extent you feel this way right now, that is, at the present moment.</u> Use the following scales to report your answers:

1	2	3	4	5
Very slightly Or not at all	**A little**	**Moderately**	**Quite a bit**	**Extremely**

___Interested   ___Irritable
___Distressed   ___Alert
___Excited   ___Ashamed
___Upset   ___Inspired
___Strong   ___Nervous
___Guilty   ___Determined
___Scared   ___Attentive
___Hostile   ___Jittery
___Enthusiastic   ___Active
___Proud   ___Afraid

Scoring Instructions:
Positive Affect Score: Add the scores on items 1, 3, 5, 9, 10, 12, 14, 16, 17, and 19.
Scores can range from $10 - 50$, with higher scores representing higher levels of positive affect. Mean Scores: Momentary □ 29.7 (SD□ 7.9)
Weekly □ 33.3 (SD□7.2)
Negative Affect Score: Add the scores on items 2, 4, 6, 7, 8, 11, 13, 15, 18, and 20.
Scores can range from $10 - 50$, with lower scores representing lower levels of negative affect. Mean Score: Momentary □ 14.8 (SD□5.4)
Weekly □ 17.4 (SD□6.2)

Appendix L

The Rosenberg Self-Esteem Scale
Rosenberg, 1965

The scale is a ten item Likert scale with items answered on a four point scale - from strongly agree to strongly disagree. The original sample for which the scale was developed consisted of 5,024 High School Juniors and Seniors from 10 randomly selected schools in New York State.

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle **SA**. If you agree with the statement, circle **A**. If you disagree, circle **D**. If you strongly disagree, circle **SD**.

1.	On the whole, I am satisfied with myself.	SA A D SD
2.*	At times, I think I am no good at all.	SA A D SD
3.	I feel that I have a number of good qualities.	SA A D SD
4.	I am able to do things as well as most other people.	SA A D SD
5.*	I feel I do not have much to be proud of.	SA A D SD
6.*	I certainly feel useless at times.	SA A D SD
7.	I feel that I'm a person of worth, at least on an equal plane with others.	SA A D SD
8.*	I wish I could have more respect for myself.	SA A D SD
9.*	All in all, I am inclined to feel that I am a failure.	SA A D SD
10.	I take a positive attitude toward myself.	SA A D SD

Scoring: SA=3, A=2, D=1, SD=0. Items with an asterisk are reverse scored, that is, SA=0, A=1, D=2, SD=3. Sum the scores for the 10 items. The higher the score, the higher the self esteem.

References

Akin, A. (2008). The Scales of Psychological Well-being: A Study of Validity and
Reliability. *Educational Sciences: Theory & Practice*, *8*(3), 741-750.

Andrews, F.M., & Withey, S.B. (1976). *Social indicators of well-being. America's
perception of life quality.* New York: Plenum Press.

Bradburn, N. M., & Caplovitz, D. (1965). Reports on Happiness: A Pilot Study of
Behavior Related to Mental Health. *American Journal of Sociology*, *72*(3), 306-
308.

Bradburn, N. M. (1969). *The structure of psychological well-being*. Oxford, England:
Aldine, Oxford.

Christopher, J. C. (1999). Situating psychological well-being: Exploring the cultural roots
of its theory and research. *Journal of Counseling & Development, 77*(2), 141-152.
doi:10.1002/j.1556-6676.1999.tb02434.x

Conners, C. Keith (1999). *The use of psychological testing for treatment planning and
outcomes   assessment (2nd ed.).* Lawrence Erlbaum Associates Publishers,
Mahwah, NJ, 467- 495.

Csikszentmihalyi, M. (1991). *Flow: The psychology of optimal experience: Steps toward
enhancing the quality of life*. Harper Collins Publishers.

Diener, E. (1984). Subjective well-being. *Psychological Bulletin, 95*(3), 542-575.
doi:10.1037/0033-2909.95.3.542.

Diener, E. (1994). Assessing subjective well-being: Progress and opportunities. *Social
IndicatorsResearch, 31*(2), 103-157. doi:10.1007/BF01207052.

Diener, E., Larsen, R. J., Levine, S., & Emmons, R. A. (1985). Intensity and frequency: Dimensions underlying positive and negative affect. *Journal of Personality and Social Psychology, 48*(5), 1253-1265. doi:10.1037/0022-3514.48.5.1253.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment, 49*(1), 71-75. doi:10.1207/s15327752jpa4901_13.

Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin, 125*(2), 276-302. doi:10.1037/0033-2909.125.2.276.

Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist, 55*(1), 34-43. doi:10.1037/0003-066X.55.1.34.

Eid, M., & Diener, E. (1999). Intraindividual variability in affect: Reliability, validity, and personality correlates. *Journal of Personality and Social Psychology, 76*(4), 662-676. doi:10.1037/0022-3514.76.4.662.

Else-Quest, N., Higgins, A., Allison, C., & Morton, L. C. (2012). Gender differences in self-conscious emotional experience: A meta-analysis. *Psychological Bulletin,* doi:10.1037/a0027930.

Fordyce, M. W. (1988). A review of research on the happiness measures: A sixty second index of happiness and mental health. *Social Indicators Research, 20*(4), 355-381. doi:10.1007/BF00302333.

Haidt, J. (2006). *The happiness hypothesis: Finding modern truth in ancient wisdom.* New York: Basic Books.

Henriques, G. (2011). *A New Unified Theory of Psychology*. New York, NY: Springer
Science + Business Media. doi: 10.1007/978-1-4614-0058-5.

Inglehart, R. (1990). *Culture shift in advanced industrial society.* Princeton, NJ:
Princeton University Press.

Jahoda, M. (1958). *Current concepts of positive mental health*. New York, NY, US:
Basic Books, New York, NY. doi:10.1037/11258-000.

Johnson, B. & Onwuegbuzie, A. (2004). Mixed methods research: A research paradigm
whose time has come. *Educational Researcher,* 33, 14-26.
doi:10.3102/0013189X033007014.

Kahneman, D., Diener, E., & Schwarz, N., eds. (1999). *Well-being: The foundations of
hedonic psychology.* New York: Russell Sage Foundation.

Kamphaus, Randy W.; VanDeventer, Meghan C.; Brueggemann, Amber; Barry, Melissa.
(2007). *The clinical assessment of children and adolescents: A practitioner's
handbook.* Lawrence Erlbaum Associates Publishers, Mahwah, NJ. 311-326.

Keyes, C. L. M. (2005). Mental illness and/or mental health? investigating axioms of the
complete state model of health. *Journal of Consulting and Clinical Psychology,
73*(3), 539-548. doi:10.1037/0022-006X.73.3.539.

Lyubomirsky, S. (2007). *The how of happiness: A scientific approach to getting the life
you want*. New York, NY, US: Penguin Press, New York, NY.
http://search.proquest.com/docview/621927929?accountid=4840.

McCrae, R. R. (2004). Human nature and culture: A trait perspective. *Journal of
Research in Personality, 38*(1), 3-14. doi:10.1016/j.jrp.2003.09.009.

McCrae, R. R., & Costa, P. T. (1999). In Pervin L. C., John O. P. (Eds.), *A five-factor theory of personality*. New York, NY, US: Guilford Press, New York, NY. http://search.proquest.com/docview/619408253?accountid=4840.

Molina-Azorin, J. (2012). Mixed methods research in strategic management: Impact and applications. *Organizational Research Methods, 15*(1), 33-56. doi:10.1177/1094428110393023.

Mustafa, N. (2005, January 10). What about gross national happiness? *Time.* Retrieved from *http://www.time.com/time/health/article/0,8599,1016266,00.html.*

Newnham, E. A., Hooke, G. R., & Page, A. C. (2010). Monitoring treatment response and outcomes using the world health organization's wellbeing index in psychiatric care. *Journal of Affective Disorders, 122*(1-2), 133-138. doi:10.1016/j.jad.2009.06.005.

Pavot, W., & Diener, E. (1993). Review of the satisfaction with life scale. *Psychological Assessment, 5*(2), 164-172. doi:10.1037/1040-3590.5.2.164.

Punch, K. F. (2005). Introduction to social research: Quantitative and qualitative approaches. London: Sage.

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

Ryff, C.D. (1989b). "Happiness Is Everything, or Is It? Explorations on the Meaning of Psychological Well-Being." *Journal of Personality and Social Psychology 5*7(6):1069-1081. doi: 10.1037/0022-3514.57.6.1069.

Ryff, C. D. & Keys, C. L. (1995). "The Structure of Psychological Well-Being Revisited. "*Journal of Personality and Social Psychology* 69(4):719-27. doi: 10.1037/0022-3514.69.4.719.

Ryff, C. D., & Singer, B. (1996). Psychological well-being: Meaning, measurement, and implications for psychotherapy research. *Psychotherapy and Psychosomatics,* 65, 14–23. doi: 10.1159/000289026.

Sandvik, E., Diener, E., & Seidlitz, L. (2009). Subjective well-being: The convergence and stability of self-report and non-self-report measures. Assessing Well-Being: The Collected Works of Ed Diener. *Social Indicators Research Series*, 39. doi: 10.1007/978-90-481-2354-4_6.

Schwarz, N., & Clore, G.L. (1983). Mood, misattribution, and judgments of well-being: Informative and directive functions of affect stress. *Journal of personality and Social Psychology*, 45, 513-523. doi: 10.1037/0022-3514.45.3.513.

Schwarz, N., & Strack, F., (1999). Reports of subjective well-being: Judgmental processes and their methodological implications. In D. Kahneman, E. Diener, & N. Schwarz (Eds.), *Well-being: the foundations of hedonic psychology* (pp 61-84). New York: Russell Sage Foundation.

Seifert, Tricia A. (2005). *The ryff scales of psychological well-being*. The Center of Inquiry.

Seligman, M.E.P. (2002). *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment.* New York, NY: Free Press.

Seligman, M. (2011). *Flourish: a visionary new understanding of happiness and well-being*. Free Press.

Seligman, M.E.P. & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55 (1), 5-14. doi: 10.1037/0003-066X.55.1.5.

Spitzer, R. L., Williams. J. B. W., Gibbon, M.. & First, M. B. (1990). *Structured Clinical Interview for DSM-Ill-R-Patient edition (with Psychotic Screen; SCID-P).* Washington, DC American Psychiatric Press.

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

World Health Organization (1948). World Health Organization Constitution. In Basic Documents. Geneva, Switzerland: Author.

World Health Organization (WHO). (2011). Retrieved from http://www.who.int/features/factfiles/mental_health/en/index.html