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Exploring well-being among US Hispanics/Latinos in a church-based institution: a qualitative study

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Abstract

Major theories informing conceptions of psychological well-being draw heavily from Western-centric perspectives, which often neglect culturally bound frameworks. We investigated how U.S. Hispanics/Latinos conceptualize well-being, how psychosocial and behavioral aspects may increase well-being, and how psychosocial stressors may impact positive emotional states. Spanish-speaking Hispanic/Latino adults were recruited from a church in an urban city in the U.S. and invited to participate in focus groups. Two groups of women (n=19) and one group of men (n=8) participated. The importance of harmonious social relationships emerged as a theme with the central family unit as the fundamental force influencing long-lasting emotional well-being. Additional correlates of well-being included: faith/religiosity; physical health; self-love and -esteem; effective/open communication with family and friends; and financial security. Programs aimed at increasing well-being may need to be adapted before administration in Hispanics/Latinos to include a heightened focus on interpersonal factors. Delivery in religious institutions may also be particularly beneficial.

Keywords

subjective well-being; happiness; culture; Hispanics/Latinos; qualitative

Introduction

The construct of psychological well-being is a complex and multifaceted concept that captures how individuals perceive or evaluate the quality of their lives and it involves global subjective appraisals of life satisfaction and extant emotional states (E. Diener, 1984; E. Diener, Oishi, & Lucas, 2003; Ryan & Deci, 2001). Although many conceptions of well-being include hedonic and/or eudaimonic components, individual frameworks weigh these domains differently and a universal definition of well-being remains elusive; the hedonic approach is characterized by attributes of pleasure, positive emotion, and subjective well-

being, whereas the eudaimonic approach is concerned with life meaning and purpose, self-actualization, and autonomy (Ryan & Deci, 2001). That is not altogether surprising, as well-being may not be a singular, fixed concept, but one that changes across time and different cultural groups (e.g., McMahon, 2005; Graham, 2009). As such, exploration of techniques to foster well-being within a given cultural group requires an appreciation of how that particular group defines and supports well-being.

Cross-cultural exploration documenting differences in concepts of well-being focus predominantly on distinguishing overarching Western and Eastern views of well-being (Joshnloo, 2014). Although potentially limited by overgeneralization as a consequence of possible within-group heterogeneity, such explorations have found differences across multiple domains. For instance, the well-being of others—particularly biological children and nuclear family members—plays a more pivotal role in the well-being of Koreans when compared to their American counterparts (Ryff, 1995). This is not surprising as in Eastern traditions, the concept of the self is generally more transcendent and “other” focused relative to the predominantly autonomous view in Western traditions (Hwang, 2009; Joshnloo, 2014). Differential conception of well-being can modify the therapeutic influence of various positive emotions and other domains of well-being, altering relationships that are typically found in studies conducted in traditionally Western cultures (Layous, Lee, Choi, & Lyubomirsky, 2013). For example, gratitude—which is often found to boost well-being across the lifespan in English-speaking U.S. samples (e.g., Watkins, Woodward, Stone, & Kolts, 2003; Wood, Froh, & Geraghty, 2010)—decreased well-being among South Koreans (Layous et al., 2013). In this case, gratitude was associated with feelings of guilt and the emergent sense of indebtedness appeared detrimental to the well-being of this South Korean sample. Another distinction is the value attributed to suffering. In the Eastern school of thought, suffering is embraced and seen as a means for achieving virtues such as love, sympathy and self-control which lead to holistic happiness; this is distinct from the Western perspective which deemphasizes unhappiness and states of hardship (Joshnloo, 2014; Vaughan-Lee, 1995). These findings represent cultural nuances that underscore the importance of culture and how it influences concepts of well-being. Care must be taken, however, to avoid overgeneralization as heterogeneity is possible even within singular cultural groups or individual nations.

Cross-cultural explorations of psychological well-being, however, continue to be conducted at the national or larger cultural level (e.g., Western vs. Eastern), ignoring the fact that multiple definitions of well-being may exist within heterogeneous culture groups within a nation. Consideration of significant heterogeneity and lack of cultural universals in the conception of well-being within a single country is important, particularly among nations with high transnational migration. The United States is a highly culturally diverse nation with numerous racial/ethnic ancestral classifications represented. But, research conducted within the United States usually adopts a Western concept of well-being emphasizing autonomy and liberal individualism (Christopher & Hickinbottom, 2008; Hwang, 2009). Western traditional views tend to be skewed toward greater inclusion of private aspects, intrapersonal spheres, and individualistic factors (e.g., self-acceptance) (Joshnloo, 2014; Markus & Hamedani, 2007). As well-being may vary widely across different cultural groups, qualitative exploration to capture subjective perspectives from diverse heritage

groups is critically needed with recognition that diversity can be evident even within a single country.

No study has qualitatively explored the conception of well-being among Spanish-speaking adults in the United States. The Hispanic/Latino population in the U.S. has rapidly increased in the last decade and is now the largest racial/ethnic minority group in the nation with an estimated population size of 53 million, i.e., 17% of the total U.S. population (Davignus et al., 2012; Ennis, Ríos-Vargas, Albert, & Census, 2011). About two-thirds of Hispanic/Latinos are of Mexican heritage (Ennis et al., 2011). The median annual income reported was US\$39,005 for Hispanic/Latino households in 2012 with an estimated 25.6% living below the poverty line—with evident disparities when juxtaposed to the median income of US\$51,400 for the entire U.S. population (Ennis et al., 2011). In addition to documented economic inequalities, Hispanic/Latino adults in the US often experience additional unique challenges including language barriers, prejudice and discrimination, lack of health insurance, divergent cultural practices, and precarious immigration status. Cultural variation and divergent value systems evident in the Hispanic/Latino population have the potential to distinctly influence conceptions of well-being and happiness.

It is critical to understand the culturally-specific dimensions contributing to well-being in Hispanics/Latinos in order to develop appropriate measurements and design interventions. It is currently unknown how Hispanics/Latinos conceptualize well-being. Cultural values espoused in the Hispanic/Latino community may inform subjective views of well-being that are distinct from traditional Western conceptions. Well-documented cultural values found within the Hispanic/Latino tradition include features such as familismo (centrality of familial units and kin relationships) (Gallo, Penedo, Espinosa de los Monteros, & Arguelles, 2009; Perez & Cruess, 2014), marianismo (female self-sacrifice and purity), personalismo (value of friendly interpersonal relationships), and simpatía (amiable and polite approach towards others despite states of hardship or disagreement) (Bernal & Enchautegui-de-Jesús, 1994; Bernal & Sáez-Santiago, 2006; Dana, 1997). Spirituality is another integral cultural component within the Hispanic/Latino community with 55% reporting religious ties to Catholicism (Deck, 1992; Dolan, 1994).

Exploration of the construct of well-being in Hispanic/Latino adults heavily hinges on quantitative methodologies employing standardized measures of life satisfaction such as the Satisfaction with Life Scale (SWLS). These methods have demonstrated mixed findings regarding differences in life satisfaction between Hispanic/Latino adults compared to their Caucasian counterpoints. For example, a large national survey found Hispanic/Latinos reported lower levels of life satisfaction, however, this difference disappeared when controlling for socioeconomic and health status (Barger, Donoho, & Wayment, 2009). A comparison of life satisfaction between Hispanic and non-Hispanic older adults found higher levels of life satisfaction among the Hispanics corresponding strongly to higher levels of spirituality among this group (Marquine et al., 2014). Although, these studies suggest that differences in levels of well-being may exist, they fail to understand how the ingredients of well-being might differ among these cultural groups. Marquine and colleagues (2014) did demonstrate the importance of several religious and spiritual aspects to the well-being of

Hispanics/Latinos, but qualitative research can complement these findings by better understanding the concept of well-being among this group.

The purpose of this exploratory qualitative study was to investigate how Spanish-speaking U.S. Hispanic/Latino adults define and conceptualize psychological well-being, how psychosocial and behavioral aspects may increase well-being, and how psychosocial stressors may negatively impact these positive emotional states. We seek to expand the cross-cultural understanding of psychological well-being and wellness with focus on the fastest growing minority group in the United States. These qualitative findings may subsequently inform cultural adaptation of an empirically supported positive psychology curriculum aimed at increasing positive emotion for use in Hispanic/Latino adults recruited from a church-based institution.

METHODS

Study Population

A convenience sample of Spanish-speaking Hispanic/Latino adults was recruited from a church-based institution located in an urban city in the United States. Sample participants identified as either Spanish monolingual or bilingual with a range of English-language skills. Criteria for inclusion in the focus group discussions included: (a) age ≥ 18 years old, (b) Hispanic/Latino self-identification, and (c) fluency in Spanish. Approval for the study was obtained through the Institutional Review Board (IRB) at Northwestern University Feinberg School of Medicine.

Data Collection and Measures

Informed consent was obtained at the start of each focus group session. Focus groups were conducted and facilitated by the principal investigator (R.H.) with stratification by sex to prevent verbal inhibition during group sessions. A total of three focus groups were conducted from October to November 2013 resulting in a sample size of 27. Two focus groups were composed of women (n = 15 and n = 4) and one was composed of men (n = 8). The first author (R.H.), a trained bilingual and bicultural Latina researcher, served as lead session moderator. Focus groups were offered only in the Spanish-language, ranged from 60 to 90 minutes in length, and were all audio recorded. All focus group participants received a \$10 gift card as compensation.

The first author (R.H.) drafted an initial interview guide covering several aspects of well-being such as conception of psychological well-being, exploration of psychosocial stressors negatively impacting positive emotional states, and lay strategies to enhance well-being and happiness. A full draft of the interview guide was then circulated to all authors and modified based on feedback received. The final version contained the following sections: introduction, ground rules, and open ended questions exploring the concept of psychological well-being and associated probes to solicit rich narratives. Topics explored and associated sample items are presented in Table 1.

A bilingual research assistant prepared transcripts from the Spanish-language audiotape recordings. Spanish-language transcripts were then imported into Atlas.ti for qualitative data

analysis where coding procedures were implemented and emergent themes identified. An iterative hybrid-coding process combining a priori and emergent category derivation was used for code development. Initial codes emerged from components of the interview guide, and these were supplemented with emergent codes that surfaced during data analysis as prescribed by the quasi-inductive descriptive approach. The principal investigator and the bilingual/bicultural research assistant used Atlas.ti to code the Spanish-language textual data by attaching English-language codes to segmented passages. Greater raw data immersion and familiarization is promoted when coding text in the original language in which it was collected. Discussion exchanges between coders were then held to resolve discrepancies in code assignments.

Brief self-report surveys were completed by all participants to capture socio-demographic information. Survey data gathered information on age, sex, marital status, country of origin, socio-economic status (education and income), employment status, and health care coverage. Statistical software was used to generate descriptive statistics for focus group participants with stratification by gender.

RESULTS

Background Characteristics

A total of 27 Hispanic/Latino adults participated in the qualitatively inquiry. Table 2 presents socio-demographic characteristics as collected from survey data. The sample was primarily composed of females (70%) and ranged in age from 18 to 72 years ($M = 49$, $SD = 13.4$). This sample was predominantly of low socio-economic status. The average number of years of formal schooling was 10 and 33% had an income below \$20,000. The majority of participants reported being of Mexican heritage (85%), identified as being married and/or living with a partner (78%), and nearly half lacked health insurance (41%).

Themes Identified

Participants generated several insights related to the concept of well-being and associated barriers for maintaining or achieving well-being.

SOURCES OF WELL-BEING

Intrapersonal Factors

Personal Choice and Acceptance—Participants identified sources of happiness and well-being as stemming from a personal choice in which a positive outlook in life is espoused. In the midst of problems encountered across life domains, participants stated that perception of the world with an optimistic stance is under individual volitional control. It is the notion that well-being is not dependent on the immediate social or built environment. As an example, “...*todos tenemos preocupaciones y todo... pero si nosotros tratamos de verlos siempre positivo...todo se va dando...se va arreglando...se va acomodando...*” [“... we each have troubles and all... but if we always try to approach them in a positive light... everything will be handed [to us] ... [everything] will start to set right... [everything] will start to adjust”]. There was an acknowledgement that hardship is a natural part of life and

that well-being can be better achieved by making an effort to notice positive events even during moments of hardship. Through this framework, life problems and suffering are seen not as deterrents to well-being but as an opportunity for growth and attainment of virtues such as love, sympathy and self-control. An example was offered where terminal illness (e.g., cancer) was thought to drive personal action and stimulated engagement in activities that otherwise would not have originated for the promotion of happiness, “[He] *llegado yo a la conclusión de que las enfermedades, para mí, la mayoría de la gente lo toma como algo catastrófico... y para mí es algo diferente. Son como oportunidades que Dios da... para que uno se prepare, para que uno pueda tratar de hacer quizás aquellas cosas que le hacen falta hacer para lograr realmente la felicidad, parte de la felicidad, o lograr aquello que no ha logrado en toda su vida*” [“I have come to a conclusion that in relation to sickness, in my opinion... most people take them as something catastrophic... but to me they are something different. They are opportunities that God gives us... perhaps so that one may prepare himself to try to do those things that one needs to do to really achieve happiness, part of happiness, or achieve that which one has not yet achieved in his life”].

Self-Love, Self-Esteem, and Self-Actualization—Self-love was identified as an important source of well-being. Women particularly identified having to care for their children and spouse while often neglecting their own needs. It was perceived as important to take the initiative to engage in pleasurable activities without developing feelings of guilt. Participants reported that without self-love it becomes difficult to care for others and that God’s presence can become obscured. The need for healthful self-esteem and inner peace were also salient themes. As summarized by one participant, “*Entonces creo que lo esencial es quererse a uno mismo, tener una buena autoestima... una seriedad personal.*” [“I think it is essential to love yourself, [and] have a good self-esteem ... [self-love is] a personal responsibility”]. Self-esteem was conceptualized as not being gripped by fear and having certainty in one’s ability to accomplish tasks in life. Feelings of inner peace were deemed important and were said to contribute to better sleep. Finally, participants identified the importance of having goals in life whether they are short- or long-term with recognition that objectives will differ from person to person. An example of a short term goal offered by a male participant was purchasing a bicycle within a one-month period.

Faith/Religiosity—Participants identified faith and religious beliefs as dominant sources of well-being and often indicated that without faith, well-being was not an achievable state. As expressed by one participant, “*Y tener fe... porque si no tenemos fe y esperanza no somos nada... porque yo he pasado por cosas muy duras, muy difíciles y creo que Dios ha sido muy grande... [con] mucha fe y mucha esperanza...*” [“[It is important to] have faith... because if we have no faith and hope, [then] we are nothing... because I have been through very hard, very difficult matters and I believe that God has been great to me... [with] plenty of faith and hope...”]. Faith seemed to contribute to the ability to view problems and difficulties as opportunities for growth and for suffering to serve as path toward a happy life. The church community was also identified as a supportive body where social networks could be garnered in times of difficulty. The support within the church institution derived not only from ecclesiastical staff but also through building of friendships with fellow parishioners.

Finally, participants expressed the importance of having family members attend church services together.

Personal Health—Physical health was an important ingredient for achievement of well-being and was mentioned across all three focus groups. Poor physical health is said to negatively impact multiple aspects of life including acquisition of adequate sleep, ability to work outside the home and capacity to engage in hobbies (e.g., cooking). For instance, “...*si tengo salud, puedo trabajar y no me tengo que preocupar por estar enfermo...*” [...if I am in good health, I can work and I do not have to worry about being sick...].

Interpersonal Factors

Harmonious Familial Relationships and Open Communication—Connectedness with the nuclear and extended family was the most salient factor identified as contributing to well-being. As one woman stated: “*Es el motor (motivo) principal... que haya amor que haya armonía con eso... ¿Para qué quieres más?*” [It [family] is the fundamental motive or driving force... for there to be love and harmony... Why would you want more?]. Participants described the importance of having positive family relations with the nuclear (e.g., children, spouse) and extended family (e.g., grandparents) characterized by harmony and effective communication where members display altruism and willingness to assist when needed. Examples highlighting this theme are expressions of distress during instances of disconnect caused by diverging work schedules or moments of disengagement. Large family reunions were identified as contributing to family connectedness. During these family reunions members participate in socializing activities that included engaging in conversation, sharing a potluck meal, dancing, and participating in karaoke. Finally, the birth of grandchildren accompanied by frequent familial visitation contributed to well-being.

Thriving Family Members—Well-being also derived from knowledge that family members and loved ones are doing well across multiple domains of life including physical and emotional health, economic prosperity, and educational attainment. It was deemed important to see the next generation flourishing and for children to attain holistic positive health in the physical, emotional, and spiritual realms. Happiness was garnered from knowing that the next generation was acquiring greater education when compared to the previous generation who often lacked higher-level formal schooling. It was often identified as a source of joy when young adult children attained a professional degree and became doctors, lawyers, or engineers. For instance, “*Yo siempre les he dicho, ‘Yo quisiera lo mejor para ustedes, yo le eché ganas pare que ustedes estén mejor, pero yo también quiero que para ustedes, sus hijos estén mejor que ustedes todavía’*” [“I have always told them [Participant’s children], ‘I want the best for you, I made an effort so that you may be more fortunate [than I], but I also want you to make an effort so that your children are even more fortunate than you were’”]. The success of the next generation was often seen as a personal accomplishment and great source of pride, “*Una cosa es que el triunfo de los hijos es triunfo de uno, y el fracaso es fracaso de uno*” [“The idea is that the triumph or achievement of one’s children is one’s own triumph and their failure is one’s own failure”].

Loss of Tradition and Respect—Participants expressed a sense of loss of the traditional family structure and unity as seen in their country of origin. Before immigrating to the U.S., women typically stayed in the home and raised their children while the husband served as sole wage-earner for the family. Traditional roles shifted upon arrival to the United States. Women were likely to join the workforce and often articulated feeling a sense of neglect toward their children as less time was available for interaction. As expressed by one participant,

“Cuando yo llegué aquí, se me hacía bien difícil porque yo estaba acostumbrada a estar todos los días con mis hijas... que llegaban de la escuela, les daba de comer, ver la tele juntas todos los días porque nomás era mamá de casa. Cuando yo llegué aquí tuve que trabajar... y a mi hija- la más chiquita- se me hacía bien difícil dejarla. Yo sufría mucho porque la dejaba y me iba. Fui a ver un psicólogo y él me dijo ‘Antes usted daba cantidad... Ahora su papel va a cambiar. Usted va a dar calidad... poquito tiempo, pero de calidad’ [“When arrive here [U.S.], it was very difficult for me because I was accustomed to being with my daughters every day... they came home from school, I fed them, and we watched TV together, being that I was a stay-at-home-mom. When I arrived here I had to work [outside home]... It was very difficult for me because it ached to depart from my youngest daughter- to leave her and go [to work]. I went to see a psychologist and he said, ‘Before you gave quantity [time]Now your circumstances have changed. You will provide quality [time] ... little time, but filled with quality’”].

Shifting roles within the nuclear family, particularly maternal figures entering the workforce, were thought to deteriorate child-related attributes such as respect for elders, selflessness/altruism, and emphasis on centrality of familial unit. Children were now being raised by a caretaker or within a daycare facility and not acquiring traditional core values from nuclear family. This was thought to contribute to acquisition of westernized characteristics of individualism and consumerism.

Acts of Kindness and Love—Participants expressed that helping others was a source of well-being. This was often discussed in the context of religious beliefs where individuals are called not to lightheartedly assist others but to authentically love the neighbor. Neighbor was a generic term used to identify family, friends, acquaintances, and strangers. It was illustrated that God (Jesus) made the ultimate sacrifice of love for the world thus serving as an example of what individuals are called to do in their everyday life, i.e., to love the neighbor. It was deemed important not only to believe in the existence of a God but to also apply the ideologies exemplified. It is through personification of God’s positive attributes such as tolerance and patience that one can demonstrate genuine love and acquire sincere friendships. Thus, expression of genuine love toward oneself and the neighbor (family, friends, and strangers) is thought to be a source of happiness. As one participant explained “*Sí hay que creer en Dios, pero creo que el problema está en no aplicarme lo que me dejó Dios... Pero yo digo si tenemos esa capacidad, ¿por qué no lo hacemos? ... ¿Qué es lo que me falta hacer? Hablo de tolerancia, hablo de comprensión, etc... etc., pero yo no lo hago, eso es lo que me provoca infelicidad.*” [“Yes you have to believe in God, but I think the problem is in not applying that [commandments] which God left me... If we have that ability, why do

we not apply it? ... What do I lack? I speak of tolerance, I speak of understanding, etc..., but I have neither, that's what makes me unhappy”].

Satisfaction with Material Resources—Ability to procure basic economic resources was said to contribute to well-being. Participants identified the importance of being able to pay bills, not have pending debt, and securing food. It was not necessary to have an overabundance but to have only that necessary for subsistence. Employment was often mentioned when describing factors contributing to well-being. Emergent issues described as a result of lack of employment included the inability to pay for housing and/or higher education.

BARRIERS TO WELL-BEING

Family-related Conflict—Family served the dual role of contributing and/or deterring from psychological well-being. Lack of family unity and open communication was identified as a source of stress. Spousal conflict, recurrent verbal arguments, and divorce were identified as stressors, particularly when young children were involved and were to be raised in separate households. As stated by one male participant, *“Bueno, yo quisiera de hecho no llegar a mi casa y pelear”* [*“Well, I would in fact like to arrive at home and not fight”*]. Participants also described circumventing family-related conflict by restricting communication.

Technology also interfered with proper communication. As one participant explained, *“... es [la cena] el único tiempo que puede compartir con los hijos... y ellos están ahí en el celular pues que otra...”* [*“... it [dinner] is the only time that you get to share with your children... however, they are fixated to their cell phones”*]. Participants noted that traditional family practices such as eating dinner together were disrupted by the constant use of technological devices. This resulted in further deteriorations in communication.

Child involvement in destructive behavior and related detrimental consequences also contributed to diminished well-being. One mother recounts her 20-year old daughter's involvement with illicit drug use which led to job loss and eventual homelessness. Women were weary of their children associating with the ‘wrong crowd’ or experiencing detrimental peer influence. Constant stress and rumination regarding child safety and well-being was a salient theme. Worry was evident even during instances where detrimental behavior was not evident. For example, mothers expressed feelings of worry when their young adult children were stressed and overburdened with academic coursework, asking only that God provide their son or daughter with intelligence, perseverance, and strength.

Language Barriers and Immigration Status—Being an undocumented immigrant was a source of stress as this limited job acquisition opportunities and educational attainment. A young woman trained as a nurse in Mexico detailed her frustration and inability to attain career satisfaction as she was limited to low-paying factory jobs in the U.S.:

“...Realizada. Sigo siendo inmigrante, entonces para mi es bien difícil encontrar trabajo y entonces estoy en...un trabajo que no me gusta porque hay muchas

irregularidades. Pero me siento a veces atada porque busco trabajo pero sé que tengo una deficiencia, por decirlo así, porque carezco de ciertos requisitos... Y es difícil sentir completamente feliz porque es un estresor”.

[“I am an immigrant, so it is very difficult for me to find work... I am working a job I do not like because there are many irregularities. Sometimes I feel constrained as I seek work because I know I have a deficiency, so to speak, because I lack certain requirements... It is hard to feel completely happy because it [immigration status] is a stressor”].

Inability to acquire a driver’s license due to immigration status was also deemed stressful. Difficulty in mastering the English language was said to diminish well-being and happiness as well. This resulted in the inability to assist children with school work, feeling powerless and impotent when unable to speak out against injustices, and experiencing language-related impediments to job promotion. There was a sentiment that fluid dominion of the English language would result in greater opportunity for achievement.

Economic Hardship and Employment—Participants identified economic hardship as a stressor, as shared by a young mother, “*Lo económico trae mucho estrés porque está pensando uno, ¿Y cómo le voy hacer para pagar esto?*” [“*The economic [circumstance] causes a lot of stress because one keeps thinking, ‘How will I pay for this?’*”]. Younger participants who were attending college identified lack of financial resources as worrisome and often sought multiple strategies to finance school attendance. Work-related conflict with peers and hectic scheduling was identified as a source of stress. Finally, participants identified improper fit with current occupation and cited lack of schooling and training as diminishing personal choice and acquisition of an enjoyable career; “*y yo no me puedo dar el lujo porque yo, quizá no tengo la preparación que ella [Participant’s spouse] tiene para escoger un empleo, o simplemente yo sé que la gran mayoría de nosotros no tenemos un título universitario para decir, ‘Oh, yo ya me cansé de ser obrero ahora voy a ser doctor’*” [“*I cannot give myself the luxury [of choosing a job] perhaps because I do not have the preparation that she [Participant’s spouse] has to be able to choose a career, or simply because I know that the majority of us do not have a university degree to say, ‘Oh, I am tired of being a blue collar worker, now I will be a doctor’*”]. Some participants felt that the absence of opportunity for personal growth in the work environment interfered with happiness.

STRATEGIES TO INCREASE WELL-BEING

Multiple strategies were identified when queried on activities to decrease or manage stress, and as before many centered on the nuclear family. Participants described going out to dance with their spouse, singing and dancing during family reunions, and camping during holiday weekends. Women identified cooking as an enjoyable activity during heightened stress, particularly when the home cooked meal was shared with and enjoyed by others. “*Pues sí... me dicen, ‘Mami, te quedo bien rico’, a mí me hace feliz. [Laughter] Sí, a mí sí me gusta la cocina*”. [“*Well yes... they [Participant’s children] tell me, ‘Mom, it [the food] was delicious’, that makes me happy. [Laughter] Yes, I do enjoy cooking*”]. Others reported engaging in physical activity as a way to increase their well-being. For instance, some cited

going for a long walk with family members (e.g, grandchildren), swimming, and dancing; *“Sí, yo nadando ya llevo, ya no tengo frío, ya no tengo flojera, ya no tengo nada... [Laughter]”*. [*“Yes, when I swim and I come back, I am no longer cold, I am no longer lazy, I am no longer anything... [Laughter]”*]. In spite of the popularity of family-based activities women also described enjoying times of solitude where for instance, they would walk to the store while the spouse and children remained at home.

Emotional support and empathy as received from close friends was also a salient theme. Conversing with friends was seen as a way to unburden from current problems or life stressors, particularly for women. For instance, socialization involved enjoyment of a good chuckle while sharing a warm cup of coffee. Finally, focus group participants cited social support from nuclear and extended family members as a means to alleviating stress. One participant explained, *“Y como dicen aquí, la familia- siempre ayuda eso. La familia te apoyan (sic.), aunque no... Nadie es perfecto, nadie ni nada... Y siempre ellos están ahí, y te hacen sentir bien y así uno se siente bien... entre las cosas que pasen en cada persona, de su carrera, de su vida.”* [*“And as they say here, family- it [family] always helps to support you, even though ... Nobody is perfect, no one nor anything... They are always there, and they make you feel good and it feels good ... as they are there as each person goes through his career, his life”*]. Participants regarded family as primary support in times of adversity.

DISCUSSION

Through qualitative analysis of focus groups conducted within churches in a large urban city, we found that well-being among Hispanic/Latino adults in the U.S. shares some common qualities with the Western view largely adopted in the U.S. (e.g., self-determination) but also had a much stronger interpersonal focus more similar to that traditionally seen in Eastern views. We discuss the implications of these views for research and practice and note the limitations inherent in the work conducted.

The current cohort identified self-determination, or the perception that well-being is under individual volitional control, as a key element of well-being. This is similar to the traditional Western paradigm in which people view well-being as an element that is self-attained through exertion of interior willfulness and effort (Layous et al., 2013; Oishi, Graham, Kesebir, & Galinha, 2013). However, a point of departure from the traditional Western view is the value placed on how one uses that volitional control to cope with hardships and suffering and develop objective virtues (e.g., patience, bravery, and discipline). For example, in the current sample of Hispanic/Latino adults, self-determined well-being is essential and prescribed as a goal even in the midst of life trials. This may be informed by Judeo-Christian spiritual teachings such as: *“Endure hardships as discipline; God is treating you as sons. For what son is not disciplined by his father”* (Hebrew 12:7); *“For the sake of Christ, then, I am content with weaknesses, insults, hardships, persecutions, and calamities; for when I am weak then I am strong”* (2 Corinthians 12:7-10).

This concept of contentment and valuing of hardships identified is similar to that documented in certain Eastern cultures. As expressed by Ho and Ho (2007):

“The preoccupation with subjective well-being appears to be a symptom of attempting to expunge unhappiness from humanity’s collective consciousness. But true happiness includes the wisdom to embrace unhappiness as a part of life.”

Some Eastern traditions advocate the notion of endurance or embracing of suffering. This notion is embodied in the common Confucianism proverb: “Eating coarse food, drinking plain water, and bending one arm for pillow—happiness also lies therein...” This worldview is also part of Catholic social teaching where believers are asked to “take up their cross” as a tool for inner transformation via sanctification. Within the context of this worldview it becomes possible for an immigrant Hispanic/Latino parent to experience job-related frustration and discrimination with attribution of value to this unhappy state as a consequence of observing their children thrive (e.g., obtain higher education, succeed economically). This differs from purely hedonic conceptions of well-being in which pleasant emotions and comfort are to be maximized and negative emotions and suffering reduced. As such, Hispanic/Latino concepts of well-being may more closely mirror eudaimonic perspectives or include eudaimonic considerations rather than strictly positive and negative emotions and subjective well-being.

Social relatedness is of great import among Hispanic/Latino adults and informs well-being. Our participants expressed the need to have harmonious familial relationships, they identified well-being as enhanced through knowledge that family members were enjoying a good life accompanied by success, and they stressed the importance of helping non-familial acquaintances. Across the seven domains contributing to psychological well-being, a majority of them displayed an other-oriented element. Although social relatedness is an aspect identified in Ryff’s framework of well-being (Ryff, 1989), Hispanics/Latinos ascribe greater importance to and are likely to prioritize a collectivist perspective centering on other-oriented dimensions. This is consistent with the notion that “although measures of psychological well-being may reflect values and assumptions that have a counter-part in non-Western cultures, non-Western cultures might arrange and prioritize these elements in a very different manner” (Christopher, 1999). Adoption of a collectivist view is similar to that uncovered in some East Asian cultural groups; although as suggested in the current discussion it’s plausible, indeed very likely, that diversity in conception of well-being is evident across Eastern subgroups, thus prompting avoidance of overgeneralizations and requiring more nuanced exploration of intracultural variance. Ingersoll-Dayton, Saengtienchai, Kespichayawattana, and Aunguroch (2001) found that Thai elders gave precedence to interpersonal constructs when conceptualizing well-being with particular emphasis on harmony (social interactions characterized as peaceful), interdependence (social support from family, friends, and neighbors), and respect (reverence as received by younger generations). There is a shared vision of a de-emphasized individual self and transcendence beyond personal desire. This notion of self-transcendence was evident in the current sample of Hispanic/Latino adults.

Improving well-being in Hispanics/Latinos might need to incorporate components directly related to social relatedness. The role of relationships in well-being is expanding with Seligman’s (M. E. P. Seligman & Boggs, 2011) PERMA concept, which adds relationships and achievement to pleasure, engagement, and meaning in a model of happiness (M. E.

Seligman, 2002). This addition draws from research demonstrating that relationships are a key determinant of well-being among the happiest individuals (Ed Diener & Seligman, 2002). It is worth noting, however, that the way in which relationships impact well-being among Hispanic/Latinos might look somewhat unique. Relationships in this cohort took a much stronger interdependent meaning with one's well-being contingent on the well-being of others. Considering strong familial ties, collectivist nature, and reliance on informal networks in the Hispanic/Latino culture, healthful interpersonal relationships—that is, favorable social relatedness—may be a particularly salient pathway to understanding and promoting well-being among Hispanic/Latinos. The saliency of social relatedness might be evident in Hispanics/Latinos for various reasons, many of which are informed by cultural norms such as *familismo*, *marianismo*, and *simpatía* (Bernal & Enchautegui-de-Jesús, 1994). For instance, centrality of the family structure (*familismo*) within the Hispanic/Latino culture emphasizes the welfare of the family and extends beyond mere self-gratification and self-serving actions. *Marianismo* among Latinas is characterized by self-sacrificing provision of nurturance toward nuclear and extended family members to secure their thriving. Future studies will want to consider levels of acculturation and/or congruence with cultural values of the home country as the Hispanic/Latino population in the U.S. continues transformation via adoption of host cultural norms. Interventions that aim to promote individual well-being might also consider the well-being of others within one's family and social network. Whereas interventions often focus on increasing the frequency of interpersonal interactions (Martell, Dimidjian, & Herman-Dunn, 2013), positive psychological interventions for Hispanic/Latinos might take a broader perspective.

Spirituality, faith, and/or religiosity were of high relevance when describing psychological well-being in the current sample of Hispanic/Latino adults. This is consistent with past research demonstrating the importance of these aspects in promoting well-being and facilitating levels of well-being among Hispanic/Latinos (Marquine et al., 2014). Transcendence derived from an intimate connection and spiritual union with the Divine plays a key role in well-being among this group. It is worth noting that strengths of transcendence or those that allow people to forge larger connections with the universe to derive meaning in life are an organizing virtue in Peterson and Seligman's (2004) taxonomy of character strengths (Peterson & Seligman, 2004). These strengths include appreciation of beauty and excellence, gratitude, hope, humor, and religiousness/spirituality. An exploration of the relationship of strengths to well-being found the strongest relationships between hope, zest, gratitude, love, and curiosity with well-being (Park, Peterson, & Seligman, 2004). It might be worth exploring the importance of transcendent strengths among Hispanic/Latinos, especially as the prevalence of strengths show some variation across nations (Park, Peterson, & Seligman, 2006). Interventions focused on strength-identification and strength-promotion might focus on these strengths for this population.

Not surprisingly, interpersonal discord served as a barrier toward well-being. Relationships characterized by harmony and constructive interdependence were jeopardized when conflicts ensued with family members or when children were in compromising or adverse situations. Limited English proficiency and immigration status were also identified as deterrents to well-being and happiness. In 2012, roughly 11.2 million undocumented immigrants resided in the U.S. and 52% were of Mexican heritage (Passel, 2005). These culturally-informed

barriers may be important when exploring eudaimonic spheres of well-being among Hispanics/Latinos. It is possible that achievement of one's full potential and attainment of meaningful goals become thwarted or unattainable if unable to procure basic requirements. For instance, frustration may develop when an individual is unable to secure a job or attain higher education as a consequence of a nonexistent green card or citizenship. As a direct consequence of documentation status and English-language proficiency, economic burden may be a factor that detracts from well-being.

The present study has multiple strengths. We are the first to qualitatively explore the conception of well-being and happiness in Spanish-speaking U.S. Hispanic/Latino adults. Qualitative collection methods offer an in-depth and rich narrative presenting culturally relevant dimensions of well-being and happiness. Limitations include the homogeneity of Hispanics/Latinos represented (i.e., majority of Mexican descent), with additional work needed to increase generalizability to additional Hispanic/Latino heritage groups. Divergent conceptions of well-being should be explored as heritage-specific characteristics, acculturation levels, and documentation status may reveal novel and more nuanced dimensions of well-being. Generalizability is further limited by the small sample size inherent in focus group methodology. Participant enrollment from a church-based institution could explain the salience of religion, faith, and spirituality as contributing to overall well-being. Nonetheless, 55% of Hispanic/Latino adults in the U.S. identify as Catholic with 40% reporting regular church attendance.

Well-being is not a “one-sized fits all” concept but requires exploration within different cultural groups and populations to understand the nuances. Failures to tailor intervention activities geared toward increasing well-being to these cultural nuances may impact the eventual efficacy of the program. Our findings suggest that one such modification would be a heightened focus on interpersonal factors and appreciation on the interconnected nature of interpersonal well-being present in Hispanic/Latinos. Self-directed interventions to increase well-being could draw from family-based therapies and inclusion of religious aspects. Delivery in religious institutions may also be particularly beneficial. As an example, sole focus on identification of individual-level personal strengths may be supplemented with identification of strengths held by the entire nuclear family unit. The universality—or better yet, the lack thereof—inherent in the cross-cultural conception of well-being should be further explored so as to more accurately capture nonwestern scientific models.

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Table 1

Sample Focus Group Items from Interview Guide

Domain	Questions
Conception of happiness, psychological well-being, and life satisfaction	When someone says that they are feeling happy, what does this mean? How would you define "happiness"? What are the ingredients for achieving happiness at home, at work, etc.? What would a "very satisfying" life look like?
Barriers for achieving well-being	What are some barriers to life satisfaction that may decrease life happiness? What are some life "stressors" or "pressures" that decrease your life satisfaction or happiness at home or work?
Facilitators/strategies to enhance well-being	What are some things you do to help decrease or manage your stress? What strategies do you use to increase your happiness and life satisfaction when faced with stress or pressure?
Receptivity to a positive psychology intervention	Would you participate in a program designed to increase happiness, life satisfaction, and psychological well-being? Why or why not? What barriers would prevent you from participating in a program to increase happiness, life satisfaction, and psychological well-being?

Table 2

Characteristics of the Focus Group Participants (n = 27)

	Total N = 27	Female n = 19	Male n = 8
<u>Socio-Demographic Factors</u>			
Age, <i>M</i> (<i>SD</i>)	49.23 (13.40)	48.83 (14.42)	50.25 (10.92)
Education (years), <i>M</i> (<i>SD</i>)	10 (4.26)	9.63 (3.96)	10.88 (4.78)
Employment Status, n (%)			
Employed (Full or Part-time)	14 (52)	7 (37)	7 (88)
Unemployed	0 (0)	0(0)	0 (0)
Other ^a	14 (52)	13 (68)	1 (13)
Income, n (%)			
<\$20,000	9 (33)	6 (32)	3 (38)
\$20,000	18 (67)	13 (68)	5 (63)
Country of Origin, n (%)			
United States	3 (11)	1 (5)	2 (25)
Mexico	23 (85)	17 (89)	6 (75)
Other ^b	1 (4)	1 (5)	0 (0)
Marital Status, n (%)			
Married/Living with a partner	21 (78)	15 (79)	6 (75)
Not married ^c	6 (22)	4 (21)	2 (25)
Health Insurance Coverage, n (%)			
Insured	15 (56)	10 (53)	5 (63)
Uninsured	11 (41)	8 (42)	3 (38)

^aIncludes those who identify being a homemaker, student, retired, and unable to work.

^bCountry of origin includes Dominican Republic, Central America, Cuba, Puerto Rico, and South America.

^cIncludes those that self-identify as single, separated, divorced, or widowed