1-1-2010

# The relationship between psychological well-being and perceived wellness in graduate-level counseling students

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COLLEGE OF SOCIAL AND BEHAVIORAL SCIENCES

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Michel Renee Harris

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Walden University
2010

ABSTRACT




The Relationship Between Psychological Well-Being and
Perceived Wellness in Graduate-Level Counseling Students


by

Michel Renee Harris




MEd, Shippensburg University, 2001
BS, Johnson Bible College, 1993




Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Psychology




Walden University
May 2010

Abstract

It is imperative that those who provide personal therapy to others be well-adjusted in their personal and professional lives and possess a keen and accurate perception of wellness. Yet, persons drawn to careers in counseling often have unresolved psychological issues. Counselor education programs should have a systematic way to evaluate and improve wellness in their students. Studies addressing the well-being of counselors-in-training, their perception of wellness, and their need for self-care are lacking in the professional literature. This study, therefore, examined the relationship between psychological well-being and perceived wellness in a sample ($N = 97$) of graduate students in a CACREP-accredited counseling program. Based on person-centered theory, the participants' psychological well-being was measured with the Scales of Psychological Well-Being (SPWB), and their perception of wellness with the Perceived Wellness Survey (PWS). Multiple regression analysis revealed a significant relationship between psychological well-being and perceived wellness. Adding a self-assessment tool to counselor education and, thus, facilitating the students' best possible psychological functioning has positive social-change implications: Considering that 57.7 million individuals sought mental health services in 2006, at a cost of $68.1 billion, working toward greater well-being of counseling students will help them provide the best therapeutic care to their future clients.

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UMI Number: 3398983

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DEDICATION

This dissertation is lovingly dedicated to my parents, Barbara and Errol Harris, and to my friend Lisa Collie.

ACKNOWLEDGMENTS

My deepest thanks are extended to my dissertation committee for their invaluable guidance and support throughout this process. Dr. Magy Martin was a true guiding force who helped me narrow down some grand ideas into a solid, obtainable goal, while keeping the finish line firmly in mind. My sincerest appreciation goes to Dr. Andrea Miller, who guided me through the difficult hurdles of statistics. Her statistical expertise and guidance with writing were more than I could have asked for and a tremendous help. Many thanks to my editor, Dr. Elisabeth Johnson-Kallos; without her skill, this dissertation might never have been approved. Her expertise and guidance with writing saved me weeks, if not months, of work. I offer my true appreciation for her time and expertise.

My most sincere and profound gratitude I give to my parents, Barbara and Errol Harris, who taught me that anything is possible if I put my mind to it. My strong will might have caused them plenty of *angst* during my childhood, but their patience has paid off and my strong will has become an asset. I could not ask for better, more supportive parents. I love you. I also thank all my dear and supportive friends, most of all my roommate, Lisa Collie, for putting up with a terribly quiet house for so long and for her great understanding and support. Thank you.

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CHAPTER 1:

INTRODUCTION TO THE STUDY

It has been amply documented that many students enter the counseling profession with unresolved psychological issues; yet, the psychological well-being of students is not being thoroughly assessed or addressed during counselor training (Hensley, Smith, & Thompson, 2003; Buchbinder, 2007). Research also shows that counselors are often the last to ask for help; thus, delaying self-care (Roach & Young, 2007). If students enter counseling programs with unresolved psychological issues and given the fact that counselors are likely to delay seeking help for themselves, it seems all the more important to examine the wellness of students during their early development as counselors. Such an examination could lead to their increased psychological wellness as well as to a better understanding in future counselors of the importance of self-care.

Research has also demonstrated that mentally unhealthy counselors experience more difficulties professionally and personally than their healthy counterparts (Meyer & Ponton, 2006). Professionally, a lack of counselor well-being is related to difficulties with boundary setting and premature termination, as well as managing the negative emotions of clients. Personally, a lack of counselor well-being is related to avoidance behavior, social isolation, sadness, and self-doubt.

Unresolved issues can also lead to burnout, compassion fatigue, and other impairments that hinder the therapeutic process (Figley, 2002). Based on the knowledge that the well-being of counselors is crucial to the therapeutic process, it is imperative that an apparent gap in the research literature be filled and research be conducted to broaden the knowledge base and further the understanding concerning the psychological well-being of counselors-in-training.

Exacerbating the impact that unresolved issues have on the therapeutic process is the fact that counselors are often the last to admit that they have a problem. The literature shows over and over that a counselor is frequently the last person to acknowledge that an urgent need for self-care exists (Roach & Young, 2007; Meyer & Ponton, 2006). Not only has previous research shown that unresolved psychological issues impact counselor wellness, but it also leads one to question whether perceived wellness might be at the root of delayed self-care. The question with respect for this study is whether these counselors' perceptions are inaccurate or whether they are simply dismissing the impact their personal issues have on the therapeutic process. Counselors play an important role in society. It is, therefore, important to attend to the psychological needs of counselors-in-training in conjunction with their skill development. Part of that process should be an examination of the students' perception of their own wellness.

Counselors are called upon to help others deal with a myriad of issues in order to guide their clients toward a healthier life. The research is abundant when it comes to demonstrating the positive effects counseling can have on the lives of clients (Hunsley & Lee, 2007; Minami et al., 2007; Pattison & Harris, 2006). Lacking, however, is research on the wellness of counselors-in-training. Students who enter the profession often bring with them unresolved issues from their families of origin or from some past trauma, and they need to be addressed. Although the argument has been made that educators have a responsibility to identify and address problems associated with professional competence (Johnson et al., 2008), counselor development programs, currently, do not have a systematic way for assessing potential threats to counselor competency or for helping students learn the importance of self-care.

Throughout the literature review, a gap has been found to exist with respect to the topic of assessing and addressing wellness during counselor development. The literature showed that students who chose a profession that provides personal therapy to others often had unresolved psychological issues in their own lives (Buchbinder, 2007). Research has also documented that counselors bring their own personal issues with them into the professional practice, which often requires personal therapy (Bike, Norcross, & Schatz, 2009). Perceived wellness may also delay resolution of unresolved issues. Unattended, these unresolved

issues can hinder the professional growth of developing counselors, create boundary issues, and affect counselor effectiveness during and after graduate studies. The question that remains is whether graduate counseling programs could do more to assess and address the psychological well-being and perceived wellness of students during counselor development. A more detailed discussion concerning the research literature is provided in chapter 2.

## Statement of the Problem

Counselor education programs lack a systematic way to evaluate and improve wellness in current masters-level counseling students (Hensley et al., 2003); yet, researchers have pointed out time and again that unresolved psychological issues are common in those who go into the counseling field (Buchbinder, 2007). Researchers also noted that counselors are the last to admit the effects of personal issues on their professional responsibilities (Roach & Young, 2007). With counselor wellness being related to significant impacts on therapy, notably effectiveness (Meyer & Ponton, 2006), burnout (Stebnicki, 2000), and job stress (Young & Lambie, 2007), it becomes apparent that more research attention needs to be directed toward this area. An additional area of concern is that many counselor-development professionals seem to be

unaware of the importance of systematically assessing and addressing the wellness of counselors-in-training.

An initial review of the literature revealed that the nature of the relationship between psychological well-being and perceived wellness in masters-level counseling students had not been clarified. The problem was, therefore, that, although the importance of psychological well-being in counselors was well-documented, it was unclear how it relates to counselor development. Also unknown was whether perceived wellness has an impact on the overall psychological well-being of students. With such gaps in the literature, it seemed both necessary and timely to conduct a study to examine the nature of these relationships.

Nature of the Study

This quantitative study was guided by a research question and hypothesis, presented in the next section, which were derived through a thorough review of existing literature in the area of psychological well-being and perceived wellness. Two different measures were used for data collection, along with a basic demographic questionnaire. The Scales of Psychological Well-Being (SPWB) were used to measure the six dimensions of positive psychological functioning, which are self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff, 1989). The Perceived

Wellness Survey (PWS) was used to measure student/counselors' perception of wellness. A more detailed discussion of the research methods and the nature of the study is provided in chapter 3.

Research Question and Hypothesis

The following research question was formulated to guide the study. It was, then, answered through hypothesis testing.

*Research Question*

Is there a relationship between psychological well-being, as measured by the Scales of Psychological Well-Being, and perceived wellness, as measured by the Perceived Wellness Survey, in masters-level counseling students in a CACREP-accredited program?

*Null Hypothesis* (H$_0$)

There will be no relationship between psychological well-being, as measured by the Scales of Psychological Well-Being, and perceived wellness, as measured by the Perceived Wellness Survey, in masters-level counseling students in a CACREP-accredited program.

*Alternate Hypothesis* (H$_a$)

A significant relationship exists between psychological well-being, as measured by the Scales of Psychological Well-Being, and perceived wellness, as measured by the Perceived Wellness Survey, in master-level counseling students in a CACREP-accredited program.

## Purpose of the Study

The purpose of the study was to understand psychological well-being and perceived wellness in graduate students preparing to become counselors. This study evaluated the relationship between psychological well-being and perceived wellness in graduate-level counseling students at a state university in south-central Pennsylvania. psychological well-being is defined as a combination of several aspects of positive psychological functioning, which includes self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff & Singer, 1996). Perceived wellness is typically present when an individual experiences consistent and balanced growth in six wellness dimensions that pertain to the physical, spiritual, psychological, social, emotional, and intellectual realms (Harari, Waehler, & Rogers, 2005). The study aimed at addressing a critical need, namely, to assess and address the wellness of masters-level counseling students by providing information on the psychological well-being and perceived

wellness of such students. The results of this study could also have implications for additional problems such as the failure of self-care among counselors or the nonexistence or nonuse of adequate wellness assessment tools during counselor development.

This study proposed to investigate the potential relationship between psychological well-being and perceived wellness in graduate-level counseling students by examining the difference between well-being and perceived wellness. Well-being was measured with the use of the SPWB to provide information about six dimensions of positive functioning. Perceived wellness was measured with the use of the PWS to provide information on six dimensions of health. These aspects are further discussed in chapter 2.

Theoretical Framework

Personal wellness of the counselor is critically important to the therapeutic process of helping others (Rogers, 1961). Rogers's (1961) person-centered theory of the fully functioning person emphasizes an internal locus of control, whereby the individual looks to him- or herself for evaluation and does not rely on others to measure personal standards. Those who strive for congruence and for becoming fully functioning individuals have been known to lead lives of greater well-being (Sheldon & Kasser, 2001). To achieve an optimally functioning

therapeutic self, one must be a fully functioning person. The basis of the person-centered theory is to become a fully functioning person, that is, one who continually strives to realize his or her true potential. The tenets of the person-centered theory mirror the six dimensions of psychological well-being, which are personal growth, purpose in life, self-acceptance, autonomy, environmental mastery, and positive relations with others. According to the person-centered theory, counselors should also be mindful of their own issues, which might prevent them from realizing their full potential and, thus, becoming fully functioning persons.

To become fully functioning persons, according to Rogers (1961), individuals need to understand how the world around them has affected them and work on any issues that hinder the journey toward realization of their true potential. Being mindful of the psychological well-being of counselors-in-training, as well as of their perception of wellness, could add a whole new dimension to counselor development—an area that generally seems to be overlooked in their education. Those interested in counselor development are also interested in the students' becoming fully functioning as counselors. However, the process of becoming a fully functioning counselor cannot focus solely on building professional skills; it must also include building self-care skills, thus leading to the blend of a healthy personal and professional life.

The perception of wellness might impact a counselor's self-care. Rogers (1980) even admitted that it was easier to take care of others than to take care of oneself. Learning self-care is critically important to becoming a fully functioning person and therapist. It is an important aspect of helping counseling students to become effective counselors. Achieving to one's full potential must incorporate one's views of personal health and well-being. Yet, the question remained unanswered whether graduate training programs are effectively assessing and addressing the wellness of their students and, in the process, teaching the importance of self-care.

## Definition of Terms

The following terms are defined as used in this study.

*Autonomy:* Autonomy is the ability to evaluate oneself by personal standards and experience independence in thought and behavior with the ability to resist social pressures to think and act in certain ways. This is not a detachment from others, but a sense of choice over when dependence or independence is desired (Ryff, 1989).

*Council for Accreditation of Counseling and Related Educational Programs (CACREP):* The CACREP (2001) is an independent agency recognized by the Council for Higher Education Accreditation to accredit master's degree programs in counseling.

*Counseling students*: Students enrolled in a masters-level counseling program, accredited by the CACREP (2001).

*Environmental mastery*: Environmental mastery is displayed when one has a sense of competence in managing the environment, controls a complex array of external activities, makes effective use of surrounding opportunities, and is able to choose or create contexts suitable to personal needs and values (Ryff, 1989).

*Fully functioning person*: According to Rogers (1961), a fully functioning person is in the process of realizing his or her full potential, of fulfilling the promise of his or her gifts. Such a person is characterized by openness to experience, trust in personal judgment, creativity, and enjoyment of a rich and full life.

*Perceived wellness*: A person's perceived wellness is the perception of wellness based on a multidimensional construct of complete well-being. In this study, it pertains specifically to how counseling students perceive their own state of wellness (Adams, Bezner, & Steinhardt, 1997).

*Personal growth*: Personal growth means having a feeling of continued development or striving toward the realization of one's true potential. One sees self as growing and expanding, is open to new experiences, has a sense of realizing one's full potential, sees improvement in self and one's behavior over time, and is changing in ways that reflect more self-knowledge and effectiveness.

*Positive relations with others:* Someone with positive relationships with others has warm, satisfying, trusting relationships and is concerned about the welfare of others and capable of strong empathy, affection, and intimacy. Such a person understands the give-and-take of human relationships.

*Psychological well-being*: Psychological well-being is characterized by positive psychological functioning in six dimensions, defined by Ryff (1989) as self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth.

*Purpose in life*: Having a purpose in life means having goals and a sense of direction. One has a sense that there is meaning to present and past life and holds beliefs that give life a purpose. One has aims and objectives for living (Ryff, 1989).

*Self-Acceptance*: Self-acceptance is expressed in a positive attitude toward self. One acknowledges and accepts multiple aspects of self, including good and bad qualities. One also feels positive about one's past (Ryff, 1989).

*Six dimensions of positive functioning:* As defined by Ryff (1989), the six dimensions of positive functioning are autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance.

Assumptions, Limitations, and Scope

The following five assumptions were made in this study:

1. It was assumed that respondents would answer questions regarding their psychological well-being and perceived wellness truthfully and to the best of their ability.

2. It was assumed that the findings would have wider applicability among counselors-in-training beyond those enrolled in a masters-level university program.

3. It was assumed that the willingness of participants to volunteer to become part of the study would not bias the study.

4. It was assumed that the convenience sample of masters-level counselors-in-training was representative of counselors-in-training in central Pennsylvania universities, but generalizing should be done with caution.

5. It was assumed that a person-centered framework would be the appropriate basis for this study.

The following limitations were recognized in this study:

1. The data are limited to the survey responses provided by the participants in the study and, therefore, generalizing should be done with caution.

2. Thoughts, attitudes, beliefs, and perceptions of the counseling students are limited to those measured by the surveys used. Although

these measures cover 12 separate variables, other variables could potentially be found among counselors-in-training.

     3. Data were based on self-report surveys.

     4. The number of participants might be small due to the study's being conducted at a specific university. The generalizability of the findings might, therefore, be limited, and caution should be exercised when considering the results of this study in regard to counseling programs at other universities.

     5. Because psychological well-being can be defined in several different ways, the SPWB must be considered a limitation. In spite of the fact that it is a multidimensional model, it does not represent the complete array by which psychological well-being could be measured.

     The scope of this study pertains to the choice of goals, research questions, variables, and the theoretical framework from which to approach the problem and seek a solution. Setting the goal for this study was prompted by a gap in literature concerning the wellness of counselors-in-training. The two variables, psychological well-being and perceived wellness, were chosen because they seem best to address the issue of wellness among counseling students. The goal of the study was to shed more light on the need for counseling students to examine what impact their personal lives will have on their therapeutic selves; it is not a discussion whether supervisors should become therapists to students.

Despite the fact that the American Counseling Association (ACA, 2005) Code of Ethics is very clear on the delineation between educator and counselor by stating plainly in Standard F.10.e. Counseling Services that counselor educators will not serve as counselors to current students, this debate has been going on for some time. The present study has endeavored to stay clear of this debate and concentrate wholly on how best to assure that the personal lives of counselors-in-training are no longer ignored.

Significance of the Study

This study holds implications for positive social change at the individual, program, and societal levels. Implications for positive social change include a contribution to the body of research in the area of psychological well-being and perceived wellness by filling a gap in the literature. Studies to examine these constructs during counselor development appeared to be missing from the professional literature. Mental health issues are not likely to disappear very soon, but will continue to impact society in a major way (Holden, 2005; Soni, 2009). The impact on society requires the continued assistance of healthy counseling professionals, who play a vital role in promoting social change through better mental health (Patrick, 2007). According to the National Institute of Mental Health (NIMH, 2009), approximately 57.7 million

people suffer from some type of diagnosable mental disorder each year. With such a widespread social problem, it becomes exceedingly important that the counselors who are being trained to work with this population take care of their own wellness. With knowledge of the students' psychological well-being and perceptions of their own wellness, supervisors can better address the needs of the students as well as emphasize the importance of self-care.

An important positive social change factor addressed by this study is the impact of mental health issues on society as a whole. There is a tremendous need for healthy counselors to address these mental health needs. Mental illness accounts for more than 15% of the burden of disease, which is more than the burden caused by cancer. It is also the leading cause of disability and premature death in the United States (Holden, 2005). Another considerable social concern is the exceedingly high health care cost associated with mental illness. Mental disorders account for one of the five most costly health conditions; the costs rose from 46.2 billion, in 1996, to 68.1 billion, in 2006 (Soni, 2009). With the understanding that counselors play a critical role in society, it is even more important to attend to the psychological needs of counselors-in-training in conjunction with skill development.

If a link could be established between psychological well-being and perceived wellness in counselor-education students, it might provide

convincing evidence that, at the very least, self-assessment should be used to help students become aware of their own psychological needs. Such a link might also provide evidence for the need to make psychological services a priority for students in counselor training programs. This study was expected to provide valuable information for students as well as for those involved with counselor education and development. The positive impact on the future of therapeutic services offered to society could be immense.

Chapter Summary and Overview of the Study

Based on the dearth of empirical data available in the literature and the importance of the counselor's own psychological well-being and perceived wellness to the counseling relationship, more research was needed in this area, notably with respect to counselors-in-training in a masters-level counseling program. The person-centered theory views the individual as being on a journey toward becoming fully functioning. This theory aligns with the goal of most counselor development programs in that students are on a journey toward become fully functioning counselors. A systematic approach to helping students reflect on their own psychological well-being and perceptions of wellness as part of that process appeared to be missing from current counselor education programs. Psychological issues of students are currently being left to

heal by happenstance during coursework, and only when major issues arise are students directed to seek therapeutic services. In order for students to become their optimally functioning therapeutic selves, time needs to be set aside for individual assessment and work during the counselor training process. Chapter 2 presents a review of the literature integrating a variety of scholarly work on psychological well-being and perceived wellness to establish the significance of this theory and the need for the present research. Chapter 3 discusses the research methods used in this study, including procedures for data collection and analysis and the use of statistical measures. It also provides a description of the participants. The results of the study are presented in chapter 4 in tabular and textual form. In chapter 5, a brief overview of the study is provided; the findings are interpreted and their implications for social change are discussed. Recommendations for action and further research are offered.

CHAPTER 2:

LITERATURE REVIEW

This chapter begins with an overview of the theoretical perspective, namely, Roger's (1961) person-centered theory. Next will be reviewed studies that show that individuals entering the counseling field frequently have unresolved psychological issues. psychological well-being will be reviewed next, and the six dimensions of positive psychological functioning will be explained. A review of perceived wellness will follow. This chapter also reviews studies that emphasize the need for well-being of the therapist. These sections provide the framework for examining the psychological well-being and perceived wellness of graduate students in a counseling program. Lastly, literature related to the choice of a research method will be reviewed. The literature review demonstrated a clear need for additional research in the area of psychological well-being and perceived wellness of counselors-in-training.

Literature Search

The literature was conducted primarily through the Walden University online library. Numerous peer-reviewed journals were searched electronically through psychological databases such as the Academic Search Premier, PsycINFO, PsycARTICLES, and SocIndex. The literature search also included prominent texts obtained through library

searches. Key search terms were *psychological well-being, wellness, counselor development, counselor well-being, perceived wellness, self-perception, mental health professionals, humanistic theory, Carl Rogers*, and combinations thereof. The majority of the studies reviewed have been published in the last 10 years, except for some seminal work of earlier times. Several books were also obtained that provided information on the person-centered theory, including the works of Carl Rogers.

## Person-Centered Theory

The person-centered theory provides the theoretical framework for this study. Its perspective is focused on personal development. From this perspective, a key component of growth is to be truly heard so that the self will come in line with experiences and achieve congruence. The goal for the individual is to become more real. This realness, then, enables the individual to become the best self he or she can be. Rogers (1961) believed that, in becoming a fully functioning person, one experiences greater freedom. Part of counselor development needs to focus on helping students develop personally so that they can truly become fully functioning persons and, thereby, develop into their fully functioning therapeutic selves.

The focus of counselor development programs is clearly on teaching advanced psychological skills, but a crucial question remains:

Are these intensive skill training programs overlooking the importance of the student's psychological well-being? In their future therapeutic relationships, these counselors need to be their true, congruent selves. This congruence is not something that can simply be taught because it involves a process that the counselor needs to go through in order to achieve it. For counselors to experience congruence, their personal issues need to be addressed and worked through. Unaddressed, these issues can potentially cloud the counselor's judgment, create boundary issues, and even affect their therapeutic effectiveness (Bike, Norcross, & Schatz, 2009). This demonstrates the importance of the counselor's being psychologically well. The person-centered theory confirms this importance by focusing on the person's reaching optimal functioning. Self-esteem, self-fulfillment, and individual needs are of primary importance in the views of person-centered theorists such as Carl Rogers and Abraham Maslow. The person-centered theory grounds the argument that counselors should themselves experience the process that will allow them to become their optimal personal and therapeutic self (Rogers, 1961).

Rogers (1995) explained that the goal of the human experience is to find greater congruence within oneself. Humans are believed to have a tendency to move toward the best in themselves. Rogers maintained that the individual strives to become a fully functioning person. His goal was

to bring about greater congruence of the self. The concept of a fully functioning individual with optimal congruence of the self is the fundamental aspect of this research study: the psychological well-being of counselors-in-training. One of a counselor's goals is to bring about optimal functioning in the client; yet, little can be found in the literature to indicate whether the individual who is training to become a counselor has actually reached a similar goal for him- or herself. Therefore, this study seeks to answer the question: How do we, as trainers of future counselors, make sure that the counselors we are training are psychologically well?

Rogers (1961) stated that, for counselors to be effective, they must "put aside their self and enter into the client's world of perception as completely as they are able" (p. 35). Rogers also discussed the difference in goals: Some goals strive to fill deficiency-oriented needs, whereas others seek to fulfill the need to obtain meaning, grow as a person, and be connected with other people. The person-centered theory supports these growth-oriented goals as they relate to well-being because satisfying such goals leads to personal growth and self-actualization, according to Rogers. A focus on positive, growth-oriented goals is connected to greater personal thriving. Those who strive for congruence and becoming fully functioning persons have been known to lead lives of higher well-being (Sheldon & Kasser, 2001). Those who report intrinsic

values are associated with stronger feelings of empathy for others, which is a pivotal aspect of counseling. When individuals are able to reach for goals such as self-acceptance, self-actualization, and congruence of self, they are more likely to experience psychological well-being and lead life as a fully functioning individual. Rogers's (1961) theory states that psychologically healthy people enjoy life to the fullest; hence, they are seen as fully functioning people. The goal of counseling, then, is to help other individuals also to achieve these goals. As a review of the literature indicated, what seems to be missing in counselor education is making sure that counselors are achieving these goals in their own development and are, in fact, living at a high level of psychological well-being. In order for counselors to be able completely to put aside self and enter the client's world, they must themselves have greater congruence of self.

<div align="center">Unresolved Psychological Issues</div>

Research has demonstrated repeatedly that individuals entering the counseling field frequently have unresolved psychological issues (Buchbinder, 2007). This tenet is the basis for examining the psychological well-being of students training to become counselors. The need for more attention to the psychological wellness of graduate counseling students is based on past research concerning unresolved psychological issues (Hensley et al., 2003). Many studies have been

conducted with psychologists, social workers, and mental health professionals, and all have come to the same conclusion, namely, that early family experiences impact individuals' career choice of becoming therapists.

A qualitative study was conducted with 14 therapists, all holding degrees in clinical psychology. The interviews revealed that all 14 therapists had experienced substantial interpersonal stress in childhood. This interpersonal stress might account for interpersonal sensitivity on the part of the therapists, which is an important therapeutic skill. The findings led researchers to conclude that the relationship between the therapists' experiences in their families of origin and their career choice should guide the assessment process for therapy training candidacy (Racusin, Abramowitz, & Winter, 1981). This study reiterated earlier findings that personal issues influence and impact the career choice of therapists.

Another study compared the personal lives of psychotherapists and research psychologist; it found that more therapists than research psychologists were likely to report an unhappy childhood. There was also a significant difference when it came to childhood abuse; therapists were reporting a higher percentage of abuse. Therapists also reported more depression and anxiety (Radeke & Mahoney, 2000). This study found significant differences in the early experiences of therapists as compared

to research psychologists. Based on these studies, which demonstrated that psychological issues do in fact impact therapists, a need is clearly present that demands that the psychological well-being of counselors-in-training be assessed and attended to.

In the marriage and family literature, the personal life of the therapist has become of interest over the last decade (Polson & Nida, 1998; Wolgien & Coady, 1997). Polson and Nida (1998) stated that the focus of the literature has been on skill development; yet, even after a decade, the focus on experiences crucial to the personal transformation of therapists is still lacking. Today, it is considered important for counselors to understand how to use their personal and professional selves to affect the therapeutic process. Providing counseling students with an assessment of their own psychological well-being can, thus, be helpful in focusing them upon working on their personal growth. Personal growth can strengthen the ability to use the self in the therapeutic process, noted Wiseman and Shefler (2001).

A qualitative study that examined the personal and professional growth of marriage and family therapists comprised 13 participants. Out of these 13 participants, 10 reported that personal experiences provided growth as a clinician; 6 reported that some type of personal therapy had influenced the kind of clinician they had become (Paris, Linville, & Rosen, 2006). This study reiterated the need for educators of future

counselors to examine the marriage and family literature and to include personal growth systematically as part of counselor development.

Another study was conducted in 2007 that examined the need for personal therapy of psychotherapists. The study included psychologists, social workers, and counselors. It found that 84% of psychotherapists reported the use of personal therapy (Bike et al., 2009). This research documented the use of therapy by counselors in their attempt to heal from unresolved psychological issues.

Studies of the well-being of therapists already in practice documented that therapists needed to take care of themselves. The fact remains that the counselor is the only other individual, besides the client, responsible for the success of therapy (Wampold, 2001). With this in mind, it is paramount that counselors take measures to ensure that they are functioning optimally when in a therapeutic relationship (Linley & Joseph, 2007). These studies confirmed the need for attention to be placed on the therapists' self, and there could hardly be a more opportune time for addressing unresolved personal issues than before a counselor goes into practice.

The literature demonstrated time and again that personal issues are part of the process of becoming a therapist. In a search for self-healing, individuals often find their way into the counseling profession. Many therapists have reported that professional functioning provides

ongoing self-healing for earlier unresolved psychological issues (Racusin et al., 1981). However, such unresolved issues can also hinder the professional growth of developing counselors, create boundary issues, and affect counselor effectiveness (Bike et al., 2009). The research is clear that unresolved psychological issues will impact the lives of therapists. This body of research prompted the proposal for the present study, in order to examine the need for assessing the psychological well-being and perceived wellness of students in a graduate counseling program before they go into practice.

Psychological Well-Being

Although psychological well-being is not a new area of study, an empirical examination of psychological well-being during counselor development opens a new field. Unresolved psychological issues that have led individuals into the counseling profession are important factors affecting in their development as counselors. Another important factor is the psychological well-being of those who will be responsible for the psychological well-being of others. During the past several decades, psychological well-being has been studied in quite some depth, and it is considered to be more than merely the absence of illness, which seems to be an outmoded definition of well-being (Clarke, Marshall, Ryff, & Wheaton, 2001; Ryan & Deci, 2001; Ryff & Singer, 2008a).

Psychological well-being encompasses the whole system, not just isolated aspects of wellness. Empirical research in the area of psychological well-being has been documenting this for decades. A review of the literature demonstrated that psychological well-being has been defined on the basis of various constructs of which most measures were conceptualized in the 1960s. They are still used frequently in research today, for example, life satisfaction (Neugarten, Havighurst, & Tobin, 1961), positive and negative affect (Bradburn, 1969), and self-esteem (Rosenberg, 1965). The measures have been updated since, but they still focus on individual constructs such as anxiety (Beck & Steer, 1990), self-concept (Fitts, 1991), or depression (Gable & Nezlek, 1998).

However, throughout the literature review, no two studies could be found that seemed to measure psychological well-being in like manner. Two issues arose concerning studying psychological well-being in counselors-in-training: First, the professional literature was devoid of studies that specifically examined the psychological well-being of counselors during their graduate training. The second issue was that, in addition to ignoring the situation of counselors-in-training, extant literature was inconsistent about which constructs ought to be measured to assess the level of psychological well-being. These two issues will be further addressed in this review of the literature.

The first issue, the lack of literature on the psychological well-

being of counselors-in-training, might be the reason for the abundance of literature covering counselors already in practice. Might earlier attention to the issue of well-being have forestalled the need to study it later in such abundance? It appears that little, if any, research had been conducted at the educational level before the counselors went into practice. Further, research has been conducted on isolated constructs such as depression, anxiety, or life satisfaction, as previously noted, but no studies could be found on psychological well-being. Although several studies were conducted on the psychological well-being of undergraduate students (Arkoff et al., 2006; Ceyhan, Ceyhan, & Kurtyilmaz, 2009; Chang, 2006), none addressed the specific issue of counselors-in-training.

One such study examined the impact of university attendance on psychological well-being. The constructs used to measure psychological well-being were subjective well-being; life functioning; risk; and symptoms such as anxiety, depression, and physical problems. The findings determined that university attendance does have a negative impact on the psychological well-being of students (Cooke, Bewick, Barkham, Bradley, & Audin, 2006). This study noted that students experienced added stress when attending college, which seems to reinforce the idea that addressing the psychological well-being of counseling students is of particular importance.

Another study examined the relationship between the perception of psychological well-being and the quality of life of undergraduate students (Hermon & Hazler, 1999). This study measured psychological well-being with the affective and quality-of-experience scales of the Memorial University of Newfoundland Scale of Happiness. The researchers concluded that other psychological constructs could conceivably have greater significance in the understanding of wellness of the whole person. Research in the area of psychological well-being in undergraduate students has demonstrated that psychological well-being is an important aspect when it comes to quality of life for college students (Pascarella & Terenzini, 2005). All these studies point to the need not to overlook the assessment of the psychological well-being of graduate students in a counseling program. It seems that, if the psychological well-being of undergraduates is an important area of study, the study of students who are training to become counselors and, thereby, also become responsible parties to the psychological well-being of others should be of prime importance.

An exhaustive search of the literature for research on counselor development did not yield any studies about the psychological well-being of counselors-in-training. The main reason could simply be the lack of an adequate assessment tool for psychological well-being. Psychological well-being is typically assessed through the use of one or two constructs,

and even then, the constructs differ from study to study. Another reason might be found in the translated work of Aristotle (1947), in which the ancient Greek philosopher seemingly focused on happiness. Perhaps, it bears to reexamine the widespread notion that happiness is fleeting and, therefore, one should study psychological well-being in the context of many constructs rather than simply on a happiness scale.

Aristotle (1947) noted that the highest and most important objective that could be achieved by human action was *eudaimonia*, originally translated as happiness. Thus, the study of psychological well-being was attached to the construct of happiness for decades. The 21st century, however, has brought about two broad, overarching directions for the experience of well-being: one that focuses on happiness and another that focuses on individual potential (Ryan & Deci, 2001). Happiness is classified as subjective well-being, whereas psychological well-being is also concerned with personal growth and purpose in life.

Numerous studies examined subjective well-being, but only during the last 2 decades has research taken a hard look at psychological well-being. Some of the research was fueled by a second look at the translation of Aristotle's original use of the Greek word *eudaimonia* as happiness. The translation came under questioning and was redefined more accurately as the feelings connected to behavior that is in line with one's true potential (Waterman, 1993). This translation of the word,

originally thought to be happiness, is more in line with the tenets of the person-centered theory. It is also the reason why a group of researchers began to look at psychological well-being from a holistic point of view. The striving to realize one's true potential is a central tenet of psychological well-being. Every individual seems to strive for well-being, and it is a rare and dire occasion when an individual gives up the fight for well-being.

In the 1980s, several researchers began to look at psychological well-being in a new light; they believed that wellness was more than just life satisfaction and happiness. In the late 1980s, Ryff (1989) developed an instrument that would accurately measure six dimensions of psychological well-being. Previous research on this construct had made use of only one or two dimensions, thereby neglecting essential characteristics of positive psychological functioning. Still today, most studies on psychological well-being examine one or two dimensions. For example, the self-determination theory purports that there are three important aspects to psychological well-being: competence, relatedness, and autonomy (Patrick, Knee, Canevello, & Lonsbary, 2007). With various definitions of what constitutes psychological well-being, it is not surprising that a plethora of studies covers a variety of constructs.

In the late 1980s, Ryff (1989) conducted pivotal research in the area of psychological well-being. She found that higher levels of the

constructs of autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance were consistently related to psychological well-being. These six dimensions were found to address the different challenges individuals face in achieving psychological well-being. The study was conducted on 321 men and women, who were divided into three age ranges: young, middle-aged, and older adults. The participants rated themselves on measures of the six proposed constructs as well as on six instruments used in earlier studies. The six instruments used in earlier studies were examples of how constructs were previously used in isolation to measure positive functioning, or psychological well-being. The six instruments used in previous studies rated affect balance, life satisfaction, self-esteem, morale, locus of control, and depression. The results of the Ryff study revealed that four of the new dimensions were not being measured by the old assessment indexes. The four new dimensions were positive relations with others, autonomy, purpose in life, and personal growth. The results of this study provided the foundation for using a multidimensional model of psychological well-being.

The six new dimensions, which were found accurately to measure overall psychological well-being, were operationally defined. The definitions were based on theoretical perspectives as well as prior research. These six dimensions formed the basis for the present study on

the psychological well-being of graduate-level counseling students. The six dimensions are self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. These dimensions of psychological well-being take into account multiple constructs of positive functioning.

*Self-Acceptance*

Self-acceptance is an intrinsic goal, which is aligned with psychological needs. When individuals feel good about themselves, even as they realize that they have certain areas of weakness, it demonstrates a high level of self-acceptance (Sheldon & Kasser, 2001. Self-acceptance is one aspect of fully functioning as an individual (Rogers, 1995). Self-acceptance is one dimension that is universally shared by many perspectives as an important aspect of overall positive psychological functioning. The person-centered theory also places great importance on self-acceptance as one of its main characteristics, along with positive self-regard and functioning fully as a person.

A study on depression among university students found that depression is, in fact, a widespread problem among students (Ceyhan et al., 2009). The researchers recommended that programs be offered to help students build coping skills against depression and increase their

levels of self-acceptance. The level of self-acceptance has a direct connection with an individual's psychological well-being.

*Positive Relations*

The perspective of the person-centered theory, as well as that of many others, emphasizes the importance of being able to love, to show empathy, and to relate to others. Interpersonal relationships and being able to identify with others are key components of mental health (Ryff, 1989). Having positive relationships with others is central to many theoretical perspectives and a key component of psychological well-being. Having positive relationships with others is connected to self-acceptance in that one experiences more fulfilling relationships if one is able to experience self-acceptance first. Person-centered theory holds that intimate relationships are born out of a psychological need to avoid isolation; individuals, therefore, create personal connections. Striving for personal growth creates within an individual the ability to make deeper connections and experience stronger feelings of empathy and affection for others (Ryff & Singer, 1996). A study on need fulfillment found that among competence, relatedness, and autonomy, relatedness was the strongest predictor of well-being (Patrick et al., 2007). Many similar studies confirmed that having positive relations with others is strongly related to psychological well-being.

*Autonomy*

Another dimension of positive psychological functioning is autonomy. To be autonomous, an individual is able to self-evaluate based on personal standards that are not controlled by others. Many confuse independence with autonomy; autonomy is more in line with volition, or the free choice to rely on self or others, whereas independence is solely concerned with not relying on others. Autonomy reflects a higher level of psychological health in which the individual chooses when to rely on others and when he or she can function alone (Deci & Ryan, 2008). Rogers (1961) described autonomy in terms of an internal locus of control. Those who are motivated by external rather than internal aspirations have been associated with lower levels of psychological well-being (Ryan et al., 1999). A large body of literature has demonstrated the importance of autonomy for optimal functioning and psychological well-being. Sheldon et al. (2004) demonstrated how autonomy could predict wellness in four different cultures. Other studies showed how parents can support autonomy in their children. Children whose parents provided choices and helped them to make decisions based on their own personal interests (rather than the controlling parents' interests) demonstrated higher levels of well-being (Soenens et al., 2007). In short, autonomy is related to both psychological maturity and well-being; that

is why autonomy is an important dimension in the assessment of overall psychological well-being.

*Environmental Mastery*

The ability to manipulate one's environment in a way that will meet one's needs is considered environmental mastery (Chang, 2006). This ability has been considered from many theoretical perspectives such as developmental theories; it was found to be an important part of positive psychological functioning. Bradburn (1969) studied people's psychological reactions to normal life situations. He believed that normal, everyday life would result in problems, but that one's mental health depended on how one responded to and coped with difficult situations. From this perspective it seems clear that a counselor who is unable to cope with and adapt to his or her own life's difficult situations could hardly be counted on to help clients with coping and adapting successfully to their life's challenges.

*Purpose in Life*

Finding purpose in life is a process whereby an individual sets goals that have personal meaning. Leading a meaningful life has been shown to relate to psychological well-being (McKnight & Kashdan, 2009). A person's positive functioning can be seen in his or her ability to set

goals, create intentions, and have a sense of direction. Part of what it means to have positive mental health is having a sense of purpose and meaning in life (Ryff, 1989). Purpose in life is part of the psychological well-being scale because of its direct link to mental health. Empirical studies have demonstrated that individuals who experience positive outcomes after trauma engage in rebuilding meaning in their lives. This meaning helps them to redefine who they are and the purpose they have in life (Bonanno, Rennicke, & Dekel, 2005). A study examining the effect of spinal cord injury on psychological well-being found that the perception of loss of physical functioning affected psychological outcomes more than the actual level of injury severity. These findings demonstrated that a sense of purpose and meaning in life was related to an increased sense of well-being (deRoon-Cassini, de St. Aubin, Valvano, Hastings, & Horn, 2009).

*Personal Growth*

Developing one's true potential and experiencing personal growth are prominent themes in the person-centered theory. A fully functioning person is open to new experiences and is continually developing as a person. Rogers (1961) stated that psychotherapy depends on the tendency of the client or individual to strive for personal growth. Personal growth is an important part of optimal psychological functioning. Many

theoretical perspectives include as a prominent theme an individual's need to realize his or her true potential. In Rogers's approach, the human goal was to strive for one's true self. Research showed that striving for personal growth yields enhanced well-being (Sheldon & Kasser, 2001). Personal growth has also become important in the field of positive psychology. Recent advances in positive psychology urged psychologists to include human potential and striving in their approaches (Sheldon & King, 2001). A continued striving to realize one's potential helps to identify the mental health of an individual. Rogers (1961) said it best:

> This process of the good life is not, I am convinced, a life for the faint-hearted. It involves the stretching and growing of becoming more and more of one's potentialities. It involves the courage to be. It means launching oneself fully into the stream of life. (p. 196)

The literature review has demonstrated the need to use each of the six dimensions defined by Ryff (1989) in determining an individual's state of psychological well-being. All six dimensions play an important role within positive psychological functioning. In order to address sufficiently the level of psychological well-being in graduate counseling students, this study used Ryff's six-dimension model.

## Perceived Wellness

The perception of wellness of counselors-in-training might impact their self-care. If their perception is that of wellness, then the impact that

their (unrecognized) impairment could create will likely be overlooked. Counselors are known to be frequently the last to take care of themselves, which raises the issue of perceived wellness. The standards for counselors are clear when it comes to impairment. Standard F.8.b. Impairment states that counselors-in-training are to be alert to impairment and, consequently, refrain from counseling when personal issues affect their ability to perform effectively (ACA, 2005).

These standards might raise questions about the ability of counselors-in-training accurately to perceive when personal issues are impacting their effectiveness. Severe impairment is obvious, but subtle impairments caused by unresolved issues could also hinder the professional growth of developing counselors, create boundary issues, and affect counselor effectiveness (Bike et al., 2009).

Perceived wellness is important for a number of reasons. The way in which one perceives one's circumstance has been shown to facilitate psychological adjustment in difficult situations (Cheng, Chan, & Fung, 2009). The perception of a person's overall wellness is often reflected in self-reports. It is important to give accurate information about the self if self-reports are to be valid. Self-knowledge is also a critical component of self-care. Often, the only information used by physicians, counselors, and researchers comes from the people's own perception of attitudes, affect, beliefs, and symptoms (Silvia & Gendolla, 2001). The importance

of perceived wellness relates to the decision to seek help. The knowledge that counselors are often the last to seek help, even when they have unresolved psychological issues, begs the question whether this reluctance might actually be due to a misperception of what real wellness entails. If counselors perceive themselves as being well, even when they have unresolved psychological issues that could impact therapy, then it seems both necessary and timely to address wellness perception through research.

By examining perceived wellness, this study sought to shed light on the question if perception of wellness is a factor in the omission of wellness assessment in counseling programs. Currently, no systematic way exists in which to help students determine their possible level of impairment. Recognizing the signs of impairment is the first step in self-care. Helping students recognize impairment is an important aspect in the training of effective counselors (Roach & Young, 2007).

If students perceive themselves as being well despite unresolved issues, then one might conclude that counselor educators also are incapable of perceiving unresolved issues that could later hinder the therapeutic relationship. This study attempted to rule out perception as a factor in the lack of attention being given to self-care during counselor development.

The PWS was used to measure perceived wellness in this study. The PWS is a self-report survey assessing the degree of perceived functioning across six life dimensions, which pertain to the psychological, emotional, social, physical, spiritual, and intellectual realms. Thus, two multidimensional measures were employed in this study to assess perceived wellness, as well as psychological well-being. This holistic approach was meant to provide more information about a greater number of dimensions in the lives of counselors-in-training.

Research Methods Used in Previous Studies

Most of the research reviewed that had used the PWB also used correlational analysis to show the relationship between the dimensions of psychological well-being and the data being analyzed. Many of the studies used regression analysis to examine the relationships between variables (Lawal, 2009; Stewart & Cornell, 2003; Strauser, Lustig, & Ciftci, 2008). Other methods used to analyze the collected data were the ANOVA, MANOVA, independent-samples $t$ test, and ANCOVA (Ceyhan et al., 2009; deRoon-Cassini et al., 2009; Linley & Joseph, 2007; Ryff, 1989). Still others used meta-analytical correlations to summarize research findings (Patrick et al., 2007).

Most of the reviewed research on perceived wellness used correlational analysis as well to show the relationship between perceived

wellness and the variables under study. Multiple regression analysis was also employed for data analysis in many of the studies reviewed (Harari et al., 2005; Sidman, D'Abundo, & Hritz, 2009). Other statistical means used were Pearson product-moment correlation (Bezner & Hunter, 2001; Dolbier, Soderstrom, & Steinhardt, 2001).

In the present study, multiple regression analysis was used to compare psychological well-being and perceived wellness in graduate-level counseling students. The use of a correlational design provided information on how closely the two variables correlated with each other; however, it did not imply causation. Using a correlational design was also important because the two variables in this study were not to be manipulated. It is important to note that most research on these two variables used self-reports for data collection. This study did the same because the variables under study required the personal views and perspectives of the participants.

## Summary

A thorough review of the literature revealed that a gap exists in the research literature with respect to the psychological well-being of counselors-in-training. Many authors noted that the self of the counselor has to be well in order to provide the best therapeutic services to others. Researchers had explored positive and negative aspects of counselor

well-being, but studies about the psychological well-being of counselors-in-training were nonexistent. There also does not seem to be a systematic assessment in place by which students might gain insight into their psychological well-being and their perception regarding their own wellness during the counselor development process. Only by enjoying a high level of wellness can an individual reach out to others and help them also to be well. The goal of the counseling field is to help clients achieve psychological well-being, which must logically begin with the psychological wellness of the counselor. This study represents a first step toward filling the gap in the professional literature regarding the wellness of counselors-in-training and their state of perceived wellness. Chapter 3 will provide an overview of the research methods and the design of the study.

CHAPTER 3:

RESEARCH METHODS

This chapter describes the research design, setting and sample, instrumentation, data collection and data analysis procedures, and the participants' rights. The first section, research design, presents the research approach and justification for the design selected. The second section, setting and sample, describes and defends the sampling procedure and sample size. The third section, instrumentation, includes a description of the data collection tools and a detailed description of data pertaining to each variable. The fourth section, data collection, explains the data collection processes. The fifth section, data analysis, describes the inferential analysis method chosen for this study and the hypothesis proposed; the analytical tools will be described. The last section summarizes the participants' rights.

This quantitative correlational study examined the relationship between psychological well-being and perceived wellness in graduate-level counseling students in a CACREP-accredited counseling program. If the study would show a significant relationship between psychological well-being and perceived wellness in counselors-in-training, the implications would demand that the wellness of students, while in counselor development, be assessed and addressed.

Research Design

This study examined the psychological well-being and perceived wellness of graduate counseling students. Multiple regression analysis was used to investigate the relationship between psychological well-being and perceived wellness. Multiple regression analysis is used to examine the relationship between criterion and predictor variables.

The predictor variable examined in the study was psychological well-being. Ryff's (1989) Scales of Psychological Well-being (SPWB) were used to determine the psychological well-being of each student (Appendix A). Psychological well-being was examined by using the total score, along with each of the six subscale scores of psychological well-being. The criterion variable in this study was perceived wellness. The PWS by Adams's (1995) was used to determine the perceived wellness of each student (Appendix B); it was examined by using the total perceived wellness score. Multiple regression analysis was performed to determine the relationship between predictor and criterion variables. A correlational design was most appropriate because manipulating these variables, as in an experimental design, would have been unethical.

An application was made to the Internal Review Board (IRB) of Walden University requesting permission to collect data from college students before data collection could be undertaken (Appendix C). Once this permission had been obtained, the researcher delivered a packet to

the department chair of the Counseling Department. The packet

contained a full set of the following items for each prospective

participant:

     1. Description of the study, including an Informed Consent form

(Appendix D).

     2. Demographics questionnaire (Appendix E).

     3. Copy of the SPWB (Appendix A)

     4. Copy of the PWS (Appendix B)

     The survey instruments, as well as the description of the

participants, the data collection and data analysis procedures, and the

participants' rights will be further elaborated in the following sections.

## Setting and Sample

     The target population for this study was graduate students who

are enrolled in a CACREP-accredited counseling program at a medium-

sized state university in Pennsylvania. Convenience sampling was used

to enroll participants from the counseling program in this study. A

convenience sample was chosen because of its ready availability to the

researcher. Approval to conduct research at the university was requested

from the university's IRB where the research was conducted. This

particular student population was chosen for the following reasons:

1. Whereas other student populations have been studied with respect to psychological well-being and perceived wellness, graduate students enrolled in a CACREP-accredited counseling program are one category of students that has not, heretofore, attracted the attention of researchers. Therefore, a sample of students enrolled in a CACREP program was chosen to fill a gap in the literature concerning psychological well-being and perceived wellness in general terms and because assessing this category of students might increase the understanding regarding the personal development of counselors.

2. Research on psychological well-being has been successfully conducted with university students (Arkoff et al., 2006; Edwards, Ngcobo, & Pillay, 2004).

3. Perceived wellness research has been successfully conducted with university students (Adams, Bezner, Drabbs, Zambarano, & Steinhardt, 2000; Adams, Bezner, Garner, & Woodruff, 1998; Harari et al., 2005).

4. The university students selected were readily accessible to the researcher.

Prospective participants were graduate counseling students enrolled in university courses that fulfill the general requirements for their program of study. Participants were recruited through department chairs and professors from the counseling program. Convenience

sampling offered the dual benefit of ready availability of subjects to the researcher and the presence of the needed data about a specific student population.

The sample size was determined by conducting two sample-size analyses. Due to a lack of published studies regarding the relationship between psychological well-being and perceived wellness, an estimated effect size had to be used. The estimate was calculated as a medium effect ($f^2 = .15$) for a multiple regression framework (Gravetter & Wallnau, 2009). The first sample-size analysis was conducted for the hypothesis regarding the relationship between perceived wellness and the composite score of the SPWB. For this analysis, a power = .80, alpha = .05, and $f^2 =$ .15 were used. The estimated number of participants needed for this analysis was 54 (Faul, Erdfelder, Lang, & Buchner, 2007).

An additional sample-size analysis was conducted to account for examining the relationship between the individual subscales of the SPWB and perceived wellness. For this analysis a power = .80, alpha = .05, and $f^2 = .15$ were used. In addition, it was estimated that up to six predictors would be entered into the multiple regression equation. The estimated number of participants needed for this analysis was 97 (Gravetter & Wallnau, 2009). Therefore, a conservative estimate of the required sample size to achieve adequate statistical power was $N = 97$ (Faul et al., 2007).

The actual sample size of *N*=99 graduate counseling students participated in the study; 2 failed to complete both survey instruments successfully and therefore were removed from the total sample. Of those who responded, 14 were male and 85 were female. The age of the participants ranged from 21-59 years with most (82.9%) of the study participants between the ages of 21 and 30 years. The smallest number of participants (7%) was in the 41-59-year age bracket.

The eligibility criterion for participation in the study rested solely on current enrollment in the CACREP-accredited graduate counseling program from which the participants were drawn. Characteristics of the sample are provided as part of this document, based on the demographics questionnaire (Appendix E).

<div align="center">Instrumentation, Reliability, and Validity</div>

Two instruments and a demographics questionnaire were used to collect quantitative data from the participants.

*Scales of Psychological Well-Being (SPWB)*

The SPWB (Ryff, 1989) was chosen based on its applicable features designed to measure the predictor variable, psychological well-being (Appendix A). The original version consists of six dimensions of 20 items each. In this study, the shortened 14-items-per-scale version was used.

The SPWB is used to measure the six dimensions of psychological well-being, which are (a) autonomy, (b) environmental mastery, (c) personal growth, (d) positive relations with others, (e) purpose in life, and (f) self-acceptance.

The purpose of the SPWB is to help individuals understand their level of each of the six dimensions. The self-administered scale is completed using paper and pencil. The questionnaire takes approximately 15 minutes to complete from start to finish. Participants respond using a 6-point format, where 1 = *strongly disagree*, 2 = *moderately disagree*, 3 = *slightly disagree*, 4 = *slightly agree*, 5 = *moderately agree*, and 6 = *strongly agree*. Responses to negatively scored items (-) are reverse-scored in the final scoring procedures so that high scores indicate high self-ratings on the dimension assessed.

Definitions of high and low scoring on each of the six dimensions are described by Ryff and Singer (2008b). A high scorer in self-acceptance would possess a positive attitude of self and would accept both good and bad qualities of self. A low scorer in self-acceptance would have a negative attitude toward self, be disappointed with past life events, and wish for different personal qualities that are not troubling to the self. A high scorer in positive relations with others would have trusting and satisfying relationships with others, ability to show empathy and concern for others, and understand that relationships require give-

and-take. A low scorer on positive relations with others would have few close relationships, have difficulty showing concern for others, and be isolated due to the frustration with interpersonal relationships. A high scorer on personal growth would see self as growing and on a journey to realize his or her true potential and acknowledge continual growth and improvement in self over time. A low scorer on personal growth would feel a sense of personal stagnation, lack interest in life and in personal growth, and find it difficult to change current negative thought patterns. A high scorer on purpose in life has a sense of direction, looks for and finds meaning in past and present life, and has beliefs that give purpose to life. A low scorer on purpose in life cannot find meaning or a sense of direction in life, lacks goals, and does not hold beliefs that provide life with meaning. A high scorer on environmental mastery has the ability to manage the environment, take advantage of opportunities, and create an environment that meets personal needs. A low scorer on environmental mastery has difficulty managing daily situations, does not take advantage of opportunities, and feels a lack of control over the world around. A high scorer on the autonomy scale is independent, yet has a choice when dependency is needed; he or she does not give in to social pressure, but determines behavior based on personal standards instead. A low scorer on the autonomy scale is focused on the views of others,

gives in to social pressure, and is dependent on others to make important decisions.

Scoring is done by adding up all the responses on each scale to obtain a summed score for each dimension. The composite score is, then, determined by adding up all the responses on all scales to obtain a summed score. The possible range for each scale is from 14 to 84 points with the composite ranging from 84 to 504 points.

The SPWB has been used by many researchers to assess psychological well-being across the life span (Ryff & Singer, 2006). For example, over 134 studies have employed the SPWB with strong validity and reliability findings. The SPWB has often been used in psychological research and has been translated into Spanish, Chinese, and Swedish (van Dierendonck, Diaz, Rodriguez-Carvajal, Blanco, & Moreno-Jimenez, 2008). The SPWB is available to researchers free of charge and does not require special training to administer it (Ryff, 1989; Appendix F).

Reliability and validity of the SPWB have been established. Reliability estimates the degree to which the measurements will be consistent when the tool is administered to participants more than once under similar conditions (Cohen & Swerdlik, 2005). Internal consistency reliability coefficients were reported by Ryff and Keyes (1995) as being between .83 and .91. Another study tested the psychometric quality of the 14-items version and achieved consistent results. The Cronbach

alpha coefficients were reported as being between .77 and .90 for the six

scales (van Dierendonck, 2004). A confirmatory factor analysis supported

the validity of the SPWB, and the six dimensions included in the SPWB

were determined to be a good fit for psychological well-being data at $p <$

.001 (van Dierendonck, 2005). Six studies examined the factorial validity

of the multidimensional model of psychological well-being (Cheng &

Chan, 2005; Clarke et al., 2001; Ryff & Keyes, 1995; Springer & Hauser,

2006; van Dierendonck, 2005; van Dierendonck et al., 2008). All studies

demonstrated that the theory-based six-factor model was the best fit. In

the van Dierendonck et al. (2008) study, the goodness of fit was

calculated with the use of the chi-square goodness-of-fit-index and the

standardized root-mean-square residual (SRMR). A value of .08 or less is

considered as indicating a relatively good fit for the SRMR (Cohen &

Swerdlik, 2005). The SRMR in the van Dierendonck (2008) study was

.06, thus, demonstrating a relatively good fit. The other fit indices were

.84 for Comparative Fit Index (CFI), and .94 for Tucker-Lewis Index (TLI).

These data support acceptable validity of the SPWB (Jaccard & Becker,

2002).

*Perceived Wellness Survey (PWS)*

The PWS (Adams et al., 1998) was chosen based on its applicable

features designed to measure the criterion variable, perceived wellness

(Appendix B). The PWS is a 36-item self-report measure, which is used to measure perceived wellness across six life dimensions pertaining to the (a) emotional, (b) intellectual, (c) physical, (d) psychological, (e) social, and (f) spiritual realms. The purpose of the PWS is to assess the degree to which individuals perceive personal wellness across six life dimensions. The self-administered survey is completed using paper and pencil. The survey takes approximately 5 minutes to complete from start to finish. Participants respond using a 6-point Likert scale ranging from 1 = *very strongly disagree* to 6 = *very strongly agree.* Responses to negatively scored items (*) are reversed in the final scoring procedures so that high scores indicate high self-ratings on the dimension assessed.

Definitions of the six life dimensions are provided by Adams et al. (1998) as follows: (a) *Emotional* describes perceptions of internalized self-concept and self-regard; (b) *intellectual* describes perceptions of engaging in a moderate amount of stimulating mental activity; (c) *physical* describes perceptions of appropriate amounts of physical health and activity; (d) *psychological* describes optimistic feelings and positive expectations in life; (e) *social* describes the perception of being supported and of providing social support; and (f) *spiritual* describes issues relating to the positive perception of life's meaning and of purposeful living.

The PWS has been used by several researchers to assess perceived wellness (Harari et al., 2005). For example, the PWS was used with

strong validity and reliability findings by Adams et al. (1998), Adams et al. (2000), and Harari et al. (2005). The PWS has also been translated into Portuguese, Japanese, Finnish, Chinese, Spanish, Lithuanian, and Hungarian. This tool is available to researchers free of charge and does not require special training to administer (Adams et al., 1998; Appendix F).

Reliability and validity of the PWS have been established. Internal consistency reliability coefficients were reported by Adams et al. (1997) with an average alpha = .91. Reliability estimates over a 2-4-week period ranged from .73 to .81 for the global wellness composite. A study using six samples was conducted to test the construct validity of the PWS. The results showed that the highest and lowest perceived-wellness groups were significantly different providing strong support for the construct validity of the PWS (Adams et al., 1998). A confirmatory factor analysis supported the validity of the PWS. The best fitting model produced fit-index values of .82 and .045 for the goodness of fit and the average standardized residual, respectively (Adams, 1995).

*Demographics Questionnaire*

A brief demographics questionnaire was used to gather a description of the sample (Appendix E). Demographic information gathered includes ethnicity, gender, age, and previous experience with

and benefit of personal counseling. These variables were assessed in order to describe the sample and to explore if any variable needs to be statistically controlled in the analysis. Although demographic information was not used in the data analysis of psychological well-being, it is reported as part of the study.

Raw data, stripped of any identifying items of information to protect the privacy of participants, will be made available to qualified professionals upon request to the researcher.

Data Collection

Packets containing instructions; an Informed Consent form; and copies of the SPWB, the PWS, and the Demographics Questionnaire were hand-delivered to individual professors, who had agreed to hand them out to students (Appendixes A, B, D, E). Once the forms had been completed, the participants returned them to their professors in the sealed packet. The researcher, then, collected the packets from the department chair or directly from the professors. Raw data will be kept behind double locks in the researcher's office; these data, stripped of any identifying items of information to protect the privacy of participants, will be made available to qualified professionals upon request to the researcher.

Restatement of the Research Question and Hypothesis

*Research question.* Is there a relationship between psychological well-being, as measured by the Scales of Psychological Well-Being, and perceived wellness, as measured by the Perceived Wellness Survey, in masters-level counseling students in a CACREP-accredited program?

*Null hypothesis* ($H_0$). There will be no relationship between psychological well-being, as measured by the Scales of psychological well-being, and perceived wellness, as measured by the Perceived Wellness Survey, in masters-level counseling students in a CACREP-accredited program.

*Alternate Hypothesis* ($H_a$). A significant relationship exists between psychological well-being, as measured by the Scales of psychological well-being, and perceived wellness, as measured by the Perceived Wellness Survey, in master-level counseling students in a CACREP-accredited program.

Data Analysis

Multiple regression analysis was selected as the method of choice to test the hypothesis and credibly and effectively answer the research question. The participants were determined through completion of all the materials as well as by having met the criteria for inclusion in the study. The variables assessed in this study were psychological well-being and

perceived wellness. Participants had to complete both the SPWB and the PWS. Differences between psychological well-being dimensions were examined in light of perceived wellness. Overall psychological well-being was calculated from SPWB results, an interval measure, with total possible scores ranging from 14 to 84. Overall perceived wellness was calculated from the PWS results, also an interval measure, with a possible total score ranging from 36 to 216. Additionally, for each of the six subscales of the two measures an individual score for the dimension was calculated, that is, for the six SPWB subscales (a) self-acceptance, (b) autonomy, (c) environmental mastery, (d) positive relations with others, (e) purpose in life, and (f) personal growth; and for the six PWS subscales: (a) emotional, (b) intellectual, (c) physical, (d) psychological, (e) social, and (f) spiritual. Two multiple regression analyses were run to determine the relationship between the predictor and criterion variables. The first test examined the relationship between the six predictor variables derived from the six subscale scores of the SPWB and the criterion variable of the total perceived wellness score. The second test examined the relationship between the total SPWB and total PWS.

## Protection of Participants' Rights

Each participant signed an Informed Consent form, indicating his or her agreement to participate in the research (Appendix D). Sensitive

information was transferred to a data matrix to provide extra protection of confidentiality. The SPWB and PWS, as well as the Demographics Questionnaire, indicated only a control number, but no identifiable information such as name or student ID. All sensitive data were kept under the control and protection of the researcher. All of the study information, including computer data stored on an external flash drive, remains with the researcher and is kept under lock and key. Further, the participants had been informed of their right to withdraw from the study at any time without negative repercussions of any kind.

## Summary

This chapter explained the research design, setting and sample, instrumentation, data collection and data analysis procedures, and the participants' rights and protection of the data. Inferential statistical analysis, the method of choice for this study, was explained. The SPWB was used to determine the level of psychological well-being of graduate students in a counseling program. The PWS was used to determine the level of perceived wellness of these students. The relationship between psychological well-being and perceived wellness was assessed with the use of multiple regression analysis. Chapter 4 will present the results of the study, and chapter 5 will provide an interpretation of the findings

and discuss their implications for social change. Recommendations will also be offered for action and further research.

CHAPTER 4:

RESULTS

The purpose of this quantitative study was to investigate the relationship between psychological well-being and perceived wellness in graduate students preparing to become counselors. Specifically, this study was conducted to answer the research question: Is there a relationship between psychological well-being, as measured with the Scales of psychological well-being (SPWB), and perceived wellness, as measured with the Perceived Wellness Survey (PSW), in masters-level counseling students in a CACREP-accredited program? The hypothesis was tested through multiple regression analysis. This chapter summarizes the results of the analysis and gives a description of the participants sampled.

Demographic Characteristics of the Sample

A total of 99 graduate counseling students participated in the study; 2 failed to complete both survey instruments successfully. Of those who responded, 14 were male and 85 were female. Table 1 summarizes the demographic characteristics of the study sample. The age of the participants ranged from 21-59 years with most (82.9%) of the study participants between the ages of 21 and 30 years. The smallest number of participants (7%) was in the 41-59-year age bracket.

Table 1

*Demographic Characteristics of the Study Sample (N = 99)*

| Characteristics | Number | Percentage |
|---|---|---|
| Age Bracket | | |
| 21-25 | 46 | 46.4 |
| 26-30 | 36 | 36.5 |
| 31-59 | 17 | 17 |
| | | |
| Gender | | |
| male | 14 | 14.1 |
| female | 85 | 85.5 |
| | | |
| Ethnicity | | |
| Caucasian | 84 | 84.8 |
| African American | 5 | 5 |
| Hispanic | 3 | 3 |
| Other or did not answer | 7 | 7 |
| | | |
| Degree Year | | |
| 1st | 49 | 49.4 |
| 2nd | 20 | 20.3 |
| 3rd | 16 | 16.1 |
| Other | 14 | 14.1 |
| | | |
| Personal Counseling Experience | | |
| Counseling Experience Total | 67 | 67.6 |
| Current Experience Total | 22 | 22.2 |
| Previous Experience Total | 62 | 62.6 |
| Never had counseling | 32 | 32.3 |
| | | |
| Benefit of those with experience (*n* = 67) | | |
| Yes | 56 | 83.6 |
| No | 7 | 10.4 |
| Did not answer | 4 | 6.0 |

The ethnic breakdown of participants was as follows: Caucasians 84.8%, African Americans 5%, Hispanics 3%, and Other (including those who did not answer the question) 7%. Of the 67 participants who reported entering personal counseling, 56 thought that the counseling was beneficial. All the study participants held a bachelor's degree and were currently enrolled in a master's degree program in counseling with almost half (49.5%) of the participants in their first year or study.

## Data Screening

Individual cases were eliminated if the participant had not filled out both survey instruments. Two cases were eliminated based on this criterion, reducing the final number of the sample to $N = 97$. For these 97 participants, any missing responses were handled in the following manner: Missing values were replaced with the mean of the distribution of all subjects for that variable. Replacing missing values with the mean of the distribution is a frequently used procedure for continuous data. According to George and Mallory (2006), replacing a small number of missing values with the mean score of the other subjects for that variable has little influence on the outcome of the analysis of the individual's scores. Only two missing values had to be replaced in this manner.

Overview of Design and Procedures

Psychological well-being and perceived wellness were assessed for each participant. Participants completed two survey instruments along with a demographics questionnaire. The first survey was the SPWB, which provided scores for six subscales and an overall score. The six subscales measured positive relations with others, autonomy, environmental mastery, personal growth, purpose in life, and self-acceptance. The subscale Means and *SD* for the SPWB were as follows: positive relations with others (*M* = 4.96; *SD* = .706), autonomy (*M* = 4.21; *SD* =.651), environmental mastery (*M* = 4.48; *SD* = .737), personal growth (*M* = 5.25; *SD* =.461), purpose in life (*M* = 4.95; *SD* = .466) and self-acceptance (*M* = 4.77; *SD* = .636). The Mean for overall psychological well-being was 4.77 (*SD* = .461). The subscale score ranges for psychological well-being were as follows: Overall psychological well-being subscale score ranged from 3.50 to 5.73, Positive Relations with Others ranged from 2.64 to 6.00, 2.43 to 5.64 for Autonomy, 2.50 to 6.00 for environmental mastery, 4.00 to6.00 for personal growth, 3.5 to5.71 for purpose in life, and 2.43 to 5.79 for self-acceptance. The second survey, the PSW, provided a total perceived wellness score. The Mean and *SD* for overall perceived wellness were 4.62 and .628, respectively. The Mean for perceived wellness ranged from 2.97 to 5.92. The Mean scores and standard deviations for each variable are shown in Table 2.

Table 2

*Means and Standard Deviations for Criterion and Predictor Variables*

| Variable | Mean | SD |
|---|---|---|
| PWS Overall | 4.62 | .628 |
| SPWB Overall | 4.77 | .461 |
| SPWB Personal Relations | 4.96 | .706 |
| SPWB Autonomy | 4.21 | .651 |
| SPWB Environmental Mastery | 4.48 | .737 |
| SPWB Personal Growth | 5.25 | .461 |
| SPWB Purpose in Life | 4.95 | .466 |
| SPWB Self Acceptance | 4.77 | .636 |

Data Analysis Results

To test the hypothesis and examine the direct impact of psychological well-being on perceived wellness, a multiple regression analysis was conducted. Two separate analyses were run. The first examined the relationship between the overall scores on perceived wellness and psychological well-being. The second analysis examined the relationship between the dependent variable, perceived wellness, and the six predictor variables, namely, (a) positive relations with others, (b) autonomy, (c) environmental mastery, (d) personal growth, (e) purpose in life, and (f) self-acceptance.

Data analysis was conducted using the PASW 18 software package. An examination of Mahalanobis distances (Tabachnick & Fidell, 2007), computed from the regression of perceived wellness on psychological well-being, demonstrated that $MD$ = .000 to 7.647 failed to identify any outliers that would be considered significant multivariate outliers at $MD$ = 10.83 ($\alpha$ = .001). The process of checking for outliers also provided evidence of normality. A visual examination of histograms confirmed normality of the distribution for both measures. Skewness and kurtosis of both measures were examined and also indicated a normal distribution. Colinearity between predictor variables (positive relations with others, autonomy, environmental mastery, personal growth, purpose in life, and self-acceptance) was assessed and ruled out, based on the Tolerance statistics, with the lowest being $T$ = .368, and the highest being $T$ = .738. All Variance Inflation Factors (VIF) were well below 10, with the highest being 2.71, and the lowest being 1.35, which was well within an acceptable level (Field, 2007). Homoscedasticity was confirmed through an examination of standardized residual plots. The standardized residual scores were evenly distributed over predicted standardized perceived wellness scores.

Major Findings

Initially, simple bivariate correlations between perceived wellness and the six subscale scores of psychological well-being were computed using Pearson's *r*. Based on the correlations shown in Table 3, perceived wellness was significantly, positively, and strongly related to positive relations with others ($r = .662$, $p < .001$), environmental mastery ($r = .756$, $p < .001$), personal growth ($r = .458$, $p < .001$), purpose in life ($r = .696$, $p < .001$), and self-acceptance ($r = .674$, $p < .0014$). Autonomy ($r = .252$, $p < .01$) was significant at the 0.01 level.

Table 3

*Correlation Coefficients*

| Measure | Perceived Wellness |
|---|---|
| Positive Relations with Others | .662* |
| Autonomy | .252** |
| Environmental Mastery | .756* |
| Personal Growth | .458* |
| Purpose in Life | .696* |
| Self-Acceptance | .674* |

*Note.* *$p < .001$. **$p < .01$.

During the first analysis, the one predictor variable of total psychological well-being was entered into the regression. Tables 4 and 5

display the results of this analysis. The multiple correlation ($R = .778$)
was large and differed significantly from zero ($F(1,95) = 145.609$, $p <$
.001). The $R^2$ equaled .605 (adjusted $R = .601$) and indicated that
psychological well-being was a strong predictor of perceived wellness
(Table 4).

Table 4

*ANOVA Table for the Regression Model*

| Model | Sum of Squares | *df* | Mean Square | *F* | Sig. |
|---|---|---|---|---|---|
| Regression | 22.914 | 1 | 22.914 | 145.609 | <.001 |
| Residual | 14.950 | 95 | .157 | | |
| Total | 37.864 | 96 | | | |

An examination of the regression weights shown in Table 5
indicated that the predictor variable had a positive and significant impact
on perceived wellness. The standardized regression coefficient for Total
psychological well-being equaled ß = .778 and is statistically significant
($p < .001$). Using Cohen's *d* for effect size, a large and strong effect size
accounted for 77% of the variance (Cohen & Swerdlik, 2005). Based on
the presenting findings, perceived wellness appears to be strongly
predicted by psychological well-being.

Table 5

*Summary of Regression Analysis for Variables Predicting Perceived Wellness*

| Measure | $B$ | $SE\ B$ | $\beta$ | $t$ | $p$ |
|---|---|---|---|---|---|
| SPWB Overall | 1.059 | .088 | .778 | 12.067 | <.001 |
| Constant | -.429 | .421 | | -1.020 | .310 |

To further examine the data, a multiple regression analysis was conducted to assess the impact of the six dimensions of psychological well-being (positive relations with others, autonomy, environmental mastery, personal growth, purpose in life, and self-acceptance) on perceived wellness. In the standard (or simultaneous) model, the six predictor variables were entered into the regression simultaneously. Tables 6 and 7 display the results of this second analysis. The multiple correlation ($R$ = .829) was large and differed significantly from zero ($F(6,90)$ = 33.011, $p$ < .001). The $R^2$ equaled .688 (adjusted $R^2$ = .667) and indicated that the six dimensions of psychological well-being accounted for 66% of the variance in perceived wellness (as measured by adjusted $R^2$) and were strong predictors of perceived wellness (Table 6).

Table 6

*ANOVA Table for Regression Analysis with Six Predictor Variables*

| Model | Sum of Squares | *df* | Mean Square | *F* | Sig. |
|---|---|---|---|---|---|
| Regression | 26.0341 | 6 | 4.339 | 33.011 | <.001 |
| Residual | 11.803 | 90 | .131 | | |
| Total | 37.864 | 96 | | | |

Table 7

*Standardized Parameter Estimates and Confidence Intervals for Variables in the Model (N = 97)*

| Measure | B | SE B | ß | t | p |
|---|---|---|---|---|---|
| SPWB Positive relations | .212 | .069 | .239** | 3.062 | .003 |
| SPWB Autonomy | -.064 | .066 | -.066 | -.961 | .339 |
| SPWB Environmental mastery | .291 | .083 | .342*** | 3.523 | .001 |
| SPWB Personal growth | .035 | .104 | .025 | .333 | .740 |
| SPWB Purpose in life | .333 | .119 | .248** | 2.801 | .006 |
| SPWB Self-Acceptance | .152 | .087 | .154 | 1.743 | .085 |

*Note.* ***$p < .001$. **$p < .01$.

Based on the presenting findings, perceived wellness appeared to be strongly predicted by overall psychological well-being, as well as by the three subscales: positive relations with others, environmental mastery, and purpose in life. Using standardized coefficients (Beta) to determine the significance of predictors, their absolute values were compared; the first analysis demonstrated that overall psychological well-

being ($ß$ = .778, *p* < .001) contributed the most, with the second analysis

demonstrating that environmental mastery ($ß$ = .342, *p* = .006), positive

relations with others ($ß$ = .239, *p* = .003), and purpose in life ($ß$ = .248, *p*

= .006) contributed significantly as well. The other three independent

variables (personal growth, self-acceptance, and autonomy ) were not

significant predictors: personal growth ($ß$ = .025, *p* = .740), self-

acceptance ($ß$ = .154, *p* = .085), while autonomy ($ß$ = -.066, *p* = .339) had

an inverse relationship. Regarding the latter, it is possible that, due to

the nature of caring for others and the participants' still being in the

learning process, these graduate students did not yet possess a high

level of professional autonomy, which may impact their rating of overall

autonomy.

      The relationship between the two overall scores on the PWS and

the SPWB demonstrated a strong relationship. The inconsistency

between the relationship of three of the subscale scores and the

relationship of the overall score of psychological well-being with perceived

wellness should be noted. The lack of a significant relationship between

half of the subscale scores of psychological well-being and perceived

wellness, yet a strong relationship between the overall score and

perceived wellness, seems noteworthy and in need of further study.

Summary

Based on the findings of the regression analysis, the Null Hypothesis was rejected, and the Alternate Hypothesis was accepted. The findings demonstrated the existence of a relationship between psychological well-being and perceived wellness. The results of the multiple regression analysis showed significant relationships between overall psychological well-being and the three subscale scores environmental mastery, positive relations with others, and self-acceptance and perceived wellness. This supports the position that graduate-level counseling students tend to have higher levels of perceived wellness when they also have higher levels of psychological well-being. These results supported the Alternate Hypothesis that a relationship exists between psychological well-being and perceived wellness.

Chapter 5 will provide a brief summary of the study and explain why and how the study was undertaken and performed. Conclusions will be drawn based on the findings, and their impact on social change will be discussed. Recommendations will be offered for future action and further research.

CHAPTER 5:

DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

This chapter is arranged in five sections. The first section provides a brief overview of why and how the study was done, a review of the research question, and a brief summary of the findings. The second section provides the interpretation of findings, which includes the conclusions that answer the research question posed for the study. Implications for social change are discussed in the third section. The fourth section makes recommendations for action, and the fifth and final section offers recommendations for further study.

Study Overview

The purpose of this quantitative study was to investigate the relationship between psychological well-being and perceived wellness in graduate students preparing to become counselors. Specifically, this study attempted to answer the research question: Is there a relationship between psychological well-being, as measured by the Scales of Psychological Well-Being (SRWB), and perceived wellness, as measured by the Perceived Wellness Survey (PWS), in masters-level counseling students in a CACREP-accredited program? This study also intended to address the problem of the lack of research in the area of psychological well-being in counselors-in-training.

The reason for undertaking this study and its intrinsic importance was the fact that, at this time, counselor education programs lack a systematic way to evaluate and improve wellness in current masters-level counseling students (Hensley et al., 2003); yet, researchers have pointed out time and again that unresolved psychological issues are common in those who go into the counseling field (Buchbinder, 2007). Researchers also noted that counselors are the last to admit the effects of personal issues on their professional responsibilities (Roach & Young, 2007). With counselor wellness being related to significant impacts on therapy, notably effectiveness (Meyer & Ponton, 2006), burnout (Stebnicki, 2000), and job stress (Young & Lambie, 2007), it was apparent that more research attention needed to be directed toward this area.

<div align="center">Interpretation of the Findings</div>

Preliminary analysis revealed that the alternate hypothesis, stating that a significant statistical relationship exists between psychological well-being and perceived wellness in graduate counselors-in-training, had to be accepted. The results showed that overall psychological well-being had the highest correlation with perceived wellness. The results also revealed that three specific subscale scores of the SPWB instrument had a statistically significant relationship with perceived wellness. The subscales contributing significantly to perceived wellness were positive

relations with others, environmental mastery, and purpose in life. A high scorer on the positive-relations-with-others subscale would have trusting and satisfying relationships with others and the ability to show empathy and concern for others and he or she would understand that relationships require give-and-take. A low scorer on positive relations with others would have few close relationships, have difficulty showing concern for others, and be isolated due to frustration with interpersonal relationships. A high scorer on the environmental-mastery subscale would have the ability to manage the environment, take advantage of opportunities, and create an environment that meets personal needs. A low scorer on environmental mastery would have difficulty managing daily situations, would not take advantage of opportunities, and would feel a lack of control over the world around him or her. A high scorer on the purpose-in-life subscale would have a sense of direction, look for and find meaning in past and present life, and have beliefs that give purpose to life. A low scorer on purpose in life cannot find meaning or a sense of direction in life, lacks goals, and does not hold beliefs that provide life with meaning.

Results also revealed that there was no significant relationship between perceived wellness and the three subscales of autonomy, personal growth, and self-acceptance. The autonomy subscale measures the degree to which the scorer is independent, chooses when dependency

is needed; does not give in to social pressure, but determines behavior based on personal standards instead. The personal-growth subscale measures the degree to which the scorer would see self as growing and on a journey to realize his or her true potential and acknowledge continual growth and improvement in self over time. The self-acceptance subscale measures the degree to which the scorer possesses a positive attitude toward self and would accept both good and bad qualities of self. The findings suggested that autonomy, personal growth, and self-acceptance might not be the best ways to predict perceived wellness, but scores on overall psychological well-being, as well as on the three subscales of positive relations with others, environmental mastery, and purpose in life seem strongly related to perceived wellness.

With respect to what was learned from the literature review in chapter 2, it appears that helping students recognize impairment is a crucial aspect in the training of effective counselors (Roach & Young, 2007). One aim of this study was to rule out inaccurate perception as a factor in the lack of attention given to self-care during counselor development. If the students were rating themselves appropriately and honestly then perhaps the correlation found between psychological well-being and perceived wellness suggests that counselors-in-training are capable of accurately perceiving their level of well-being. Given that the students were rating themselves appropriately and honestly this, then,

would rule out perception as a factor in the lack of attention given to self-care. Although a certain lack of attention to wellness during counselor development was documented in the literature (Hensley et al., 2003), this sample of participants demonstrated an awareness of personal wellness.

The theoretical base of this study also supported that personal wellness of the counselor is critically important to the therapeutic process of helping others (Rogers, 1961). Of the 67 participants who had entered into personal counseling in the past or were currently going to counseling, 56 (83.6%) found counseling beneficial. The results also revealed that 32 (32%) of the participants had never entered into counseling. These findings seem to be somewhat inconsistent with claims in past research that counselors are often the last to ask for help; thus, delaying self-care (Roach & Young, 2007). This may have been due to the fact that these participants are still students and have not yet become counselors. Once one is a counselor it is still possible that self-care decreases and therefore would impact self-perception. Although it appears that in this study nearly two thirds of the participants sought counseling, it is equally important to note that one third had not. This might be the reason for some of the low scores on the assessment instruments and should be examined further through future research.

The results showed that some students scored around 3 on perceived wellness, representing students who might be demonstrating

more need for self-care to increase their levels of wellness. The lowest scores on overall psychological well-being were a little higher, representing a participant pool that scored just above average on overall positive psychological functioning. It is important to note, however, that the individual subscales of psychological well-being provided more in-depth information for each student, which pinpointed areas of need. Students had scores in the low range on the subscales for positive relations with others, autonomy, environmental mastery, and self-acceptance, with scores on purpose in life hovering around the midrange. Personal-growth scores were the only area where all participants scored in the high range, demonstrating that this is the only area this particular participant pool did not show a perceived need. Each dimension would represent a different focus for self-care.

These findings showed that some students who scored low on several of the subscales would benefit from self-care in those areas. Low scorers have areas in their personal lives that could affect counselor effectiveness and competency later on in their careers if left unattended. A low scorer on positive relations with others would have few close relationships, have difficulty showing concern for others, and be isolated due to the frustration with interpersonal relationships. A low scorer on the autonomy subscale is focused on the views of others, gives in to social pressure, and is dependent on others for making important

decisions. A low scorer on environmental mastery has difficulty managing daily situations, does not take advantage of opportunities, and feels a lack of control over the world around. A low scorer on personal growth would feel a sense of personal stagnation, lack interest in life and in personal growth, and find it difficult to change current negative thought patterns. A low scorer on purpose in life cannot find meaning or a sense of direction in life, lacks goals, and does not hold beliefs that provide life with meaning. A low scorer in self-acceptance would have a negative attitude toward self, be disappointed with past life events, and wish for different personal qualities that are not troubling to the self.

A low score in any of these six areas could be cause for concern. Providing counseling to others requires a fully functioning person, and the best time to address this issue seems to be during counselor education. These findings support the researcher's belief that assessment tools can pinpoint areas of need to increase positive psychological functioning.

According to the results of this study, some of the participants fell into the lower range in five of the six areas. It is important to note that personal growth was the only area in which all participants scored a 4 or above. A high scorer on personal growth would see self as growing and on a journey to realize his or her true potential and acknowledge continual growth and improvement in self over time. This would be

expected of students enrolled in a Masters-level program, who are on a journey of continued growth and improving their selves through further education.

## Implications for Social Change

The prevalence of mental health issues in society demonstrates the need for competent and effective counselors. The impact of these issues on society requires the continued assistance of healthy counseling professionals, who play a vital role in promoting social change through better mental health (Patrick, 2007).

This study provides valuable insights into the overall health and well-being of counselors-in-training. Descriptive analysis revealed that 32% of participants have never entered into personal counseling. With the literature supporting the fact that many individuals entering the counseling field have unresolved psychological issues, these data point out the need for such assessments in counselor education programs. Previous research has documented the need for effective therapists because of the exceedingly high costs of health care, as well as premature death and disability due to mental illness (Holden, 2005; Soni, 2009).

With what is known about the impact of mental illness on society, it is even more important to train counselors in self-care. The argument

has been made that educators have a responsibility to identify and address problems associated with professional and personal competence (Johnson et al., 2008). The assessment tools used in this study could provide counselor development programs with a systematic way for assessing potential threats to counselor competency. The implication of this study comes from its demonstrated need that counseling students should be routinely provided with this type of assessment to help them determine their own level of well-being. Clearly knowing the level of their own well-being would encourage students, it is hoped, to seek the necessary help to increase any levels in need of improvement before they enter the counseling field.

The results of this study also have substantial implications for institutions in charge of counselor development. This research established a link between psychological well-being and perceived wellness in counselor-education students and, therefore, provides convincing evidence that, at the very least, self-assessment should be made available to students to help them raise the awareness of their own psychological needs.

Recommendations for Action

Based on the findings of this study, it is recommended that counselor education programs use assessment tools to help provide

another level of information on the psychological well-being of students. It is recommended that counselor education programs use the SPWB instrument, which includes the six subscales of positive psychological functioning (Ryff, 1989). The results can guide students and faculty in addressing specific psychological needs in each of the six dimensions of positive psychological functioning. This information is vital to students, who might be encouraged, based on this quantitative assessment tool, to undertake the needed self-care. This information is also extremely important for counselor educators, so that they can help students examine their level of psychological well-being before entering the field.

The results of this study may be disseminated to the chair and faculty of the program from which the participants volunteered to take part in this study. These professionals in counselor education might recognize the benefit of incorporating a self-assessment tool into the curriculum to guide students in attending to necessary self-care.

Recommendations for Further Research

These research findings showed that perceived psychological well-being is a strong predictor of an individual's perceived wellness. Future research should include running additional analyses to examine individual scores of counselors-in-training on the SPWB. This type of study would give more detailed information for each student.

It is also recommended that psychological well-being be examined in first-year graduate students and that the results obtained be compared to results obtained from students in their last year of study. It might be beneficial to examine in this manner the transformation of psychological well-being over the course of the counseling program.

Another recommendation would be to conduct a qualitative study. A qualitative study that focused on the psychological well-being of counselors-in-training would provide valuable information on the psychological history of students as well as their own experiences, or lack thereof, with personal counseling.

To study a larger sample of students from other institutions across the United States that offer CACREP-accredited programs would also be beneficial and enhance generalizability. A larger sample would facilitate balance in ethnic representation of participants.

It is recommended that any methods that can provide for the psychological well-being and associated needs of students who are studying to become counselors be further explored. It is vital to examine this phase of a counselor's development and encourage self-care before dealing with transference, counter-transference, and boundary issues in counseling.

Summary

This study focused on a sample ($N$ = 97) of graduate-level counseling students at university in south-central Pennsylvania. The research design called for collecting survey data on psychological well-being and perceived wellness. The results of multiple regression analysis revealed a significant relationship between psychological well-being and perceived wellness. In reviewing these results, it should be noted that finding an assessment tool that can provide personal information on the psychological well-being and perceived wellness of graduate students could be of vital importance to counselor development. During counselor education, it is rare for students to encounter clients with a wide range of problems, including those that might trigger their own unresolved issues. Focusing on helping students to achieve a higher level of psychological well-being and thereby becoming a more fully functioning person, as described by Rogers (1961), will help them immensely in providing the best therapeutic care, once they enter the field. It is hoped that this research will help promote the use of assessment tools during counselor education to facilitate the best possible psychological functioning of counselors-in-training.

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# APPENDIX A:

## SCALES OF PSYCHOLOGICAL WELL-BEING (SPWB)

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.

| Circle the number that best describes your present agreement or disagreement with each statement. | Strongly Disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly Agree |
|---|---|---|---|---|---|---|
| 1. Most people see me as loving and affectionate. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Sometimes I change the way I act or think to be more like those around me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. In general, I feel I am in charge of the situation in which I live. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. I am not interested in activities that will expand my horizons. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. I feel good when I think of what I've done in the past and what I hope to do in the future. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. When I look at the story of my life, I am pleased with how things have turned out. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. Maintaining close relationships has been difficult and frustrating for me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. The demands of everyday life often get me down. | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. In general, I feel that I continue to learn more about myself as time goes by. | 1 | 2 | 3 | 4 | 5 | 6 |

(*table continues*)

| | Strongly Disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly Agree |
|---|---|---|---|---|---|---|
| 11.  I live life one day at a time and don't really think about the future. | 1 | 2 | 3 | 4 | 5 | 6 |
| 12.  In general, I feel confident and positive about myself. | 1 | 2 | 3 | 4 | 5 | 6 |
| 13.  I often feel lonely because I have few close friends with whom to share my concerns. | 1 | 2 | 3 | 4 | 5 | 6 |
| 14.  My decisions are not usually influenced by what everyone else is doing. | 1 | 2 | 3 | 4 | 5 | 6 |

| Circle the number that best describes your present agreement or disagreement with each statement. | Strongly Disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly Agree |
|---|---|---|---|---|---|---|
| 15.  I do not fit very well with the people and the community around me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 16.  I am the kind of person who likes to give new things a try. | 1 | 2 | 3 | 4 | 5 | 6 |
| 17.  I tend to focus on the present, because the future nearly always brings me problems. | 1 | 2 | 3 | 4 | 5 | 6 |
| 18.  I feel like many of the people I know have gotten more out of life than I have. | 1 | 2 | 3 | 4 | 5 | 6 |
| 19.  I enjoy personal and mutual conversations with family members or friends. | 1 | 2 | 3 | 4 | 5 | 6 |
| 20.  I tend to worry about what other people think of me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 21.  I am quite good at managing the many responsibilities of my daily life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 22.  I don't want to try new ways of doing things - my life is fine the way it is. | 1 | 2 | 3 | 4 | 5 | 6 |

(*table continues*)

| | | | | | | |
|---|---|---|---|---|---|---|
| 23. I have a sense of direction and purpose in life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 24. Given the opportunity, there are many things about myself that I would change. | 1 | 2 | 3 | 4 | 5 | 6 |
| 25. It is important to me to be a good listener when close friends talk to me about their problems. | 1 | 2 | 3 | 4 | 5 | 6 |
| 26. Being happy with myself is more important to me than having others approve of me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 27. I often feel overwhelmed by my responsibilities. | 1 | 2 | 3 | 4 | 5 | 6 |
| 28. I think it is important to have new experiences that challenge how you think about yourself and the world. | 1 | 2 | 3 | 4 | 5 | 6 |
| 29. My daily activities often seem trivial and unimportant to me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 30. I like most aspects of my personality. | 1 | 2 | 3 | 4 | 5 | 6 |
| 31. I don't have many people who want to listen when I need to talk. | 1 | 2 | 3 | 4 | 5 | 6 |

| Circle the number that best describes your present agreement or disagreement with each statement. | Strongly Disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly Agree |
|---|---|---|---|---|---|---|
| 32. I tend to be influenced by people with strong opinions. | 1 | 2 | 3 | 4 | 5 | 6 |
| 33. If I were unhappy with my living situation, I would take effective steps to change it. | 1 | 2 | 3 | 4 | 5 | 6 |
| 34. When I think about it, I haven't really improved much as a person over the years. | 1 | 2 | 3 | 4 | 5 | 6 |

(*table continues*)

| | | | | | | |
|---|---|---|---|---|---|---|
| 35. I don't have a good sense of what it is I'm trying to accomplish in life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 36. I made some mistakes in the past, but I feel that all in all everything has worked out for the best. | 1 | 2 | 3 | 4 | 5 | 6 |
| 37. I feel like I get a lot out of my friendships. | 1 | 2 | 3 | 4 | 5 | 6 |
| 38. People rarely talk to me into doing things I don't want to do. | 1 | 2 | 3 | 4 | 5 | 6 |
| 39. I generally do a good job of taking care of my personal finances and affairs. | 1 | 2 | 3 | 4 | 5 | 6 |
| 40. In my view, people of every age are able to continue growing and developing. | 1 | 2 | 3 | 4 | 5 | 6 |
| 41. I used to set goals for myself, but that now seems like a waste of time. | 1 | 2 | 3 | 4 | 5 | 6 |
| 42. In many ways, I feel disappointed about my achievements in life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 43. It seems to me that most other people have more friends than I do. | 1 | 2 | 3 | 4 | 5 | 6 |
| 44. It is more important to me to "fit in" with others than to stand alone on my principles. | 1 | 2 | 3 | 4 | 5 | 6 |
| 45. I find it stressful that I can't keep up with all of the things I have to do each day. | 1 | 2 | 3 | 4 | 5 | 6 |
| 46. With time, I have gained a lot of insight about life that has made me a stronger, more capable person. | 1 | 2 | 3 | 4 | 5 | 6 |
| 47. I enjoy making plans for the future and working to make them a reality. | 1 | 2 | 3 | 4 | 5 | 6 |

(*table continues*)

| 48. For the most part, I am proud of who I am and the life I lead. | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|

| Circle the number that best describes your present agreement or disagreement with each statement. | Strongly Disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly Agree |
|---|---|---|---|---|---|---|
| 49. People would describe me as a giving person, willing to share my time with others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 50. I have confidence in my opinions, even if they are contrary to the general consensus. | 1 | 2 | 3 | 4 | 5 | 6 |
| 51. I am good at juggling my time so that I can fit everything in that needs to be done. | 1 | 2 | 3 | 4 | 5 | 6 |
| 52. I have a sense that I have developed a lot as a person over time. | 1 | 2 | 3 | 4 | 5 | 6 |
| 53. I am an active person in carrying out the plans I set for myself. | 1 | 2 | 3 | 4 | 5 | 6 |
| 54. I envy many people for the lives they lead. | 1 | 2 | 3 | 4 | 5 | 6 |
| 55. I have not experienced many warm and trusting relationships with others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 56. It's difficult for me to voice my own opinions on controversial matters. | 1 | 2 | 3 | 4 | 5 | 6 |
| 57. My daily life is busy, but I derive a sense of satisfaction from keeping up with everything. | 1 | 2 | 3 | 4 | 5 | 6 |
| 58. I do not enjoy being in new situations that require me to change my old familiar ways of doing things. | 1 | 2 | 3 | 4 | 5 | 6 |

(*table continues*)

| | | | | | | |
|---|---|---|---|---|---|---|
| 59. Some people wander aimlessly through life, but I am not one of them. | 1 | 2 | 3 | 4 | 5 | 6 |
| 60. My attitude about myself is probably not as positive as most people feel about themselves. | 1 | 2 | 3 | 4 | 5 | 6 |
| 61. I often feel as if I'm on the outside looking in when it comes to friendships. | 1 | 2 | 3 | 4 | 5 | 6 |
| 62. I often change my mind about decisions if my friends or family disagree. | 1 | 2 | 3 | 4 | 5 | 6 |
| 63. I get frustrated when trying to plan my daily activities because I never accomplish the things I set out to do. | 1 | 2 | 3 | 4 | 5 | 6 |
| 64. For me, life has been a continuous process of learning, changing, and growth. | 1 | 2 | 3 | 4 | 5 | 6 |

| Circle the number that best describes your present agreement or disagreement with each statement. | Strongly Disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly Agree |
|---|---|---|---|---|---|---|
| 65. I sometimes feel as if I've done all there is to do in life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 66. Many days I wake up feeling discouraged about how I have lived my life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 67. I know that I can trust my friends, and they know they can trust me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 68. I am not the kind of person who gives in to social pressures to think or act in certain ways. | 1 | 2 | 3 | 4 | 5 | 6 |
| 69. My efforts to find the kinds of activities and relationships that I need have been quite successful. | 1 | 2 | 3 | 4 | 5 | 6 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 70. I enjoy seeing how my views have changed and matured over the years. | 1 | 2 | 3 | 4 | 5 | 6 |
| 71. My aims in life have been more a source of satisfaction than frustration to me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 72. The past had its ups and downs, but in general, I wouldn't want to change it. | 1 | 2 | 3 | 4 | 5 | 6 |
| 73. I find it difficult to really open up when I talk with others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 74. I am concerned about how other people evaluate the choices I have made in my life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 75. I have difficulty arranging my life in a way that is satisfying to me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 76. I gave up trying to make big improvements or changes in my life a long time ago. | 1 | 2 | 3 | 4 | 5 | 6 |
| 77. I find it satisfying to think about what I have accomplished in life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 78. When I compare myself to friends and acquaintances, it makes me feel good about who I am. | 1 | 2 | 3 | 4 | 5 | 6 |
| 79. My friends and I sympathize with each other's problems. | 1 | 2 | 3 | 4 | 5 | 6 |
| 80. I judge myself by what I think is important, not by the values of what others think is important. | 1 | 2 | 3 | 4 | 5 | 6 |

| Circle the number that best describes your present agreement or disagreement with each statement. | Strongly Disagree | Disagree Somewhat | Disagree Slightly | Agree Slightly | Agree Somewhat | Strongly Agree |
|---|---|---|---|---|---|---|

(*table continues*)

| | | | | | | |
|---|---|---|---|---|---|---|
| 81. I have been able to build a home and a lifestyle for myself that is much to my liking. | 1 | 2 | 3 | 4 | 5 | 6 |
| 82. There is truth to the saying that you can't teach an old dog new tricks. | 1 | 2 | 3 | 4 | 5 | 6 |
| 83. In the final analysis, I'm not so sure that my life adds up to much. | 1 | 2 | 3 | 4 | 5 | 6 |
| 84. Everyone has their weaknesses, but I seem to have more than my share. | 1 | 2 | 3 | 4 | 5 | 6 |

## SPWB SUBSCALES

### AUTONOMY

Definition:

High Scorer: Is self-determining and independent; able to resist social pressures to think and act in certain ways; regulates behavior from within; evaluates self by personal standards.

Low Scorer: Is concerned about the expectations and evaluations of others; relies on judgments of others to make important decisions; conforms to social pressures to think and act in certain ways.

(-)    1.    Sometimes I change the way I act or think to be more like those around me.

(+)  [  2.]   I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.

(+)  [  3.]   My decisions are not usually influenced by what everyone else is doing.

(-)  [  4.]   I tend to worry about what other people think of me.

(+)  [  5.]   Being happy with myself is more important to me than having others approve of me.

(-)  [  6.]   *I tend to be influenced by people with strong opinions.*

(+)    7.    People rarely talk me into doing things I don't want to do.

(-)    8.    It is more important to me to "fit in" with others than to stand alone on my principles.

(+)   [9.]   ***I have confidence in my opinions, even if they are contrary to the general consensus.***

(-)   [10.]   It's difficult for me to voice my own opinions on controversial matters.

(-)   [11.]   I often change my mind about decisions if my friends or family disagree.

(+)   12.   I am not the kind of person who gives in to social pressures to think or act in certain ways.

(-)   13.   I am concerned about how other people evaluate the choices I have made in my life.

(+)   [ 14.]   ***I judge myself by what I think is important, not by the values of what others think is important.***

(+)   indicates positively scored items     Internal consistency (coefficient alpha) = .83
(-)   indicates negatively scored items    Correlation with 20-item parent scale = .97


## ENVIRONMENTAL MASTERY

Definition:

<u>High Scorer</u>: Has a sense of mastery and competence in managing the environment; controls complex array of external activities; makes effective use of surrounding opportunities; able to choose or create contexts suitable to personal needs and values.

<u>Low Scorer</u>: Has difficulty managing everyday affairs; feels unable to change or improve surrounding context; is unaware of surrounding opportunities; lacks sense of control over external world.

(+)   [ 1.]   ***In general, I feel I am in charge of the situation in which I live.***

(-)   [ 2.]   ***The demands of everyday life often get me down.***

(-)   [ 3.]   I do not fit very well with the people and the community around me.

(+)   [ 4.]   ***I am quite good at managing the many responsibilities of my daily life***.

(-)   [ 5.]   I often feel overwhelmed by my responsibilities.

(+)   6.   If I were unhappy with my living situation, I would take effective steps to change it.

(+)   [ 7.]   I generally do a good job of taking care of my personal finances and affairs.

(-)     8.     I find it stressful that I can't keep up with all of the things I have to do each day.

(+)  [  9.]    I am good at juggling my time so that I can fit everything in that needs to get done.

(+)    10.     My daily life is busy, but I derive a sense of satisfaction from keeping up with everything.

(-)     11.     I get frustrated when trying to plan my daily activities because I never accomplish the things I set out to do.

(+)    12.     My efforts to find the kinds of activities and relationships that I need have been quite successful.

(-)  [ 13.]    I have difficulty arranging my life in a way that is satisfying to me.

(+)  [ 14.]    I have been able to build a home and a lifestyle for myself that is much to my liking.

Internal consistency (coefficient alpha) = .86
Correlation with 20-item parent scale = .98

## PERSONAL GROWTH

Definition:
High Scorer: Has a feeling of continued development; sees self as growing and expanding; is open to new experiences; has sense of realizing his or her potential; sees improvement in self and behavior over time; is changing in ways that reflect more self knowledge and effectiveness.
Low Scorer: Has a sense of personal stagnation; lacks sense of improvement or expansion over time; feels bored and uninterested with life; feels unable to develop new attitudes or behaviors.

(-)  [  1.]    I am not interested in activities that will expand my horizons.

(+)     2.     In general, I feel that I continue to learn more about myself as time goes by.

(+)     3.     I am the kind of person who likes to give new things a try.

(-)  [  4.]    I don't want to try new ways of doing things--my life is fine the way it is.

(+) [ 5.] ***I think it is important to have new experiences that challenge how you think about yourself and the world.***

(-) [ 6.] When I think about it, I haven't really improved much as a person over the years.

(+) 7. In my view, people of every age are able to continue growing and developing.

(+) 8. With time, I have gained a lot of insight about life that has made me a stronger, more capable person.

(+) [ 9.] I have the sense that I have developed a lot as a person over time.

(-) [ 10.] I do not enjoy being in new situations that require me to change my old familiar ways of doing things.

(+) [ 11.] ***For me, life has been a continuous process of learning, changing, and growth.***

(+) 12. I enjoy seeing how my views have changed and matured over the years.

(-) [ 13.] ***I gave up trying to make big improvements or changes in my life a long time ago.***

(-) [ 14.] There is truth to the saying you can't teach an old dog new tricks.

Internal consistency (coefficient alpha) = .85
Correlation with 20-item parent scale = .97

## POSITIVE RELATIONS WITH OTHERS

Definition:
High Scorer: Has warm satisfying, trusting relationships with others; is concerned about the welfare of others; capable of strong empathy, affection, and intimacy; understands give and take of human relationships.
Low Scorer: Has few close, trusting relationships with others; finds it difficult to be warm, open, and concerned about others; is isolated and frustrated in interpersonal relationships; not willing to make compromises to sustain important ties with others.
(+) [ 1.] Most people see me as loving and affectionate.

(-) [ 2.] *Maintaining close relationships has been difficult and frustrating for me*

(-) [ 3.] I often feel lonely because I have few close friends with whom to share my concerns.

(+) [ 4.] I enjoy personal and mutual conversations with family members or friends.

(+) 5. It is important to me to be a good listener when close friends talk to me about their problems.

(-) [ 6.] I don't have many people who want to listen when I need to talk.

(+) 7. I feel like I get a lot out of my friendships.

(-) [ 8.] It seems to me that most other people have more friends than I do.

(+) [ 9.] *People would describe me as a giving person, willing to share my time with others.*

(-) [ 10.] I h*ave not experienced many warm and trusting relationships with others.*

(-) 11. I often feel like I'm on the outside looking in when it comes to friendships.

(+) [ 12.] I know that I can trust my friends, and they know they can trust me.

(-) 13. I find it difficult to really open up when I talk with others.

(+) 14. My friends and I sympathize with each other's problems.

Internal consistency (coefficient alpha) = .88
Correlation with 20-item parent scale = .98

# PURPOSE IN LIFE

Definition:

<u>High Scorer:</u> Has goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose; has aims and objectives for living.

<u>Low Scorer:</u> Lacks a sense of meaning in life; has few goals or aims, lacks sense of direction; does not see purpose of past life; has no outlook or beliefs that give life meaning.

(+)    1.    I feel good when I think of what I've done in the past and what I hope to do in the future.

(-)  [ 2.]    *I live life one day at a time and don't really think about the future.*

(-)  [ 3.]    I tend to focus on the present, because the future nearly always brings me problems.

(+)    4.    I have a sense of direction and purpose in life.

(-)  [ 5.]    My daily activities often seem trivial and unimportant to me.

(-)  [ 6.]    I don't have a good sense of what it is I'm trying to accomplish in life.

(-)  [ 7.]    I used to set goals for myself, but that now seems like a waste of time.

(+)  [ 8.]    I enjoy making plans for the future and working to make them a reality.

(+)  [ 9.]    I am an active person in carrying out the plans I set for myself.

(+)  [ 10.]    *Some people wander aimlessly through life, but I am not one of them.*

(-)  [ 11.]    *I sometimes feel as if I've done all there is to do in life.*

(+)    12.    My aims in life have been more a source of satisfaction than frustration to me.

(+)    13.    I find it satisfying to think about what I have accomplished in life.

(-)    14.    In the final analysis, I'm not so sure that my life adds up to much.

      Internal consistency (coefficient alpha) = .88
      Correlation with 20-item parent scale = .98

# SELF-ACCEPTANCE

Definition:

High Scorer: Possesses a positive attitude toward the self; acknowledges and accepts multiple aspects of self including good and bad qualities; feels positive about past life.

Low Scorer: Feels dissatisfied with self; is disappointed with what has occurred in past life; is troubled about certain personal qualities; wishes to be different than what he or she is.

(+)  [  1.]  ***When I look at the story of my life, I am pleased with how things have turned out.***

(+)  [  2.]  In general, I feel confident and positive about myself.

(-)  [  3.]  I feel like many of the people I know have gotten more out of life than I have.

(-)      4.  Given the opportunity, there are many things about myself that I would change.

(+)  [  5.]  ***I like most aspects of my personality.***

(+)  [  6.]  I made some mistakes in the past, but I feel that all in all everything has worked out for the best.

(-)  [  7.]  ***In many ways, I feel disappointed about my achievements in life.***

(+)      8.  For the most part, I am proud of who I am and the life I lead.

(-)      9.  I envy many people for the lives they lead.

(-)  [ 10.]  My attitude about myself is probably not as positive as most people feel about themselves.

(-)     11.  Many days I wake up feeling discouraged about how I have lived my life.

(+)  [ 12.]  The past had its ups and downs, but in general, I wouldn't want to change it.

(+)  [ 13.]  When I compare myself to friends and acquaintances, it makes me feel good about who I am.

(-)     14.  Everyone has their weaknesses, but I seem to have more than my share.

(+)      indicates positively scored items

(-)      indicates negatively scored items

Internal consistency (coefficient alpha) = .91
Correlation with 20-item parent scale = .99

# APPENDIX B:

## PERCEIVED WELLNESS SURVEY (PWS)

*The following statements are designed to provide information about your wellness perceptions. Please carefully and thoughtfully consider each statement, then select the  o n e response option with which you most agree.*

1 = Very Strongly Disagree          6 = *Very Strongly Agree*

| | |
|---|---|
| 1. I am always optimistic about my future. | 1  2  3  4  5  6 |
| 2. There have been times when I felt inferior to most of the people I knew. | 1  2  3  4  5  6 |
| 3. Members of my family come to me for support. | 1  2  3  4  5  6 |
| 4. My physical health has restricted me in the past. | 1  2  3  4  5  6 |
| 5. I believe there is a real purpose for my life. | 1  2  3  4  5  6 |
| 6. I will always seek out activities that challenge me to think and reason. | 1  2  3  4  5  6 |
| 7. I rarely count on good things happening to me. | 1  2  3  4  5  6 |
| 8. In general, I feel confident about my abilities. | 1  2  3  4  5  6 |
| 9. Sometimes I wonder if my family will really be there for me when I am in need. | 1  2  3  4  5  6 |
| 10. My body seems to resist physical illness very well. | 1  2  3  4  5  6 |
| 11. Life does not hold much future promise for me. | 1  2  3  4  5  6 |
| 12. I avoid activities which require me to concentrate. | 1  2  3  4  5  6 |
| 13. I always look on the bright side of things. | 1  2  3  4  5  6 |
| 14. I sometimes think I am a worthless individual. | 1  2  3  4  5  6 |
| 15. My friends know they can always confide in me and ask me for advice. | 1  2  3  4  5  6 |
| 16. My physical health is excellent. | 1  2  3  4  5  6 |
| 17. Sometimes I don't understand what life is all about. | 1  2  3  4  5  6 |
| 18. Generally, I feel pleased with the amount of intellectual stimulation I receive in my daily life. | 1  2  3  4  5  6 |
| 19. In the past, I have expected the best. | 1  2  3  4  5  6 |
| 20. I am uncertain about my ability to do things well in the future. | 1  2  3  4  5  6 |
| 21. My family has been available to support me in the past. | 1  2  3  4  5  6 |
| 22. Compared to people I know, my past physical health has been excellent. | 1  2  3  4  5  6 |
| 23. I feel a sense of mission about my future. | 1  2  3  4  5  6 |
| 24. The amount of information that I process in a typical day is just about right for me (i.e., not too much and not too little). | 1  2  3  4  5  6 |
| 25. In the past, I hardly ever expected things to go my way. | 1  2  3  4  5  6 |
| 26. I will always be secure with who I am. | 1  2  3  4  5  6 |
| 27. In the past, I have not always had friends with whom I could share my joys and sorrows. | 1  2  3  4  5  6 |
| 28. I expect to always be physically healthy. | 1  2  3  4  5  6 |
| 29. I have felt in the past that my life was meaningless. | 1  2  3  4  5  6 |
| 30. In the past, I have generally found intellectual challenges to be vital to my overall well-being. | 1  2  3  4  5  6 |
| 31. Things will not work out the way I want them to in the future. | 1  2  3  4  5  6 |
| 32. In the past, I have felt sure of myself among strangers. | 1  2  3  4  5  6 |
| 33. My friends will be there for me when I need help. | 1  2  3  4  5  6 |
| 34. I expect my physical health to get worse. | 1  2  3  4  5  6 |
| 35. It seems that my life has always had purpose. | 1  2  3  4  5  6 |
| 36. My life has often seemed void of positive mental stimulation. | 1  2  3  4  5  6 |

APPENDIX C:

IRB FORM AND LETTER OF COOPERATION


December 2, 2009

To: Ms. Michel Harris and Dr. Magy Martin (Department of Psychology)

Dear Ms. Harris and Dr. Martin,

Your application to use human subjects in your research "*Data collection on the Psychological Well-Being and Perceived Wellness of graduate counseling students"(R# 12-01-09)* has been reviewed using the expedited review process as outlined in Health and Human Services *45 CFR Part 46.110.*

Your application:

__X__ Has been approved for implementation for a period of 12 months.
Will require additional time for review by the Institutional Review Board.
If your research takes more than 12 months to complete, approval beyond 12 months is required. To avoid interruption in your research, this approval should be granted on or before the anniversary date of this document.

Wishing you every success in your research.

Jennifer Clements, Ph.D.
Chair, Committee on Research on Human Subjects, Shippensburg University
335 Shippen Hall, Department of Social Work, 717-477-1633, jaclem@ship.edu

Jan Arminio
Chair, Department of
Counseling and College
Student Personnel
Shippensburg University
1871 Old Main Drive
Shippensburg, PA 17257

December 10, 2009

Michel Harris, M.Ed., NCC, LPC
School Counselor
Green Ridge Elementary


Dear Ms. Harris,

After consulting with Department faculty members and knowing that you have received
human subjects approval from the Committee on Research on Human Subjects at
Shippensburg University, you have my approval and support to conduct research on our
campus with students in our graduate program in counseling and college student
personnel. Please contact directly the faculty members who teach courses from which
you hope to secure research participants. If you have any questions or if I can support
your further, please feel free to contact me.


Sincerely,

Jan Arminio
Professor

APPENDIX D:

PARTICIPANT CONSENT FORM

**Exploring the Psychological Well-Being
of Graduate-Level Counseling Students**

You are invited to participate in a research study to examine the psychological well-being and perceived wellness of graduate level counseling students. You were selected as a possible participant because you fall into this category. Please read this form and ask any questions you may have before acting on the invitation to be in the study.

This study is being conducted by Michel R. Harris, a doctoral candidate at Walden University.

**Background Information**:
The purpose of this study is to examine the psychological well-being and perceived wellness of graduate counseling students.

**Procedures**:
If you agree to be in this study, you will be asked to complete a demographic questionnaire and two surveys. This should take approximately 20 minutes.

**Voluntary Nature of the Study**:
Your participation in this study is strictly voluntary. Your decision to participate or not will not affect your current or future relations with Walden University or Shippensburg University. If you initially decide to participate, you are still free to withdraw at any time later without affecting those relationships.

**Risks and Benefits of Being in the Study**:
There are no apparent risks to participating in this study other than the time it will take to fill out the forms. If you experience significant stress, you are under no obligation to continue participating in the study.

There are no benefits to participating in the study other than providing information for completion of this study.

In the event you experience stress or anxiety during your participation in the study you may terminate your participation at any time. You may refuse to answer any questions you consider invasive or stressful.

**Compensation**:
You will not be compensated for participating in this study and filling out the surveys

**Confidentiality**:
The records of this study will be kept private. In any report of this study that might be published, the researcher will not include any information that will make it possible to identify you. Research records will be kept in a locked file, and only the researcher will have access to the records. I do not require that you sign your name to the consent letter or survey. By completing the survey, your consent is implied. Please feel free to retain a copy of this consent form.

**Contacts and Questions**:

Michel R. Harris 717-691-7907          Research Participant Advocate
31 Woodmyre Lane                       800-925-3368, ext. *1210
Enola, PA 17025

**Statement of Consent**:
I have read the above information. If I had questions I asked and received answers. I consent to participate in the study. The completion of this survey implies my consent.


**Your participation in completing this survey is appreciated. You may feel free to keep this form.**

APPENDIX E:

DEMOGRAPHICS QUESTIONNAIRE

Please complete this demographic section of the survey. It is important that you answer each question carefully and accurately. No personal information will be revealed in the study results.

1. Degree Year:

    1st _____ 2nd _____ 3rd_____ Other _____

2. Gender:

    Male____          Female_____

3. Age: _____

4. Ethnicity: _____

5. Are you currently in counseling?

    Yes_____          No_____

6. Have you been in counseling previously?

    Yes_____          No_____

7. If you marked yes to either question 5 or 6 (*in re* counseling)

    please answer the following question:

        Did/do you find personal counseling beneficial?

        Yes _____          No_____

APPENDIX F:

PERMISSION TO USE LETTERS

Permission to Use the SPWB

**Subject :** **Re: Psychological Well-Being scale**
**Date :** Tue, Sep 22, 2009 11:27 AM CDT
**From :** **Carol Ryff <cryff@wisc.edu>**
**To :** Michel Harris <michel.harris@waldenu.edu>

You have my permission to use the scales. Scoring instructions are
provided in the documents I sent previously.
Thanks
Carol Ryff
At 11:24 AM 9/21/2009, you wrote:

Dr. Ryff,

I will be using your Scales of Psychological Well-Being for my doctoral
study. I first want to thank you for sending me all the information along
with the scales. Are there any specifics I need to know when scoring? Or
is there a specific scoring protocol?

Also- if there would be anyway you could write an email officially giving
me consent to use the scales that would be helpful. The University is
requesting I attach the consent to my dissertation.

Thank you again and I will keep you informed of my findings.

Michel

Miss Michel Harris, M.Ed., NCC
ID# A00108879
31 Woodmyre Lane
Enola, PA
17025
---------------------------------------

Permission to Use the PWS

Date: Thu, 29 Oct 2009 07:04:56 -0700
Subject: Re: Permission to use PWS
From: Troy Adams <drtroy@cox.net>
To: Michel Harris <mharris@cvschools.org>

Permission granted.
Troy
Perceivedwellness.com


On 10/29/09 6:37 AM, "Michel Harris" <mharris@cvschools.org> wrote:

> Dr. Adams,
>
> I am writing for written permission to use the Perceived Wellness Survey for
> my dissertation study. I am going to be using it to look at the relationship
> between psychological well-being and perceived wellness. If you can respond
> with written permission that would be greatly appreciated.
>
> Thank you for your time.
>
> Michel Harris
>
> Michel Harris, M.Ed., NCC
> School Counselor
> Green Ridge Elementary
> 717-766-4911
>
>
Troy

Graduate Program Director
Rocky Mountain University of Health Professions
Health Promotion and Wellness Doctoral Degree
(602) 369-8646
tadams@rmuohp.edu
http://www.rmuohp.edu/

CURRICULUM VITAE

# MICHEL RENEE HARRIS

31 Woodmyre Lane, Enola, PA 17025
(717) 691-7907 – michel.harris@waldenu.edu

## EDUCATION

| | | |
|---|---|---|
| 2010 | PhD, General Psychology | Walden University |
| 2008 | Postgraduate Certification | Marital, Couples, and Family Therapy |
| 2001 | MEd, School Counseling | Shippensburg University |
| 1993 | BS, Counseling Specialization | Johnson Bible College |

## PROFESSIONAL CERTIFICATIONS

National Certified Counselor (NCC)

Licensed Professional Counselor (LPC)

## EMPLOYMENT EXPERIENCE

1/10 – to date    Adjunct Assistant Professor
Counseling Department
Shippensburg University`

8/02 – to date    Elementary School Counselor
Green Ridge Elementary School
Cumberland Valley School District

9/95 – 11/09    Community Support Worker
Keystone Residence

6/99 – 8/02    Program Director
Keystone Residence

6/96 –1/98    Childcare Director
The Kids' Escape—Capital Area Christian Church

10/94 –10/95    Assistant Group Leader
Reflections Treatment Agency

## PROFESSIONAL MEMBERSHIP

National Board for Certified Counselors (NBCC)
American Counselor Association (ACA)