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Counselors' Self-Discrepancy and Its Impact on Their Burnout and Wellness

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy in Counselor Education

by

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Abstract

This study explores the relationships between counselors' professional, personal, and reflected selves as well as between counselors' self-discrepancies and their burnout and wellness. Moreover, an investigation on the impacts of counselors' self-discrepancies on their burnout and wellness as a professional was conducted. The use of self has been emphasized in order for counselors to elicit meaningful outcome with clients. To demonstrate the use of self as an instrument of the counseling process, integrating professional, personal, and reflected selves is necessary for counselors. One hundred ninety five ($N = 195$) professional counselors in Mid-South States, who currently practice, supervise, educate, or are in charge of counseling-related work, as well as those who temporarily ceased their career participated in this study.

Results of testing for the relationship between counselors' professional, personal, and reflected selves found that there were significant positive correlations among the three selves. Moreover, results of testing for relationship between counselors' self-discrepancies and their burnout and wellness indicated that all three discrepancies between their professional, personal, and reflected selves were positively related to the level of burnout and negatively related to the level of wellness. Additionally, multiple regression analysis revealed that counselors' professional- personal self-discrepancy positively predicted the level of burnout while negatively predicting the level of wellness. However, counselors' self-discrepancy between professional and reflected selves, as well as personal selves and reflected selves, were unable to significantly predict both the level of their burnout or wellness.

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CHAPTER I: INTRODUCTION

A counseling professional is trained and encouraged to use themselves as an instrument in the counseling process to elicit meaningful outcomes with their clients. A counselor's self in the therapeutic relationship is one of the most salient factors that impact the counseling process (Dewane, 2006; Edwards & Bess, 1998; Reinkraut, Motulsky, & Ritchie, 2009). Because a counselor is the person to whom a client opens their mind and with whom he or she shares their story, all interactions and communications are conducted through the counselor as a tool of the counseling process based on a trustful relationship (Cormier & Hackney, 1999; Hackney & Cormier, 2001; Sperry, Carlson, & Kjos, 2003). Thus, the counselor acquires fundamental knowledge and skills that lead the counseling process in the effective direction, and more importantly, obtains the ability to bring the personal and professional self and identity into the therapeutic relationship for the benefit of a client (Reinkraut, 2008).

The use of self as an instrument is not restricted to only how a counselor acts in a session. It also includes how the counselor presents him or herself to a client, based on his or her personality characteristics, life experiences, belief system, relational dynamics, anxiety, and self-disclosure (Dewane, 2006). As the whole self of the counselor has been recognized as a vital tool of therapy, the counselor is required to develop an integrated self between the personal self and professional self by exploring what they possess as a person (Edwards & Bess, 1998). The professional self is generally related to knowledge, technique, and strategies that counselors utilize in the office. The personal self is closely associated with the counselors' self as a person including personality, relational dynamics, self-disclosure, personal feelings, and belief systems. Effective counselors blend their professional self and personal self, which helps them grow as wholly competent professional counselors. In order to integrate their professional and personal

self, they must be aware of their values, belief, and attitudes and monitoring their biases, judgments, and feelings and thoughts that have potential influence on the counseling process.

Statement of the Problem

Counselor educators and professional counselors have emphasized the importance of integrating the personal self and professional self in order to fulfill the use of self for effective interactions with a client; however, there are few studies on how counselors perceive themselves as the professional self and as the real self that takes off the counselor hat. Also, there are few studies on the impacts of a discrepancy between the counselors' perspectives on the personal self and the professional self. No one may assert that every counselor is born with innate qualities and personality characteristics necessary for effective counseling. There are many definitions of personality, but it is generally defined as a set of "relatively permanent traits and unique characteristics that give both consistency and individuality to a person's behavior" (Feist & Feist, 2009, p.4). That is, as every human being has a different personality and demonstrates it with consistency through their thoughts, emotions, and behaviors in different ways, each individual counselor has their own personality distinct from others. Their personality characteristics may not be congruous with those that are generally recommended for counselors to have. If counselors find a discrepancy between what personality characteristics they have and what they are supposed to have as professional counselors, they may question their aptitude and identity, doubting whether or not their personality characteristics match up with the counseling profession. Such uncertainty and insecurity caused by the discrepancy could lead them to an exhausted and stressed state, symptoms of professional burnout, and eventually negatively influence their own wellness. Alfeld-Liro and Sigelman found in their study (1998) that the discrepancy between real self and ideal self was significantly, positively correlated with depression scores. Thus, it is

necessary to explore the counselors' perception of who they really are and how they present themselves as professionals and the impact of the discrepancy between the two on counselors' burnout and wellness.

In addition to facing their professional burnout and unhealthiness resulted by the discrepancy between the personal self and professional self, many counselors may also encounter situations where the public shows biased or stereotyped impressions and expectations of counselors and the counseling profession (Fall, Levitov, Jennings, & Eberts, 2000; Gelso & Karl, 1974). The public's expectations of professional counselors exist not only in an office in which clients see counselors but also outside of the office when counselors take off their counseling hat. Some counselors may argue that it is their responsibility to develop a positive and healthy image of the counseling profession even in daily life and elevate the standard of counselors' quality and competency in order to meet the public's expectation and, at the same time, to advocate for themselves. Thus, they must consider carefully how their words and behaviors even outside of a session impact their impression of counselors and the counseling profession. The American Counseling Association (ACA)'s Code of Ethics (2014) has not articulated an explicit guideline of counselors' professional duty outside of the office in daily life, but certainly states that "counselors aspire to open, honest, and accurate communication in dealing with the public" (p.8).

Due to the unique nature of the counseling profession, it is easily observed that the reactions of the counselors' families, friends, or acquaintances, when they are told that a person in front of them is a counselor, fall into the general stereotypes of counselors. The stereotypes are often biased toward only a positive reputation of counseling professionals (Wantz & Firmin, 2011). Moreover, some counselors have shared their experience of being expected by others to play counselor-oriented roles in their family and groups of friends. As these distorted images or

expectations increase, there may be a possibility that counselors feel pressure from the public and become burdened with image management. In Friedman and Farber's study (1992) on professional self-concept as a predictor of teacher burnout, a correlation was found between the teachers' perception of how students view them and their burnout. A discrepancy within an individual emerges when incongruence is found between his or her perception of self and the perception of what the significant others think of him or her (Holland, 1997). When a discrepancy between how they view themselves and how they sense the public views them occurs in an individual, a significant level of stress is more likely to be found (Rogers, 1950).

In spite of the increased need for interactions with the public for advocating for the counseling profession, there have been few studies regarding counselors' perception of how others view them and their profession. Moreover, potentially negative influences of the distorted public images of the counselors have been detected, but little research has been done in terms of the relationships between counselors' perception of who they really are (personal self) and their perception of how others view them (reflected self) and its impacts on their burnout and wellness. Therefore, the current study also aims to explore the discrepancy between the personal self and the reflected self within counselors and the relationship with their burnout and wellness as a professional.

Purpose of the Study

The primary purpose of the study is, first, to investigate the relationships between counselors' perception of the personal self (who they really are), professional self (how they professionally present themselves), and reflected self (counselors' perception of how others view them). It is important for counselors to develop a wholly integrated self to be an effective instrument in the counseling process (Edwards & Bess, 1998). Counseling professionals also

make an effort to present a healthy image of their profession not only in a professional place in which interactions with clients occur but also in daily life. Nevertheless, there has been a lack of studies on how these selves are connected with each other; thus, the current study focuses on exploring the counselors' perception of the personal self, professional self, and reflected self.

The second purpose of this study is to examine the impact of the discrepancy between the personal, professional, and reflected selves on counselors' burnout and wellness as a professional. Potential influences of the discrepancy between the three selves on counselors' holistic wellness and burnout have been anticipated among counseling professionals. Therefore, it is necessary to explore how these discrepancies would impact counselors' burnout and wellness.

Background of the Issue

Personal self and Professional self

It is important for counselors to maintain the professional qualities and personality characteristics that are consistent with functional motivators to pursue the counseling profession (Foster, 1996). Many professional counselors have suggested a variety of qualities to be effective counselors. In general, effective counselors demonstrate the ability to listen, understand, and empathize. They show pure curiosity about people and are able to deal with diverse emotions, facilitate verbal exchanges, maintain the capability of self-denial, view inner process of clients, and sustain emotional closeness (Foster, 1996; Guy, 1987). Studies regarding personality characteristics of effective counselors have concluded that their personality characteristics are considerably distinguishable from those of the general population. In Pope and Kline's study (1999) on personality characteristics linked to counselors' effectiveness, professional counselor educators selected emotional stability, open-mindedness, acceptance, empathy, and genuineness as the top five counselor characteristics. Also, Jennings and Skovholt (1999) found high levels of

self-awareness, reflection, sensitivity, compassion, warmth, respect, and caring in experienced counselors.

Many studies have emphasized the importance of personality characteristics in order for counselors to produce valuable counseling. In addition, many authors have stressed the significance of personality characteristics related to being an effective counselor. McAuliffe & Lovell (2006) suggested that personality characteristics of counselors are as important as acquiring theories, skills, and techniques. Frank and Frank (1993) mentioned that the effectiveness of counselors mostly depends on the personal qualities, not knowledge and techniques. Moreover, Herman (1993) found that one of the most significant determinants of clients' changes in their lives is based on counselors' personality characteristics. Counselors who have obtained personality characteristics that contribute to successful outcomes are more likely to build trustful relationships with clients, using positive attitudes toward self, others, clients, and counseling (Jackson & Thompson, 1971). Therefore, not only novice counselors but also professional practitioners should recognize the importance of self-monitoring and self-training of the personality characteristics that should be maintained as a professional.

It is not guaranteed that all counselors, including individuals who want to become professional counselors, possess the personality characteristics by nature that are generally recommended for counselors to have. For individuals whose personality characteristics do not quite match those of effective counselors, it may be necessary to adopt appropriate ones in order to apply to the counseling process. It is also controversial to claim that a person's personality characteristics are not changeable for any reason. Some believe that personalities are innate and hardly ever change. Previous studies found that counselor-in-training's attitudes, interpersonal functioning, and values rarely change throughout graduate school programs and counselors-in-

training tend to resist when facing the forces of changes (Carkhuff, 1966; Rochester, 1967). In a study on personality as a predictor of counselor effectiveness, Myrick, Kelly, and Wittmer (1972) suggested that counselor education programs may need to use a standardized method of examination of personality factors when selecting students for admission. In accordance with this finding, it is still recommended that counseling programs and counselor educators should evaluate not only students' professional competence but also stable personality characteristics during both screening procedures and the education courses to verify their suitability for being proper counselors (Pope, 1996). More crucially, it is also counselors and counselor trainees' responsibility to constantly monitor themselves and seek assistance whenever their effectiveness is doubted. Regardless of whether or not personality characteristics are transformable, all professional counselors, including counselor educators and counselors-in-training, agree that counselors must persistently monitor how their personality characteristics as well as other skills and techniques influence the counseling process.

The ACA Code of Ethics (2014) does not specify personality characteristics of an ethically and professionally competent counselor, yet counselors are supposed to be aware of how their personal factors impact the effectiveness of counseling. The ACA Code of Ethics states that "counselors continually monitor their effectiveness as professionals and take steps to improve when necessary" (p.8). Thus, ethically competent counselors take this professional responsibility to observe the influence of their personalities and characteristics on relationships with clients with an effort to maximize their beneficial personality characteristics while minimizing ones that are not helpful. If counselors discern their own personalities hindering them from being effective, they have to see supervisors to discuss how their personalities and characteristics influence the counseling process and find the way to provide the best service for

the clients. Furthermore, to build a therapeutic relationship and make a positive outcome, counselors should be able to carry out the adequate attitude as professional and ethical counselors even if their personality characteristic might be variant from those that are required to be effective counselors. This attempt may be a professional action that the counselors can take to do their best and avoid any harm to clients, trying to overcome their personality characteristics that are not in harmony with those required to have as an effective professional.

Personal Self and Reflected Self

On the other hand, the roles of a professional counselor have enlarged over the past few decades. With the expansion of the counselor's roles for society, advocating has become one of the important roles that a professional counselor takes for both clients and the counseling profession. The counseling field emphasizes counselors be active in advocacy and social justice counseling for the populations who are oppressed and marginalized (McWhirter, 1997; Perry & Locke, 1985; Ratts, 2009) and focuses on addressing strategies to meet the needs of clients through social activism (McWhirter, 1997). With the increased emphasis on advocacy for clients, the movement of advocacy for counselors and the counseling profession has also become important as one of the roles of professional counselors (Myers, Sweeney, & White, 2002). Especially, in terms of the public's image of counseling and counselors, when the public has no access to counseling services or lacks information of the counseling profession, it is more likely for them to have distorted images of counselors. Lent (1990) stated that lack of public knowledge of the counseling field, deficient publicity, and insufficient efforts for self-advocacy would hinder the public from obtaining an exact public image for the counseling profession. Therefore, it is the counselors' responsibility to enhance public awareness and engage in advocacy activities for the counseling profession. Myers, Sweeney, and White (2002) suggested strategies that can

be used to improve the public images of counselors. The strategies that contribute to the improvement of public image includes interacting with the public by showing up in the media, presenting and writing articles regarding general information of the counseling profession, and promoting the public's access to counseling services.

The public has expectations of counselors. The public, in general, expects counselors to possess appropriate knowledge and skills, to be able to prove their effectiveness in the counseling process, and to not harm clients (Richmond & Remley, 1992). Specifically, there are expectations of the public toward counselors' qualities and personality characteristics. In a study on perceptions of professional counselors, Wantz and Firmin (2011) found that characteristics that were expected for counselors to possess include independence, trustworthiness, and intelligence in addressing human development issues and psychological problems. This finding shows congruency with what most professional counselor educators and counseling programs state about qualities and personalities of effective counselors (Frank & Frank, 1993; Herman, 1993; Jackson & Thompson, 1971).

Counselors' concern over how others view counseling professionals may emerge spontaneously in the process of advocacy for their profession because they interact with clients in the office and with others such as family, friends, and acquaintances in daily life. However, maintaining image management in daily life after leaving their office may lead to psychological exhaustion. Moreover, because the public images of counselors are skewed quite positively (Wantz & Firmin, 2011), attempting to meet this social challenge by presenting a good image in daily life can also result in professional burnout. Furthermore, when the public image of counselors generates different perspectives from who they really are, counselors may be burned out and potential harm to counselors' wellness may increase. That is, as the discrepancy between

counselors' perception of how others view them (reflected self) and their perception of themselves (personal self) becomes larger, there is a possibility that they have a higher level of stress (Rogers, 1950).

Although potential harm from the discrepancy between the personal self, professional self, and reflected self has been detected, there have been few studies on the relationship between the three selves and how the discrepancies impact counselors' burnout and wellness as professional counselors. Therefore, the researcher focuses on investigating the relationships between the discrepancies in the three selves and counselors' professional burnout and wellness.

Assumptions of the Study

There are assumptions underlying the current study. First, the researcher assumes that a person's self consists of three dimensions: personal self, professional self, and reflected self. The personal self refers to a person's real self, including personality characteristics, relationship dynamics, personal feelings, belief systems, etc. The professional self is associated with knowledge, strategies and techniques being used in a professional setting. The reflected self refers to how a person senses how others view him or her. It does not signify how they present themselves to others in social settings. Instead, it is associated with their perception of how others view them in social settings. Based on the purpose of the study, the researcher focuses on personality characteristics within each self. Thus, each self represents counselors' personality characteristics in different settings. The personal self is the counselors' perceptions of who they really are. The professional self is counselors' perception of how they present themselves in a professional setting. The reflected self is their perception of how others view them as professionals in social settings.

Second, this study assumes that each counselor, as with all human beings, has unique and different personality characteristics. Although there are common personality characteristics that are formed by counselors, it is not guaranteed that all counselors possess the innate personality characteristics that are generally recommended for effective counselors.

General Research Questions

1. What are the relationships between counselors' personal selves, professional selves, and reflected selves?
2. What are the relationships between counselors' self-discrepancies (if one is found) and their burnout and wellness?
3. How do the discrepancies (if one is found) between counselors' selves impact counselors' burnout?
4. How do the discrepancies (if one is found) between counselors' selves impact counselors' wellness?

Significance of the Study

This study is significant for several reasons. For counselors, it is essential to build integrated selves to use as instruments in the counseling process. With the importance of building a wholly integrated counselor, there is a need for the studies on counselors' personal self, professional self, and reflected self. The previous literature on the concept of self in counselors lacks any studies focusing on the relationships between counselors' perceptions of who they really are, how they present themselves professionally, and how others view them. As mentioned above, not all counselors are guaranteed to have the inherent personal characteristics that are congruent with the ideal of effective professional counselors. Possible discrepancies between the three selves exist, but there is also a lack of studies on the potential influences of the

discrepancies on counselors' burnout and wellness. Thus, the current study examines the relationships between the discrepancies and the counselors' burnout and wellness.

By investigating the counselors' perceptions of personal self, professional self, and reflected self as well as the influence of the discrepancies between the three selves on the counselors' burnout and wellbeing, this study will contribute to increased self-awareness in counselors and also provide helpful knowledge to mental health professionals, counselor educators, and counseling programs in terms of the factors associated with counselors' burnout and wellness.

Delimitations

The current study has a few limitations and boundaries prior to beginning the data collection. First, the intended target of the study is all counselors regardless of their work experience. The counselors may fall into different levels of professional identity development. The researcher anticipates that the results of this study will vary according to the level of self-awareness and self-reflection. Shaping the professional identity is one of the most essential tasks for beginning counseling practitioners (Busacca & Wester, 2006; Howard, Inman, & Altman, 2006; Woodside, Oberman, Cole, & Carruth, 2007); however, it is also a lifelong process for every counselor. It is not necessarily true that novice counselors have not developed their professional identity. Second, this study examines counselors' perceptions of their selves that consists of a variety of dimensions of a person, and ultimately constitutes a person's uniqueness and wholeness; however, the researcher focuses on counselors' personality characteristics in a professional setting and in daily life and how these characteristics are associated with each other.

Definitions and Operational Terms

Self is a person's essential being that constitutes his or her uniqueness distinct from others and a subject of his or her own experience of phenomena.

Personal self is a person's real self that comprises personality traits, personal belief systems, personal feelings and thoughts, relationship dynamics, and life experiences. Personal self refers to a person's perception of who he or she really is.

Professional self refers to a person's ideal self that he or she must present in a professional setting. It is related to not only knowledge and techniques obtained through professional education and training but also the person's attitude toward and belief in how he or she is supposed to present themselves as a professional in professional settings.

Reflected self refers to how a person senses how others view him or her. Reflected self is related to a person's self in social settings; however, it does not mean how he or she *presents* themselves to others in social settings. It is associated with their perception of how others view them as a professional in social settings.

Personality Characteristic is defined as a set of "relatively permanent traits and unique characteristics that give both consistency and individuality to a person's behavior" (Feist & Feist, 2009, p.4). Every human being has a different personality distinct from others and demonstrates it with consistency through their thoughts, emotions, and behaviors in different ways.

Burnout is a person's state of physical, emotional, and psychological exhaustion, which is generally accompanied by physical depletion, chronic fatigue, hopelessness, negative self-concept, and negative attitudes towards work, life, and others people (Maslach, 1982).

Counselor Burnout is defined as “the failure to perform clinical tasks appropriately because of personal discouragement, apathy toward system stress, and emotional/ physical drain” (Lee et al., 2007, p. 143).

Wellness is defined as “a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community” (Myers, Sweeney, & Witmer, 2000, p. 252). It refers to “the optimum state of health and well-being that each individual is capable of achieving” (Myers, Sweeney, & Witmer, 2000, p. 252).

Summary

With the emphasis on the use of self as a tool in the counseling process, integrating the personal self and professional self has been considered one of the most significant tasks that counselors should accomplish throughout a professional journey. In the process of bringing the integrated self into the therapeutic relationship with clients, counselors’ personality characteristics have become recognized as one of the significant determinants of successful counseling outcomes. However, during the course of the integration of the two selves, counselors may find a discrepancy between who they really are and how they think they should be as a professional. This discrepancy could result in a significant level of stress (Alfeld-Liro & Sigelman, 1997; Rogers, 1950) and eventually lead to the possibility of professional burnout and impaired wellness. Moreover, as the need for interactions with the public in order to advocate for counselors and the counseling profession has increased, it has become necessary to explore counselors’ perceptions of how others view them and the discrepancy between who they are and how they sense others view them. Potential influences of the discrepancy between the two on counselors’ burnout and wellness exist. Therefore, this study is designed to explore the

relationships between counselors' personal, professional, and reflected selves and how the discrepancies between the three selves impact their burnout and wellness. By doing so, this study will contribute to the advance of self-awareness in counselors on how significantly their personality characteristics influence counseling outcomes and also provide useful knowledge to mental health professionals, counselor educators, and counseling programs in terms of counselors' factors associated with counselors' burnout and wellness.

CHAPTER II: LITERATURE REVIEW

The chapter I addressed the rationale for the current study on counselor's self-discrepancy and the relationships between their self-discrepancies and professional wellness and burnout. The following chapter II presents a literature review relevant to the current study as follows: (a) self theory and self-discrepancy theory, (b) wellness models and counselor wellness, and (c) a multidimensional theory of burnout and counselor burnout.

Self

Self theory in Rogers' perspective

Studies on the "self" have been conducted for decades in academic fields related to human psychology (e.g., Allport, 1943; Mead, 1934; Rosenberg, 1979; Schlenker, 1985; Shweder & LeVine, 1984; Smith, 1980). The self is considered a key to understand human nature, behaviors, and personality characteristics, and many psychologists and sociologists have tried to elaborate theories regarding the self.

Rogers (1959), known as a humanistic psychologist and the founder of client-centered therapy, provided a well-organized theory of the self to the public. He explained the self with other terms such as self-concept and self-structure. The term *self* or *self-concept* refers to a person's view of him or herself, whereas *self-structure* is used when perceiving a self from an external frame of references. Wilkerson (1980) stated that the self for Rogers was "the particular portion of the phenomenal field of consciousness which becomes constellated in an awareness of personal being" (p.159).

In this current study, although the researcher, like Rogers, uses self and self-concept interchangeably, the self is employed to refer to a person's essential being that constitutes his or

her uniqueness distinct from others, while the self-concept is a person's overall perception of him or herself. The self, in this study, is also defined as an active subject of his or her own experience of phenomena.

In fact, Rogers explained the self within a theory of personality; nevertheless, the self is stressed due to its importance in terms of how individuals perceive and behave. Rogers described the self by marking its two different features. He first described the self as an organized and consistent conceptual gestalt. That is, the self is presented in a coherent and orderly fashion through a person's whole existence. On the other hand, Rogers (1959) stated that the self is also a fluid and changing gestalt that experiences in different ways at any given moment. The self maintains its consistency in nature, yet it keeps changing according to its experiences in surrounding environments. This organized, consistent, but flowing self consists of perceptions of the characteristics of the "I" or "me"; the perceptions of the "I" or "me" which are associated to others and various aspects of life; and the values attached to these perceptions. Rogers (1951) stressed the significance of the interactions with the environment and others when forming the self. A person's general concept of the self is formed by his or her experience through the interactions with the environment and significant figures, and the self formed by the person's experience is a critical determinant of how he or she behaves. In other words, the concept of the self is developed in the process of social interaction (Wilkerson, 1980). Children have meaningful interactions with significant others throughout their lives, developing evaluative perceptions of their selves. Children interpret the reactions of the others and interject their perceived evaluations into the process of forming their self-concept. In this process, conditions of worth are created and play a role as perceptual filters or strainers of experiences. Eventually,

all consequences caused by the interactions, including the interpretation of others' reactions and interjected values influence their concept of self.

Rogers (1959) restricted the self in the area of a person's consciousness. The self includes only experiences that are available in awareness at any given moment while excluding unconscious experience that is not available in awareness. He described the self in a way which is "at least partially definable in operational terms" (Rogers, 1959, p.200). Rogers also stressed that the self works as a specific entity. This specific entity experiences and interacts with the environment at any given moment which is potentially available to awareness.

As mentioned above, the self functions as a consistent but changing gestalt and responds to external stimulus from the environment. Diverse external information can bring a change in the pattern of perceptions, and the minor change in the pattern of perceptions can result in major deviations in a person's perception of self. Smillie (1986) used an example to explain this chained process. A person may find a positive self-concept -feeling valuable, confident, and positive attitude toward him or herself- when he or she receives a high grade on a mathematics test. However, if he or she experiences an event that is not congruent with their positive self-concept, like receiving a low grade on a mathematics test, he or she may feel unworthy, incapable, and a negative attitude toward him or herself. In this example, the self is promptly altered based on the experience the person encounters. This instant change in the self occurs because of incongruence between the self and experience, more specifically, between the self as perceived and the actual experience of the organism. When a discrepancy occurs, an individual senses tension and internal confusion, distorts the experience of his or herself by the actualizing tendency, and produces unproductive behaviors. The actualizing tendency is defined as "the inherent tendency of the organism to develop all its capacities in ways which serve to maintain or

enhance the organism” (Rogers, 1959, p.196). That is, a discrepancy that exists between the self and the actual organism experience leads an individual to dysfunctional and discordant behaviors based on what the individual intentionally wants to do, which is to actualize the self no longer congruent with the experience. On the other hand, Congruence signifies that a person is able to accurately accept and symbolize his or her self experience and synthesize it with his or her sense of the self. Those who find congruence between the self and experience are more likely to be in a state of optimal psychological adjustment and fully functioning.

Rogers also commented about the ideal self. He defined it as the self-concept that a person would most like to possess, corresponding to the highest value for him or herself. Whereas, the self (real or actual self) refers to what a person believes he or she is. Rogers briefly stated that the ideal self is defined in the same way as the self-concept, but it is regarded as one of the important variables in the process of developing a holistic self. When congruence between self and experience increases, a person finds that his or her anxiety and tension are reduced. As the person becomes more open to the self-experience and less defensive, his or her perception of what is going on around him or her becomes more realistic, objective, and extensional. Consequently, his or her ideal self is also more realistic and achievable and congruent with his or her real self. Because of the increased congruence of the actual self and ideal self, the person has an elevated positive self-regard and demonstrates more socialized and mature behaviors. Conversely, if a gross discrepancy between the actual self and ideal self exists, self-experience, including one’s feelings and thoughts, is denied and distorted. A large proportion of behaviors are also disconnected with self experience and the sense of “not myself” increases. These sequences are tightly associated and influence each other throughout the process of developing the self.

Self-discrepancy theory (SDT)

While studies on inconsistency within the selves and its impact on psychological maladjustment have been conducted in social and personality psychology, Higgins (1987, 1989) introduced self-discrepancy theory (SDT). Self-discrepancy theory provides a well-organized structural framework for different types of discrepancies between self-state representations and their influence on different kinds of emotional vulnerabilities. Prior to addressing the different types of discrepancies within the self, self-discrepancy theory postulates two theoretical assumptions and describes them under two cognitive dimensions: domains of the self and standpoints on the self. (Higgins, 1987; Strauman & Higgins, 1988).

Domains of the self

Self-discrepancy theory assumes that there are three different domains of the self: the *actual self*, the *ideal self*, and the *ought self* (Higgins, 1987). The actual self refers to a person's representation of the attributes that someone (self or other) believes that he or she actually possesses. The ideal self represents a person's attributes that someone (self or other) would like the person, ideally, to possess (i.e. a representation of someone's aspirations, hopes, or wishes for the person). The ought self refers to a person's representation of the attributes that someone believes the person should or ought to possess (i.e., a representation of someone's sense of the person's duty, obligations, or responsibilities).

Although Higgins (1987) thoroughly elaborated the self-discrepancy theory, using the terms *actual self*, *ideal self*, and *ought self*, the terms *personal self*, *professional self*, and *reflected self* are used in the current study instead of *actual self*, *ideal self*, and *ought self* for the better understanding. That is, personal self refers to actual self, professional self replaces ideal self, and reflected self refers to ought self.

Standpoints on the self

A standpoint on the self is defined as a point of view or position from which an individual can be judged that reflects a set of attitudes or values (Turner, 1956). Self-discrepancy theory proposes two basic standpoints on the self. The first standpoint on the self is a person's own personal standpoint. The second one is the standpoint of some significant others such as parents, siblings, spouse, or friends, and a person may have diverse self-state representations depending on each significant other. That is, self-state representations can be judged based on a person's own personal standpoint or significant others' standpoints. These *own* and *others'* standpoints can be referred to as sources of evaluating a person.

Self-state representations and their motivational significance

Self-discrepancy theory produces six types of self-state representations as a product of integrating three different domains of the self with two basic standpoints on the self: actual/own, actual/other, ideal/own, ideal/other, ought/own, and ought/other. Among these self-state representations, the actual/own and actual/other self-state representations are compatible with traditional, general ideas of self-concept. Whereas, the other four self-state representations are "self-directive standards or acquired guides for being" (Higgins, 1987, p.321), which are self-guides. Depending on which self-guide they are particularly motivated to meet, people feel, think, and behave differently (Higgins, Strauman, & Klein, 1986). Self-discrepancy theory presumes that human beings have innate motivation to find a congruent state where their self-concepts match their self-guides. Different self-state discrepancies can also predict emotional/motivational conditions based on the discrepancies between self-concept and self guides. Higgins (1987) restrained himself from elaborating all possible types of self-discrepancies, but he focused on four types of discrepancies that generate psychological maladaptation as a result of inconsistent

self-belief: actual/own versus ideal/own, actual/own versus ideal/other, actual/own versus ought/other, and actual/own versus ought/own. These four types of self-discrepancies are discussed below.

Types of self-discrepancies

Self-discrepancy theory does not simply assume that discomfort initiated by self-discrepancy means a failure to reach internal consistency. Self-discrepancy theory adopts a solid premise that “each type of discrepancy reflects a particular type of negative psychological situation that is associated with specific emotional/motivational problems” (Higgins, 1987, p. 322). Higgins (1987) stressed that the influence of what a person innately has (e.g., actual/own self) is determined by the significance to a person of possessing such attributes. The significance varies depending on the relation between the self-concept and self-guides. Ultimately, self-discrepancy theory links different kinds of relations between the self-concept and self-guides with different types of negative psychological situations.

Higgins also provided assumptions for the better understanding of self-discrepancy theory. An individual can possess not only one certain type of self-discrepancy but also none of them, all of them, or any combination of them. Furthermore, no emotional vulnerabilities can be found in a person, while one or more emotional vulnerabilities can occur regardless of the number of discrepancies that the person possesses. Considering that a person possesses multiple kinds of self-discrepancies and emotional vulnerabilities, the person does not necessarily have equally active discrepancies and equally weighted discomfort.

Actual/own versus ideal/own self-discrepancy Actual/own versus ideal/own self-discrepancy occurs when “the current state of a person’s actual attributes from the person’s own standpoint does not match the ideal state that he or she personally hopes or wishes to attain” (p.

322). Individuals who have this discrepancy tend to present the general psychological situation of the absence of positive outcomes, because they do not fulfill what they desire. They are also vulnerable to dejection-related emotions, such as disappointment, dissatisfaction, and depression, which are associated with both own personal standpoints and a discrepancy from his or her hopes, desires, or ideals (Abelson, 1983; Carver & Ganellen, 1983; Roseman, 1984). According to the motivational nature of this discrepancy, it is associated with frustration from unreachd desires.

Actual/own versus ideal/other self-discrepancy Actual/own versus ideal/other self-discrepancy refers to a situation where the current state of a person's actual attributes, from the person's own standpoint, are not compatible with the ideal state that the person believes significant others hope or wish for him or her to reach. This discrepancy, like actual/own versus ideal/own self-discrepancy, also represents the general psychological situation of the absence of positive outcomes. Individuals in actual/own versus ideal/other self-discrepancy are expected to be vulnerable to dejection-related emotions. Furthermore, because those with this self-discrepancy are sensitive to others' hopes and wishes for them, they are more likely to be vulnerable to shame, embarrassment, or feeling downcast. Those believing that they have failed to meet significant others' expectations may believe that the significant others are disappointed and dissatisfied with them. Higgins emphasized the emotion *shame* because it is related to the standpoint of other people (Ausubel, 1955; DeRivera, 1977) and a discrepancy from achievement or status standards (DeRivera, 1977; Piers & Singer, 1971). In a respect of the motivational nature of this discrepancy, it may also be associated with concern over losing the affection or esteem of others.

Actual/own versus ought/other self-discrepancy This discrepancy emerges when the current state of a person's actual attributes, from the person's own standpoint, does not match the

state that the person believes significant others consider to be his or her duty or obligation to attain. If a person thinks that he or she fails to accomplish the endowed duty or obligation given by significant others, the person tends to be vulnerable to agitation-related emotions. This is because violating the prescribed duties and obligations is connected to sanctions or punishments. Thus, this discrepancy represents the general psychological situation of the presence of negative outcomes (e.g., expectation of punishment). Agitation-related emotions include fear, feeling threatened, and anxiety, which are initiated by the situation where danger or harm is impending. These emotions have been found to be associated with significant others' standpoints and a discrepancy from norms or moral standards (Abelson, 1983; Ausubel, 1955; Dahl, 1979; DeRivera, 1977; Piers & Singer, 1971). Based on the motivational nature of this discrepancy, it may also be associated with feelings of "resentment of anticipated pain to be inflicted by others (Higgins, 1987, p.323).

Actual/own versus ought/own self-discrepancy This discrepancy assumes that the current state of a person's attributes, from the person's own standpoint, is not congruent with the state that the person believes it is his or her duty or obligation to attain. Actual/own versus ought/own self-discrepancy represents the general psychological situation of the presence of negative outcomes (e.g., a readiness for self-punishment). Individuals with this discrepancy are predicted to be vulnerable to agitation-related emotions such as guilt, self-contempt, and uneasiness because the person believes that a moral standard built by the person is violated. These agitation-related emotions have demonstrated associations with a person's own standpoint and a discrepancy from his or her sense of morality or justice (Ausubel, 1955; Kemper, 1978; Lewis, 1979; Piers & Singer, 1971). The motivational nature of this discrepancy provides a possibility that it may be related to feelings of moral worthlessness or weakness.

Availability and accessibility of self-discrepancy

Investigating the availability and the accessibility of self-discrepancies is important because it is a necessary process in order to determine which types of self-discrepancies a person would possess, which tend to be stirred, and which produce associated emotions.

Self-discrepancy theory suggests that the availability of any kind of self-discrepancy depends on the extent to which the attributes of the two conflicting self-state representation diverge for the person in question. By executing the process of comparing each attribute in one of the self-state representations with each attribute in the other self-state representation, a person codes each pair of attributes as either a match or a mismatch. As a larger number of mismatches that a person finds are found, the magnitude of that type of self-discrepancy is greater. Moreover, “the greater the magnitude of a particular type of discrepancy, the greater will be the intensity of the kind of discomfort associated with the discrepancy when it is activated” (Higgins, 1987, p.323). Consequently, whether or not an available self-discrepancy will be finally activated depends on the accessibility of self-discrepancy.

In addition, self-discrepancy theory assumes that the accessibility of self-discrepancy depends on the same determinants of the accessibility of any stored construct: its recency of activation, frequency of activation, and its applicability to the stimulus event (Higgins, Bargh, & Lombardi, 1985; Higgins & King, 1981). First determinant is related to how recently the construct has been activated. That is, “exposure to trait labels in a prior unrelated task increases the likelihood that subjects will subsequently interpret a target person’s ambiguous behaviors in terms of the particular constructs activated by the labels” (Higgins, 1987, p.324). Second determinant is the frequency of activation of the construct. The more frequently a construct is activated, the more likely it will be used subsequently to interpret social events (Higgins, Bargh,

& Lombardi, 1985). The influence of frequency of activation is derived from the effects of chronic individual differences in construct accessibility on social interpretation and memory. Third determinant of the accessibility of a stored construct is the relation between its internal meaning and the contents of the external event. Once a stimulus event occurs to a person, a stored construct is activated and the event is interpreted by the person based on the stored construct, but the negative psychological situation embodied in a self-discrepancy requires quite clear negative external event in order to be activated. Moreover, a self-discrepancy does not necessarily have high prior accessibility in the process of interpreting a negative event if the event brings the discrepancy's meaning clearly enough.

Self-discrepancy theory believes that the availability and accessibility of stored constructs can influence social information processing without awareness in people; thus, the negative psychological situation represented in a person's self-discrepancies can be used to bring unique meaning to a certain event. This process will be done without the person's being aware of either the discrepancies or their impact on the process.

Actual self-state, self-guides, and emotional problems

Like Rogers, Higgins (1987) exemplified a child in the developmental stages with efforts to explain why people suffer from self-discrepancies and why they stay in that pain not trying to change their self-guides to reduce the discrepancy. Higgins stated that actual versus ought discrepancies is related to the presence of negative outcomes generated by an early history of parental interactions. Parental interactions that may induce the presence of negative outcomes include the following: criticizing, punishing, or rejecting children for not being children who their parents believed they ought to be; being intrusive and controlling to raise children as the type of child that their parents believed they ought to be; projecting their worries about children,

unspecified fear and dread of the world into their children. On the other hand, actual versus ideal discrepancies are associated to the absence of positive outcomes. This absence of positive outcomes occurs when an early history of parental interactions was somehow insufficient: parents who withdrew from, abandoned, or paid little attention to their children or who did not provide love, nurturance, or approval enough to meet their children's needs, or who alluded their disappointment in their children, their own hopelessness, sadness, and discouragement about life.

Children must be conscious to learn how to obtain information of events happening around them and how to avoid the negative psychological situation associated with their parents' negative interactions with them. In this learning process, the children adopt mental representations of their parents' ideal guides for them to avoid the absence of positive outcomes and their parents' ought guides for them to avoid the presence of negative outcomes. Eventually, they believe that if they fail to meet their parents' guides, negative consequences will follow.

Emotional discomfort is likely to emerge when children believe that they failed to thoroughly fulfill their parents' guides. In order to escape from this emotional discomfort, they make an effort to satisfy their parents' guides. They keep monitoring themselves to meet the guides and comparing a current performance or attributes to what the guide asks them to be. That is, they interpret their current level of the attributes based on the guide rather than the actual standard such as their previous level of the attributes (Higgins, Strauman, & Klein, 1986). Even if they develop their actual/own self somehow, if children strongly stick to the guide rooted by their parents, they are more likely to suffer intensely from any discrepancy they possess and are less likely to make attempts to change their guides. As a result, they repeat the cycle of producing intensive emotional discomfort.

Types of self-discrepancies and quality of discomfort

Higgins (1987) proceeded a direct test of self-discrepancy theory in order to investigate the relationship between the four types of self-discrepancies and chronic discomfort and emotional symptoms.

Actual/own versus ideal/own self-discrepancy Self-discrepancy theory assumed that this discrepancy is related to feelings of disappointment and dissatisfaction and to dejection in general. Higgins' study (1987) revealed that the actual/own versus ideal/own discrepancy was associated with not only feeling "disappointed" and dissatisfied" but also not feeling "effective," "blameworthy," and "no interest in things." This discrepancy showed a unique association with ideal standards and general dejection. Thus, Higgins concluded that the actual/own versus ideal/own discrepancy is associated with dejection from perceived lack of effectiveness or self-fulfillment.

Actual/own versus ideal/other self-discrepancy In testing an assumption of a correlation between this discrepancy and feeling shame and embarrassment, it was found that the actual/own versus ideal/other discrepancy was significantly related to participants' feeling "lack of pride," "lack of feeling sure of self and goals," "feeling lonely," "feeling blue," and "feeling no interest in things." This discrepancy also indicated a significant association with beliefs concerning dependency on others and sensitivity to others' expectations. Thus, the result of the study concluded that this actual/own versus ideal/other self-discrepancy is associated with dejection from perceived or anticipated loss of social affection or esteem.

Actual/own versus ought/other self-discrepancy As predicted by self-discrepancy theory this discrepancy is associated with fear and feeling threatened and agitation, Higgins (1987) also found a unique association with participants' feeling "suddenly scared for no reason," "shame,"

and “so concerned with how or what I feel that it’s hard to think of much else,” and suffering “spells of terror or panic.” Therefore, it was found that the actual/own versus ought/other self-discrepancy is related to agitation from fear and threat.

Actual/own versus ought/own self-discrepancy Higgins (1987) assumed that this discrepancy would be associated with feelings of guilt and self-contempt and agitation. His study in 1987 proposed that this self-discrepancy was related to feelings of worthlessness and feelings of guilt. Moreover, the actual/own versus ought/own self-discrepancy showed a significant association with emotional symptoms such as “feeling irritated all the time,” “feeling low in energy or slowed down,” “feeling no interest in things,” and “feeling everything is an effort.” These emotional symptoms are congruent with the general description of guilty or anxiety (Cameron, 1963). Thus, it was concluded that the actual/own versus ought/own self-discrepancy is associated with agitation from self-criticism.

Comparison to other theories relating self-beliefs and affect

Higgins (1987) distinguished his theory by comparing two basic types of incompatible self-beliefs that have answered how incongruent self-beliefs in a person cause emotional problems. Presenting particular features of self-discrepancy theory, Higgins stressed the practical use of self-discrepancy theory to provide a general framework for understanding the emotional consequences of incompatible self-beliefs and to distinguish the link between incompatible self-beliefs and different kinds of negative emotions.

The first type of incompatible self-beliefs is inconsistencies between a person’s self-perceived self-concept and external, behavioral feedback related to the person’s self-perceptions. This inconsistency is generated by one’s own responses or the responses of others. People who behave or are forced to perform in a way which is not consistent with his or her self-concept

experience discomfort (Bramel, 1968; Rogers, 1959). Especially, if people have defined their own self-concept but have not reached it through their life, they are more likely to experience a psychological tension and stress (Wicklund & Gollwitzer, 1982). Moreover, those who need others' responses or approval to confirm their self-concept tend to be distressed (Lecky, 1961; Swann, 1983; Wicklund & Gollwitzer, 1982). When people receive social feedback that is not congruent with their self-concept, they may experience discomfort and keep seeking out self-consistent social feedback and avoiding self-inconsistent feedback (Olson & Zanna, 1979; Wicklund & Brehm, 1976).

The second type of incompatible self-beliefs is contradictions among a person's self-perceived attributes that delays the person's developing a congruent and unified self-concept. Assuming that people have an innate need to find consistency among their self-perceived attributes in order to develop a coherent and unified self-concept (Allport, 1955; Brim, 1976; Epstein, 1973; Harter, 1986; Lecky, 1961; Morse & Gergen, 1970; Rogers, 1961; Snygg & Combs, 1949), people experience discomfort when their self-perceived attributes in them conflict each other.

What induces these two types of incompatible self-beliefs is the interrelation among self-perceived attributes, behaviors, and experiences, which are different pieces of information about the *actual* self. However, Higgins (1987) focused another type of incompatible self-belief – discrepancies between one's self-perceived and some standard or self-guide. This type pays attention to the discrepancies between self-perceived attributes and some contextually salient standard or personal aspirations or values and how this discrepancies produce discomfort. Higgins (1987) presented distinct features of self-discrepancy theory. Self-discrepancy theory explicitly elaborates the relation between different self-state representations and different kinds

of emotional vulnerabilities. It also defines different types of self-guides that are generated in the different types of negative psychological situations. Moreover, self-discrepancy theory includes the standpoints on the self. Personal and public self-consciousness reflects the “own” versus “other” standpoints. Both own and other standpoints are set through internal, personal process; thus, these standpoints are associated with private self-consciousness. In addition, whereas two other types of incompatible self-belief include general concern about how people appear in public and are observed by others, self-discrepancy theory considers only standpoints of *significant* others.

Wellness

A new paradigm of wellness

Wellness has been investigated by many researchers and the concepts of wellness have evolved over the past few decades from the traditional illness-based model, developed for treatment of mental and physical disorders, to the holistic model, embracing all aspects of an individual’s health (Myers, Sweeney, & Witmer, 2000). Historically, there have been two different approaches toward wellness (Keyes, 1998). The first one is the “clinical tradition” that operationalizes wellness based on the evaluation of depression, distress, anxiety, or substance abuse. The second one is the “psychological tradition” that operationalizes wellness based on the individuals’ subjective evaluation of their life satisfaction. Due to the subjectiveness of the psychological tradition, some theorists insisted that developing theory-based formulations of wellness models is necessary through empirical research with actual data. However, despite a lack of practical evidence, the psychological tradition provided mental health professions with an opportunity to contemplate the need of a new paradigm in defining wellness.

Dunn (1961), well known as a pioneer of the modern wellness movement, defines wellness as “an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable” (p. 4). He also stressed that wellness is not a static process. It is a continual process like a journey that finds a person’s potentiality. This process determines degrees of wellness throughout life within the relations between mind, body, family, and community.

Like Dunn, other researchers proposed a new paradigm of wellness (Ardell, 1985; Cowen, 1994; Gross, 1980; Myers et al., 2000). The key concept of what they suggested regarding wellness is that wellness is a holistic concept and an ongoing process throughout the lifespan under the “purposeful efforts rather than corrective action to repair a deficit” (Pierce, 2005, p. 24). Traditionally, the medical model, focusing on pathology, dominated the health professions in diagnosing, preventing, and developing treatments. This medical model maintained a framework that separates mind and spirit from the body and defined wellness as a state of absence of disease or disability. However, the new paradigm of wellness suggested a holistic approach to understand wellness. Earlier, the World Health Organization (WHO) presented a widened definition of optimal health: “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (WHO, 1964). Since the movement of the new paradigm of wellness, the mental health professionals, especially, began to be aware of the importance of integrating all dimensions in terms of a person’s wellness (Chandler, Holden, & Kolander, 1992). With the increased awareness of the holistic approach, many mental health professionals have suggested various components that consist of criteria consistent with the holistic wellness model. Hettler (1980) developed six dimensions in assessing the wellness of college students, including intellectual, emotional, physical, social, occupational, and spiritual.

Ardell (1989) included five dimensions including self-responsibility and medical self-care, nutrition and physical fitness, stress management-boredom immunity, ethics/values and purposes, and norms and rules, in his definition of wellness that emphasizes the linkage between physical and psychological/spiritual health. Working with patients diagnosed with cancer, Zimpfer (1992) proposed a wellness model that contains medical health, life-style management, immune function, psychodynamics, spiritual beliefs and attitudes, energy forces, and interpersonal relations. Witmer and Sweeney (1992) also introduced the Wheel of Wellness model that encompasses five wellness domains: love, friendship, spirituality, work, and self-direction. The Wheel of Wellness model has become the most applicable for mental health professionals who should holistically assess, conceptualize, and promote clients' wellness (Granello, 2000).

The Wheel of Wellness

The original Wheel of Wellness model was developed by Sweeney and Witmer (1991) and Witmer and Sweeney (1992) to offer a holistic paradigm of wellness over the lifespan with five major life tasks that are interrelated and interconnected with one another. The original five life tasks include (a) spirituality, (b) self-regulation, (c) work, (d) friendship, and (e) love. These five tasks were composed of a number of characteristics that correlated positively with a healthy lifestyle, quality of life, and longevity of life. These characteristics were organized by three major life tasks: work, friendship, and love, proposed by Adler (1954), and two additional tasks of self and spirit, suggested by Mosak and Dreikurs (2000). Hattie, Myers, and Sweeney (2004) did a factor analysis on a sample of more than 5,000 people using the instrument *Wellness Evaluation of Lifestyle (WEL)* developed to assess individuals' wellness. Based on the results of the study, the authors determined to use term *self-direction* instead of self-regulation and add an additional 12 subtasks. All life tasks have unique dynamic interactions with a variety of life

forces including family, community, religion, education, government, media, business, etc and play a role in assessing a person's healthy functioning (Myers et al., 2000). The following describes each life task of the Wheel of Wellness model.

Spirituality

Spirituality refers to “an awareness of a being or force that transcends the material aspects of life and gives a deep sense of wholeness or connectedness to the universe” (Myers et al., 2000, p. 252). Unlike religiosity, spirituality is a broader concept that embraces a person's personal beliefs and values and a private matter that may or may not be expressed publicly (Hinterkopf, 1994). Healthy individuals are characterized by spirituality, which is the vital source of all dimensions of wellness (Chandler, Holden, & Kolander, 1992). Spirituality consists of both positive thoughts and optimism, which are significantly correlated with wellness and resistance to stress (Lightsey, 1996). It also plays a role as social support that alleviates stress through cognitive mediation and emotional support with spiritual practices (Koenig, 1991). Spirituality has been found to be significantly positive in relation to mental and physical health, life satisfaction, and wellness (Chumbler, 1996; Larson & Larson, 1991; Maher & Hunt, 1993, Oleckno & Blacconiere, 1991; Westgate, 1996).

Self-direction

Self-direction refers to “the manner in which an individual regulates, disciplines, and directs the self in daily activities and in pursuit of long-range goals” (Myers et al., 2000, p. 253). In the Wheel of Wellness model, self-direction is a sense of mindfulness and intentionality in the process of accomplishing the five major tasks of life (Myers et al., 2000). A person's behaviors and methods with an attempt to achieve self-direction in his or her life are congruent with positive personality traits resistant to stress (Perls & Silver, 1999). Self-direction is made of 12

subtasks that cooperate with each other in order to reach self-direction, including (a) sense of worth, (b) sense of control, (c) realistic beliefs, (d) emotional awareness and coping, (e) problem solving and creativity, (f) sense of humor, (g) nutrition, (h) exercise, (i) self-care, (j) stress management, (k) gender identity, and (l) cultural identity.

Work and leisure

The life task of work and leisure offers an opportunity for enjoyable and satisfying experiences that formulate a sense of accomplishment, by challenging and engaging our senses, skills, and interests (McDaniels & Gysbers, 1992). Work and leisure often absorb individuals in activities while leading them to a state of consciousness called “flow.” Those in this state of flow lose awareness of self and time and are deeply engaged in the task at hand (Csikszentmihalyi, 1990).

Adler (1954) stated that work is the most important task necessary for maintaining our lives. Successful work experience has been found to be related to an increased sense of control, wellness, and life satisfaction (Burke & McKeen, 1995; Ross & Mirowski, 1996). Although Adler describes leisure as a minor life task, leisure activities, including physical, social, intellectual, volunteer, and creative, still have positive effects on self-esteem and perceived wellness. Davidson and Gilbert (1993) emphasized the importance of the balance between work and leisure. Healthy individuals find that the meaning of work and time committed to work must be balanced with time and energy devoted to family and friends.

Friendship

Friendship comprises all types of social relationships that occur either individually or in community. However, this life task does not involve a marital, sexual, or familial commitment. As Adler (1954) stated social interest is what human beings innately possess in order for them to

connect with each other, Zauszniewski (1994) considered social interest as a “health-seeking mechanism which describes one’s innate potential for showing concern for and valuing others” (p.160). It has been found that friendships are strongly correlated with a sense of wellness, including psychological and physical health. Moreover, meaningful interactions with others are supposed to meet a person’s basic social needs (Cohen & Syme, 1985; Ulione, 1996).

Love

The life task of love is based on relationships formed by sustained, mutual commitment, and intimacy (Myers et al., 2000). Evidence that an individual has a healthy love relationship includes (a) the ability to be intimate, trusting, and self-disclosing with another person; (b) the ability to receive as well as express affection with significant others; (c) the capacity to experience or convey non-possessive caring that respects the uniqueness of another; (d) the presence of enduring, stable intimate relationships in one’s life; (e) concern for the nurturance and growth of others; and (f) satisfaction with one’s sexual life or the perception that one’s needs for physical touch and closeness are being met (Myers et al., 2000; Sweeney & Witmer, 1991). Not only loving and caring but also being loved and cared for by others within a committed relationship are valuable experiences and the core component of social support (Sarason, Shearin, Pierce, & Sarason, 1987). These experiences improve life longevity and a sense of wellness and offer protection against physical and mental illness (Hafen, Franksen, Karren, & Hooker, 1992). Also, love has been found to be correlated with better physical and emotional coping with stress (Winefield, Winefield, & Tiggeman, 1992).

The individual self

The Wheel of Wellness model (Myers et al., 2000) has been expanded into the Indivisible Self Model of Wellness (IS-WEL), an evidence-based model of wellness, based on factor

analytic studies on the earlier Wheel of Wellness model (Hattie, Myers, & Sweeney, 2004). The revised model, the Indivisible Self Model of Wellness (Myers & Sweeney, 2004), consists of a higher-order wellness factor and five second-order factors that contain 17 third-order factors (Myers & Sweeney, 2007). Five second-order factors include the (a) Essential Self, (b) Social self, (c) Creative Self, (d) Physical Self, and (e) Coping Self. These are the factors that comprise the *indivisible self*.

Essential Self is a combination of spirituality, self-care, gender identity, and cultural identity. Along with these components, essential self assumes the role of a person's essential meaning-making system. Spirituality is regarded as central to holism and wellness and is related to quality of life. Gender identity and cultural identity establish "filters through which life experiences are seen and as influences upon how others are experienced in response to ourselves" (Myers & Sweeney, 2004, p. 237). Self-care includes a person's committed activities that promote physical and mental health and wellness.

Creative Self refers to a person's attributes that make him or her distinct from others in his or her social interactions. Creative self contains the five third-order factors including thinking, emotions, control, positive humor, and work. Thinking is the capacity to be open-minded, curious, and creative in order to find solutions for problems and to cope with stress. Emotions involves the ability to recognize what we feel and how to work with both positive and negative emotions. Control refers to beliefs in oneself, competence in self, and the ability to manage goals and accomplish them. It also includes the capacity to express what they need and seek for help in order to achieve the goals. Positive humor reflects the ability to laugh at mistakes we make, to adhere to an objective point of view on contradictions and things that are uncontrollable in life, and to use humor to cope with and accomplish life tasks. Work is a vital component that

allows a person to live life fully. It is related to satisfaction with career choice, a feeling of being appreciated at work, adequate relationships with colleagues, and the ability to cope with workplace stress (Myers & Sweeney, 2004).

Coping Self incorporates the four third-order factors, including realistic beliefs, stress management, self-worth, and leisure (Myers & Sweeney, 2004). Holding realistic beliefs means possessing the ability to perceive reality with accuracy and to be flexible with what one must do and wants to do. Those who have obtained realistic beliefs can understand that life is not perfect and that they can be loved while at the same time be hated. Stress management refers to being able to self-regulate and to have courage to take a risk for changes and growth. Self-worth is a person's ability to be aware of what he or she possesses and accept both the positive qualities and the imperfections. Leisure involves all activities that elicit one's satisfaction and positive outcomes and are done in one's free time. Leisure is also an essential component of wellness; thus, it is necessary to become engrossed in activities that helps with coping with stress while balancing work and free time.

Social Self is comprised of two components: friendship and love. Friendship is regarded as relationships that are mutually committed to support and trust one another. Love refers to the capacity of being in a sustained relationship with mutual respect and appreciation, shared values, and mutual concern for nurturance. Although it is not easy to distinguish these two components, it is clear that friendship and love elevate the quality and length of life, whereas isolation and alienation from others generate poor health conditions and greater possibility of premature death (Myers & Sweeney, 2004).

Physical Self involves two components of exercise and nutrition. It is considered the biological and physiological activities that promote a person's development and functioning.

Often times, these two components are overly emphasized to the point of excluding other components of wellness; however, it was found that those who do sufficient exercises and have a balanced diet are more likely to live longer and be healthier (Bernaducci & Owens, 1996).

Counselor and Wellness

Along with the importance of the wellness paradigm, it is emphasized for mental health professionals to carry out the holistic wellness approach in their practices. Counselors are encouraged to take into consideration all factors related to promoting clients' optimal potential (Myers, 1992). On the other hand, some critics strongly argue that counselors must take a responsibility for their own wellness in order to elicit meaningful outcomes from sessions with clients. The unique nature of the counseling process inevitably forces counselors to work through an intensive emotional interaction with clients and provide consistent care for them; thus, they easily encounter compassion fatigue, vicarious trauma, and burnout (Lawson, Venart, Hazler, & Kottler, 2007; Osborn, 2004). Moreover, counselors also have expanded roles and duties other than meeting clients in sessions, which may lead them to emotional and physical drain and failure to maintain efficacy and quality of service (Evans & Vallavisanis, 1997; Osborn, 2004).

Counselors' wellness is crucial because it offers fundamental energy to not only work with clients with various issues but also to deal with the counselors' own challenges outside of the counseling setting (Cummins, Massey, & Jones, 2007; Venart, Vassos, & Pitcher-Helf, 2007). Counselors who feel emotionally fatigued and burned out may not be able to perform quality counseling services and live life fully (Lawson, 2007). Thus, the increased risk of impairment brings the awareness of the necessity of monitoring and promoting wellness for mental health professionals. The ACA Code of Ethics (2014) states that "counselors continually monitor their effectiveness as professionals and take steps to improve when necessary" (p. 8). It also stresses

again that “counselors monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired” (p. 9). The ACA Code of Ethics applies this counselors’ responsibility of monitoring themselves to both supervisors and supervisees. Supervisors should monitor supervisees’ performance and professional development for not only the supervisees’ welfare but also clients’. Supervisees, including counselors-in-training and counseling students, also keep an eye on their own symptoms of physical, mental, or emotional impairment that may impact their effectiveness and are likely to harm clients (ACA, 2014).

Although there have been few empirical studies on counselor wellness and its influence on counselors’ effectiveness, it is still believed that counselors’ impairment does affect their professional performance and clients’ progress (O’Halloran & Linton, 2000; Witmer & Young, 1996). Achieving a higher level of wellness positively predicts counselors’ enhanced personal growth and development, and indeed, when their promoted personal growth and development is secured, they will be able to deal more effectively with stress and impairment (Roach & Young, 2007).

With the heightened recognition of the importance of counselors’ wellness, many mental health professionals and associations emphasize the application of the wellness paradigm to counselor training programs (Myers & Sweeney, 2008; Witmer & Granello, 2005). It is suggested that counselor programs may utilize the wellness philosophy in screening, evaluating, and promoting the wellness of counseling students (Myers, Mobley, & Booth, 2003; Witmer & Young, 1996). Witmer and Granello (2005) stated that what really needs to create the wellness environment in mental health professions is the commitment of all members including counselor educators, faculty in counseling programs, site supervisors, and counselors-in-training. They

should cooperate with each other to build an atmosphere that promotes counselors' personal growth and wellness, while being conscious enough to detect their own impairment and burnout symptoms and to seek help from peers, supervisors, and other professionals. Hermon (2005) focuses on the role of counselor educators and supervisors in demonstrating a healthy lifestyle and applying their personal wellness approach to teaching, research, and service. Hermon also claims that both supervisors and supervisees should actively engage in a variety of activities, such as wellness workshops, meditation, or group therapies, which help them develop their own wellness lifestyle.

Burnout

Burnout has been researched in a variety of professional fields and many researchers have tried to define the term *burnout* in order to evaluate the professionals' work-related psychological and physical state, improve their life, and optimize their self-care system and work environment (Enzmann, Schaufeli, Janssen, & Rozeman, 1998; Freudenberger, 1975; Lee et al., 2010; Maslach & Jackson, 1986; Meir, 1983; Osborn, 2004).

Definition of burnout

Freudenberger (1975), recognized as one of the pioneers who first made an attempt to define the burnout phenomenon in professional fields, emphasized a loss of will and motivation and emotional depletion in depicting burnout syndrome. He described burnout as "failing, wearing out, or becoming exhausted through excessive demands on energy, strength, or resources" (p. 73). Osborn (2004) also presented a concept of burnout, similar to Freudenberger's, with an emphasis on physical and psychological reaction to job stress. Osborn stated that "the process of physical and emotional depletion resulting from conditions at work or more concisely, prolonged job stress (p. 319). Meir (1983) suggested a definition of burnout by

altering the cause of burnout from internal sources to external sources. He described it as a “state in which individuals expect little reward and considerable punishment from work because of a lack of valued reinforcement, controllable outcomes, or personal competence” (p. 899).

Although different definitions of burnout have been suggested, a congruent content is observed in them. Burnout is generally related to excessive work demands and causes a loss of passion and physical and emotional exhaustion.

A multidimensional theory of burnout

Maslach and Jackson (1986) emphasized another viewpoint on burnout. As shown in their definition of burnout, “a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishments that can occur among individuals who ‘do people work’ of some kind” (p. 1), they turned their attention to those who work for people and related interpersonal stressors. Burnout phenomenon was reported through Maslach’s interview (1993) with human services workers and was depicted as physical and emotional exhaustion, distance and detachment from people, and poor work performance. Maslach and Jackson (1981) expanded these findings to develop a multifaceted concept that provides better understanding of burnout with three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. This theory of burnout, proposed by Maslach and Jackson’s (1981) exploratory research, distinguishes from other typical theories that offer simple unidimensional frameworks for understanding burnout because it conceptualizes multiple dimensions of burnout, encompassing stress experience (exhaustion), a person’s response to the work experience (depersonalization), and to the self (reduced personal accomplishment) (Maslach, 2003).

Emotional exhaustion Maslach (1998) stated that emotional exhaustion is the basic individual stress dimension of burnout and refers to “feelings of being emotionally overextended

and depleted of one's emotional resources" (p. 69). This emotional exhaustion results from excessive workload and conflictive relationships with colleagues and other professionals. It is accompanied by feeling of being drained and used up. Emotional exhaustion is regarded as an essential component of burnout and individuals who experience burnout most often report the experience of exhaustion (Shirom, 1989); thus, exhaustion has been most widely studied among the three dimensions of burnout. Although exhaustion is necessary to evaluate a person's burnout state, it is not sufficient to make a burnout diagnosis. If a psychologist or counselor simply focuses on this exhaustion component that reflects the stress dimension of burnout, they may easily miss the whole picture of the burnout phenomenon and the important relationship between a person and his or her work that affects the person's state.

Depersonalization Depersonalization, the second factor contributing to burnout, refers to "a negative, cynical, or excessively detached response to other people, which often includes a loss of idealism" (Maslach, 1998, p. 69). Depersonalization begins from the detachment from one's work. It is actions to distance oneself emotionally and cognitively from one's work and these actions are considered a response to the overload of emotional exhaustion and a way to cope with work overload (Maslach, 1998). In some research, the term *cynicism* is also used to reflect a detachment from one's work (Maslach et al., 2001), meaning a distant, apathetic attitude toward work (Schaufeli & Enzmann, 1998). People who feel cynical about their work are more likely to reduce their involvement in and commitment to their work; which may lead to damage to their work-efficacy and wellbeing (Maslach & Leiter, 1997). Other risky aspect of depersonalization is that it can turn into disconnection in interaction with other people. That is, the depersonalization dimension includes both work-related and interpersonal aspects of detachment. This interpersonal dimension of detachment is also analyzed as one coping strategy

to prevent themselves from unnecessarily losing other emotional energy by making their relationships with others superficial.

Reduced personal accomplishment Reduced personal accomplishment refers to “a decline in feelings of competence and productivity at work” (Maslach, 1998). Jackson, Schuler, and Schwab (1986) suggested that the sense of inefficacy has a demotivating influence on people and is related to learned helplessness. Maslach (1998) stated that feelings of inefficacy are also associated with depression and an inability to cope with the workload that a job demands. Moreover, deficient social supports and opportunities to improve one’s professionalism can deteriorate his or her self-efficacy. An underlying cognitive process in reduced personal accomplishment is that when people feel a reduced sense of adequacy about their ability to accomplish their tasks, they develop negative judgments of themselves, which may threaten their self-concepts (Maslach, 1998).

Relationships between the three dimensions of burnout

Emotional exhaustion has been regarded as “the central quality of burnout and the most obvious manifestation of the syndrome”; however, the other two dimensions are not redundant. These two dimensions have played important roles in describing and explaining the burnout syndrome. Although Maslach and Jackson (1981) first proposed multidimensional burnout, including emotional exhaustion, depersonalization, and reduced personal accomplishment, many researchers also made attempts to delineate the relationships among the three components of burnout. Exploring the sequence is necessary for understanding what happens in burnout syndrome. It is also believed to provide insight into the development of the burnout process and improve interventions and treatments for those suffering from burnout symptoms (Gil-Monte & Peiro, 1998).

Maslach (1993) presented the relationships that lie between the three dimensions of burnout. Maslach pointed out that emotional exhaustion precedes other dimensions of burnout, but depersonalization and reduced personal accomplishment can occur simultaneously. Moreover, Leiter and Maslach (1999) found evidence indicating that the causality relationship between exhaustion and depersonalization is induced in the process of self-protection from physical and emotional exhaustion from work. In other research examining the relationships among the three dimensions of burnout, it was found that not only exhaustion triggers depersonalization but also that depersonalization can result in decreased personal accomplishment (Golembiewski & Munzenrider, 1988; Lee & Ashforth, 1996; Leiter & Maslach, 1988).

Golembiewski, Munzenrider, & Stevenson (1986) asserted, similar to Leiter and Maslach (1988), that some kinds of professional detachment can be regarded as somewhat functional and even necessary in order to behave ethically and professionally; however, it often turns to depersonalization, hindering people from developing necessary relationships with others and performing effectively. Golembiewski et al. (1986) specified that depersonalization occurs first and leads to a reduced sense of personal accomplishment. They believed that emotional exhaustion results from increasing depersonalization and decreasing personal accomplishment, and, thus, is the final stage of burnout.

Lee and Ashforth (1993) also suggested slightly altered relationships among the three dimensions of burnout based on the results of their exploratory analysis on the Leiter and Maslach model. As mentioned above, Leiter and Maslach (1988) stated that emotional exhaustion is associated with depersonalization and that depersonalization leads to a decrease in personal accomplishment. However, Lee and Ashforth (1993) insisted that as emotional exhaustion causes depersonalization, emotional exhaustion also directly increases the possibility

to reduce one's personal accomplishment rather than indirectly bringing reduced personal accomplishment. A recent study on possible causal relationships among the three dimensions of burnout (Taris, Le Blanc, Schaufeli, & Schreurs, 2005) provided support for the idea that higher levels of exhaustion trigger higher levels of depersonalization. Their study also proposed an interesting finding that higher levels of depersonalization can lead to higher levels of emotional exhaustion and lower levels of personal accomplishment.

Symptoms of burnout

Along with the three dimensions of burnout phenomenon, specific burnout symptoms have been detected through many studies. Each individual experiences varied burnout symptoms depending on diverse factors such as the type and intensity of stressors; thus, interventions for those burned out should be also individualized. Schaufeli and Enzmann (1998) presented well-organized burnout symptoms that are categorized into five types including affective, cognitive, physical, behavioral, and motivational symptoms. Affective symptoms include low mood, low energy, irritability, and anxiety. Cognitive symptoms are characterized as producing minor mistakes, forgetting important things, or having difficulty making decisions and these symptoms eventually make professionals feel a loss of control and a sense of failure. Physical symptoms vary from chronic fatigue and hypertension to anxiety with hyperventilation and psychosomatic disorders. Behavioral symptoms are manifested by heightened arousal that causes either impulsive actions or procrastination. Individuals with burnout phenomenon indicate withdrawn and aggressive behaviors and report frequent conflicts with people around them. Some also show substance abuse in order to decrease undesired symptoms, while increasing the risk of substance addiction. Motivational symptoms refer to lowered professional enthusiasm with demoralization and disillusionment with the passion that a person once had for his or her job.

The symptoms of burnout are closely related to people's work performance and their wellness. Workers who experience burnout are more likely to diminish their productivity and be evaluated as poor performers not only by supervisors but also by themselves. They tend to be disconnected from their work and alienated from others. They are also desperate to find new work or eventually change their job (Goodman & Boss, 2002; Kalliath, O'Driscoll, Gillespie, & Bluedorn, 2000; Lee & Ashforth, 1996; Maslach, Schaufeli et al., 2001; Parker & Kulik, 1995; Schaufeli & Enzmann, 1998). Moreover, those suffering burnout may also have interpersonal conflict with supervisors and colleagues while spreading the atmosphere of burnout and negative work attitudes throughout their work place (Buunk & Schaufeli, 1993).

Counselor burnout

As Maslach and Jackson (1986) added special attention to those who 'do people work' in the research field of burnout, early studies on burnout paid more attention to helping professions and continued investigating various aspects of burnout among health professionals in order to define, predict, and prevent burnout phenomenon.

Counseling is especially marked by an intensive emotional and psychological interaction between counselors and clients. Counselors provide constant and genuine empathy and caring to those who seek for help, which requires enormous mental work of counselors and leads them to emotional exhaustion. Due to the distinct nature of the counseling profession, counselors are easily exposed to the risk of professional burnout. The counseling profession has been receiving significant attention regarding counselors' burnout and effectiveness (Elman & Dowd, 1997; Kraus, 2005; Osborn, 2004; Woods, 2005). In addition to the unique nature of counseling, counselors are also vulnerable to burnout because of many restrictions and challenges including funding cuts, managed care constraints, excessive caseloads, the increase of clients who need

specialized care, various disciplines in the mental health fields, expanding role expectations and responsibilities, and relationships with colleagues and peers (Boy & Pine, 1980; Evans & Villavisanis, 1997; Osborn, 2004) while being required to provide quality therapeutic services (Kesler, 1990; O'Halloran & Linton, 2000). Thus, research on burnout, including factors related to burnout, effects of burnout, and preventions and interventions, has continued in the counseling field to maintain the counselors' efficacy and the quality of service.

Keslor (1990) described counselor burnout with an emphasis on internal psychological process in counselors, defining it as “a reduced sense of personal accomplishment, where the individual blames himself –not the circumstances– for his feelings, emotional and physical exhaustion, occupational fatigue, cynical attitudes, depersonalization toward or withdrawal from clients, chronic depression and/or increased anxiety” (p. 303). On the other hand, other researchers (Emerson & Markos, 1996; Evans & Villavisanis, 1997; Lee et al., 2007; McCarthy & Frieze, 1999; Pines & Yanai, 2001) manifested additional focuses on counselors' actual performance in working with clients. They suggested that counselor burnout is a state in which counselors experience considerable difficulties in performing proper functions and providing effective counseling at an objectively competent level, and indeed, where clients may feel a lack of counselors' appropriateness and the quality of service. In this study, counselor burnout is defined as “the failure to perform clinical tasks appropriately because of personal discouragement, apathy toward system stress, and emotional/ physical drain” (Lee et al., 2007, p. 143).

Factors associated with counselor burnout

Many studies have been conducted to explore personal and work-related factors that impact counselor burnout. Digging in these factors related to burnout is necessary for not only

the helping professionals who may struggle with burnout but also all clients who will meet those professionals. In fact, interactions, a key component of counseling, that counselors must build with clients throughout the counseling process is a primary factor related to counselor burnout. In addition, counselors meet diverse populations in various settings including private, school, community, hospital, prison, etc. Their roles and responsibilities vary depending on the characteristics of clients' issues and counseling settings; thus, counselors are often challenged by dealing with clients with multiple issues and being forced to switch their roles according to the clients and their needs (Palmo, Shosh, & Weikel, 2001; Smith & Weikel, 2006).

Work-related factors and burnout It has been found that there are significant positive relationships between excessive workloads and counselors' burnout. A Savicki and Cooley study (1982) found supporting evidence that excessive case load and prolonged contacts contribute to counselors' burnout. Maslach and Jackson (1981) insisted that the size of case load is positively related to levels of emotional exhaustion and depersonalization, while Ackerley, Burnell, Holder, and Kurdek (1988) also found a positive relationship between case load and personal accomplishment. Walsh and Walsh (2002) concluded that the counselors' high case load is associated with the decreased levels of mental and physical wellness, in particular when their roles are ambiguous. As stated above, counselors' roles and responsibilities are different based on clients' unique needs and issues, and indeed, different work settings require them to do different job-related duties such as paperwork, staff meetings, leading groups, consultation, supervision, research, and administration. Role ambiguity and diffusion may lead counselors to feel the loss of a sense of self, which may result in a chronic state of physical and emotional depletion (Haines III & Saba, 2012). Moreover, Rupert and Morgan (2005) found that seasoned counselors are less likely to experience emotional exhaustion and depersonalization than are

beginning counselors. This finding can be interpreted thus: experienced therapists have acquired how to switch their attention and energy when seeing their clients and how to find more positive aspects of clients. In addition, therapists in private practice experience less emotional exhaustion and depersonalization than those in agency settings, while also experiencing more personal accomplishment (Ackerley et al., 1988; Rupert & Morgan, 2005).

Demographic factors and burnout Counselors' demographic factors that may impact their burnout also have been discussed by many researchers. Interestingly, there have been conflicting findings regarding demographic factors such as gender, age, marital status, etc. In some studies, it was found that neither age, sex, nor marital status were correlated with burnout (Ackerley et al., 1988; McDermott, 1984; Naisberg-Fennig, Keinan, & Elizur, 1991; Raquepaw & Miller, 1989). However, different results have been found in other studies. Rupert and Morgan (2005) found that older therapists experience less emotional exhaustion than younger therapists. In terms of gender differences in different work settings, it was found that male therapists in private settings indicated higher levels of emotional exhaustion than males in agency settings while female therapists in agency settings reported higher levels of emotional exhaustion than females in private settings. When comparing male and female therapists in different settings, males were found to be more vulnerable to emotional exhaustion than females in private settings, whereas females in agency settings experienced higher levels of emotional exhaustion than did males (Rupert & Morgan, 2005). Also, although Maslach (1982) stated that marital status was found to be related to levels of burnout, other studies reported no significant relationships between marital status and burnout (Ackerley et al., 1988; Raquepaw & Miller, 1989).

Personality characteristics and burnout The relationship between personality characteristics and professional burnout has been investigated. An Alarcon, Eschleman, and

Bowling (2009) meta-analysis study that examined the relationship between personality variables and burnout found significant associations between the two. The results revealed that extraversion, conscientiousness, agreeableness, optimism, hardiness, and proactive personality were negatively related to emotional exhaustion and depersonalization, but these were positively associated with personal accomplishment.

In Engphaiboon study (2011) on the personality traits associated with mental health professional burnout, it was found that certain personality traits were closely related to the characteristics of burnout. Especially neuroticism, which is characterized by depression, stress, frustration, and anger, was significantly associated with emotional exhaustion and depersonalization. This study also found several significant results. School mental health professionals with low compliance and high vulnerability were more likely to experience emotional exhaustion. Those who were noncompliant, angry, impulsive, and depressed tended to be burned out. Also, mental health professionals who reported higher levels of trust and lower levels of anger and depression indicated higher levels of personal accomplishment.

According to a study (Spina, 2013) regarding the levels of burnout for licensed mental health counselors as effected by the proactive personality, defined by Bateman and Crant (1993) as the stable tendency of a person's desire to influence to make a meaningful change in the environment, proactive personality was found to be related to increased personal accomplishment, while it was not related to emotional exhaustion and depersonalization among mental health counselors.

Summary

The chapter II presented a literature review about self theory and self-discrepancy theory, wellness models and counselor wellness, and a multidimensional theory of burnout and

counselor burnout. Although self-discrepancy, wellness, and burnout in counselors have been studied widely, few studies have identified the relationships between these three. Especially, the review of the literature demonstrated the need of exploration of discrepancies between counselors' personal self, professional self, and reflected self and how these selves are related to each other. Moreover, the literature review provided support for the study of how self-discrepancies in counselors influence their burnout and wellness.

CHAPTER III: METHODOLOGY

The primary purpose of the study is to investigate the relationships between counselors' perceptions of their personal, professional, and reflected selves and the impacts of discrepancies between the three selves on counselors' burnout and wellness as professionals. Chapter III describes the research design, participants, sampling procedures, data collection, instruments, research questions and hypotheses, variable list, statistical treatment, and limitations of the study.

Research Design

This study utilized a quantitative research method, including survey data and other assessments, in order to explore the relationships between counselors' perceptions of their personal, professional, and reflected selves and counselors' burnout and wellness as professionals. Correlation and regression analyses were employed to investigate the relationships between counselors' perceptions of the personal, professional, and reflected selves as well as how the discrepancies between the three selves influence their professional burnout and wellbeing.

Participants

Participants in the current study were professional counselors in Mid-South States, who currently practice, supervise, educate, or are in charge of counseling-related work, as well as those who temporarily ceased their career. These counselors may go through different levels of self-awareness of their personal, professional, and reflected selves and different stages of integrating the three selves. However, because developing a professional identity is a continuous and lifelong process for counselors (Borders & Usher, 1992), it does not need to be true that novice counselors have not sufficiently ruminated on their selves and merged the three selves.

Therefore, this study included all professional counselors regardless of their counseling experience and the level of their professional identity.

Two hundred and twenty three counselors submitted the research survey, but twenty eight subjects who did not answer more than 50% of questions were excluded. For the final sample, the current study used a total of one hundred and ninety five ($N = 195$) professional counselors. Of the 195 participants, 139 (71.3%) were female and 56 (28.7%) were male. In terms of the ethnicities of the participants, 151 (77.4%) of the participants were Caucasian, 20 (10.3%) were African American, 8 (4.1%) were Hispanic, 8 (4.1%) were Asian or Pacific Islander, 2 (1.0%) were Native American, and 6 (3.1%) were Multiracial or other. Chapter four provides more detailed descriptions of the sample.

Sampling Procedures

Prior to obtaining approval from the Institutional Review Board (IRB) of the University of Arkansas, the researcher collected the contact information of prospective participants through official websites in order to send an e-mail invitation for the study. The researcher prepared packets containing a cover letter, informed consent, and a set of self-report measurements. The cover letter thoroughly elaborates on the purpose of this study, and the informed consent precisely describes the following: a brief summary of the study and procedures, confidentiality, voluntary participation, risks and benefits, and contact information of the researcher and University of Arkansas IRB. After IRB approval (found in Appendix A), the researcher sent a mass e-mail to the professional counselors in Mid-South States. The participants were coded with a number so that they were only identified by their numbers. A copy of the cover letter and informed consent form are in Appendix C.

Data Collection Procedure

Once IRB approval was obtained, participants were sent an e-mail invitation including a description of the study, a proof of IRB approval, informed consent, and a packet of self-report measurements. Prior to responding to the web-based survey, participants were asked to review consent information. The participants responded to questionnaires through a web-based survey, and all measures and forms were coded with the participant's identification number to protect the privacy rights of the research participants. The researcher follows the ACA code of ethics (2014) recommendation to destroy records or documents containing confidential data and information that may identify the research participants. Email addresses submitted by those who wanted to enter a drawing were stored in a separate database from the survey responses. Data are protected through a double-lock system in a locked cabinet and locked door. For online data coding and analysis, an approved software protection system was used. Data are anticipated to be stored for five years before destruction.

Instruments

Demographic Sheet. The demographic sheet was designed to obtain demographic information of research participants. The participants were asked to fill out this demographic sheet that includes gender, race/ ethnicity, age, job status, counseling specialty, licenses, and counseling and supervision experience, etc.

The Counselor Burnout Inventory (CBI). The CBI (Lee et al, 2007) is a 20-item self-report inventory to assess professional counselors' burnout. The CBI is divided by five subscales: Exhaustion (e.g., "I feel exhausted due to my work as a counselor"), Incompetence (e.g., "I am not confident in my counseling skills"), Negative Work Environment (e.g., "I feel frustrated with the system in my workplace"), Devaluing Client (e.g., "I am not interested in my clients and their

problems”), Deterioration in Personal Life (e.g., “My relationships with family members have been negatively impacted by my work as a counselor”). These five dimensions reflect the characteristics of feelings and behaviors that indicate counselors’ various levels of burnout.

The CBI asks participants to rate how similar they are to statements that the items describe, using a 5-point Likert scale ranging from 1 = *never true* to 5 = *always true*. Lee et al. (2007) reported the Cronbach’s alpha coefficients of internal consistency reliability for each of the subscales scores were .80 for the Exhaustion subscale, .83 for the Negative Work Environment subscale, .83 for the Devaluing Client subscale, .81 for the Incompetence subscale, and .84 for the Deterioration in Personal Life subscale.

The Five Factor Wellness Inventory (5F-Wel). The 5F-Wel (Myers & Sweeney, 2005a) is a 74-item self-report inventory designed to assess the wellness of an individual, based on the sound psychometric characteristics developed through an evidence-based model: the Indivisible Self (Hattie, Myers, & Sweeney, 2004). The Indivisible Self is a concept of the holistic perspective for viewing an individual defined by the integrated mind, body, and spirit (Myers & Sweeney, 2005b). The 5F-Wel is developed to assess the factors included in the Indivisible Self Wellness model and contains 74 attitudinal and behavioral statements that compose 5 second-order factors and 17 third order factors of wellness. Each statement is scored on a 4-point Likert scale ranging from 1 = *strongly disagree* to 4 = *strongly agree* (Myers & Sweeney, 2005a).

The 5F-Wel includes Creative Self (Thinking, Emotions, Control, Work, and Positive Humor), Coping Self (Leisure, Stress Management, Self-Worth, and Realistic Beliefs), Social Self (Friendship and Love), Essential Self (Spirituality, Gender Identity, Cultural Identity, and Self-Care) and Physical Self (Nutrition and Exercise) (Myers & Sweeney, 2005b). Numerous

research studies of wellness have demonstrated the validation of the 5F-Wel using structural equation modeling.

In Puig et al.'s study (2012), alpha coefficients were .88 for the Creative Self subscale, .89 for the Coping Self subscale, .9 for the Social Self subscale, .78 for the Essential Self subscale, and .90 for the Physical Self subscale. The alpha coefficients of the 17 third order factors were .59 for Thinking, .59 for Emotions, .68 for Control, .75 for Work, .83 for Positive Humor, .85 for Leisure, .83 for Stress Management, .76 for Self-Worth, .68 for Realistic Beliefs, .75 for Friendship, .74 for Love, .90 for Spirituality, .74 for Gender Identity, .75 for Cultural Identity, .48 for Self-Care, .89 for Nutrition, and .87 for Exercise.

Personal, Professional, and Reflected Self. To develop a scale for counselors' three selves, the researcher first elicited a list of qualities and personality characteristics of counselors by reviewing previous literature and theories that studied counselors' characteristics. The characteristics in the list are ones that are generally associated with professionally effective counselors.

For the second screening process, the list of personality characteristics of counselors elicited for the current study was compared to the Adjective Check List (Gough & Heilbrun, 1983) designed to identify a person's common psychological traits.

After comparing the list generated from the literature with the Adjective Check List, a total of 40 adjectives that describe the personality characteristics of a counselor was compiled. For the final process of the counselors' professional, personal, and reflected self inventory, the 40 adjectives were evaluated through a peer review system including counselor educators and doctoral level students. For the final items, a total of 28 adjectives were selected. Participants were asked to rate how well these adjectives describe their personality characteristics as their

three different selves: the personal self, professional self, and reflected self, using a 7-point Likert scale ranging from 1 = *Very untrue* to 7 = *Very true*. 7- point Likert scale was chosen for this scale to maximize the response variance while maintaining the reliability and validity of the scale.

Derivations of General Research Questions and Specific Research Hypotheses

This section revisits the general research questions designed for the current study and describes specific hypotheses relevant each research question.

Research Question 1. What are the relationships between counselors' professional selves, personal selves, and reflected selves?

Research Hypothesis 1. Counselors' professional, personal, and reflected selves will be related to each other.

Research Question 2. What are the relationships between counselors' self-discrepancy (if one is found) and their burnout and wellness?

Research Hypothesis 2. Counselors' self-discrepancies will be positively related to the level of their burnout and negatively related to the level of their wellness.

Research Question 3. How do the discrepancies (if one found) between counselors' selves impact counselors' burnout?

Research Hypothesis 3. The counselors' self-discrepancies will increase the level of their burnout.

Research Question 4. How do the discrepancies (if one found) between counselors' selves impact counselors' wellness?

Research Hypothesis 4. The counselors' self-discrepancies will decrease the level of their wellness.

Variable List

Variables used in the present study include demographic and instrument variables. Demographic variables contain gender, race/ ethnicity, age, education level, job status, counseling specialty, and licenses and/ or certifications. Instrument variables are those that the instruments are designed to assess in this study: counselors' burnout, wellness, and professional, personal, and reflected selves. The three counselors' self variables were also used to create three counselors' self-discrepancies between professional and personal self, between professional and reflected self, and between personal and reflected self. To calculate the discrepancy scores between the professional and personal self, the personal self scores were subtracted from the professional self scores, and the discrepancy scores were treated as the absolute values. The same procedure was used to compute the discrepancy scores between the professional self and reflected self and between the personal self and reflected self.

Statistical Treatment

Data were analyzed using IBM SPSS statistics 22 software. The researcher coded raw data in an Excel document in order to import it to the SPSS statistics software. Data analysis contains two stages: Preliminary analysis and primary analysis. Preliminary analysis included tests of normality, multivariate normality, homoscedasticity, multicollinearity, reliability and validity of inventories used in the study while primary analysis was comprised of descriptive statistics, correlational analysis, and multiple regression analysis.

Cronbach's (1951) coefficient alpha was also used to assess for internal consistency of instrument scales in the current sample. To verify construct validity on professional, personal, and reflected self, a primary principal components analysis with a varimax rotation was used. Because the purpose of the study was not developing the scale, the researcher concentrated on

demonstrating whether or not each item loaded on the instruments; thus, further investigation of defining the sub-factors was not conducted.

Descriptive statistics were used to explore general information about the demographics of the sample. To investigate the relationships between counselors' personal, professional, and reflected selves as well as the relationship between counselors' self-discrepancies and their burnout and wellness, correlational analyses were used. In addition, multiple linear regression analyses were used to examine the impacts of the discrepancies between counselors' perceptions of their personal, professional, and reflected selves on their professional burnout and wellness.

Limitations

There was a limitation in conducting the current study. The limitation was related to web-based surveys. Although web-based surveys have been a trend among research methods, they have demonstrated a low rate of participant response (Alreck & Settle, 1995; Couper, 2000). Response rates to web-based surveys depend on numerous variables such as survey length, respondent pre-notification and follow-up contacts, design issues, research affiliation, and compensation (Sheehan, 2001). Response rates for this study might be lower than expected. Thus, an effort to guarantee responses enough to analyze was made.

Summary

The chapter III provided an outline of the research methods and research design of the current study so that readers could replicate and examine the research questions and hypothesis set up for the study. This chapter discussed the criterion of selecting participants and the procedures of the sampling and data collection. Information related to the instruments and variables used in the study were also provided. The research questions and hypotheses that the researcher aimed to study were reviewed, and the statistical treatments that were employed to

test these research questions and hypotheses were discussed. Limitations of the study and design were also described.

CHAPTER IV:

RESULTS

The chapter IV reports the results of statistical analysis used in the study. First, this chapter presents the demographic descriptive statistics of the sample to explore the counselors' demographic characteristics. The second section reports results from the general and specific research hypotheses designed for the study. A brief summary of the findings is presented in the final section.

Demographic Descriptive Statistics

The final sample size of the subjects used for the statistical analyses was 195. Two hundred and twenty three counselors initially submitted their responses to research survey, but the researcher removed twenty eight subjects who did not answer more than 70% of questions. For the final sample, the current study used a total of 195 participants, including professional counselors in Mid-South states, who currently practice, supervise, educate, or are in charge of counseling-related work, as well as those who temporarily ceased their career. Of the 195 participants, 139 (71.3%) were female and 56 (28.7%) were male. In terms of the ethnicities of the participants, 151 (77.4%) of the participants were Caucasian, 20 (10.3%) were African American, 8 (4.1%) were Hispanic, 8 (4.1%) were Asian or Pacific Islander, 2 (1.0%) were Native American, and 6 (3.1%) were Multiracial or other. The average age of the participants was 41.07 ($SD = 11.79$). Most of the participants were full-time (73.8%). Participants whose primary work responsibility was counseling were 163 (83.5%). There were 13 counselor educators (6.7%), 7 administrators (3.6%), 6 supervisors (3.1%), and 6 (3.1%) who were in charge of other counseling-related duties. In regards to their working settings, 86 participants worked at community agency (44.1%) and 43 worked at private practice (22.1%). Seven (3.5%)

were in K-12 school and 15 (7.7%) were in college or university mental health centers.

Participants working at hospital settings were 7 (3.6%) and those in counseling training programs were 15 (7.7%). Participants with less than 3 years of work experience in the counseling field, who are generally still under supervision, were 46 (23.6%) while the most of research participants (76.4%) had more than 3 years of work experience. Of the 195 participants in the study, 127 were licensed professional counselors (65.1%) and 46 were licensed associated counselors (23.6%). The Table 4.1 provides a complete summary of the descriptive statistics.

Table 4.1

Summary of Demographic Descriptive Statistics

Variables	Total Percentage	<i>n</i>
Gender		
Male	28.7%	56
Female	71.3%	139
Race/ Ethnicity		
Caucasian	77.4%	151
African American	10.3%	20
Hispanic	4.1%	8
Asian or Pacific Islander	4.1%	8
Native American	1.0%	2
Multiple or other	3.1%	6
Employment Status		
Full-time	73.8%	144
Part-time	19.5%	38
Unemployed	4.6%	9
Ceased	2.1%	4
Primary Responsibility		
Counselor	83.5%	163
Supervisor	3.1%	6
Administrator	3.6%	7
Counselor Educator	6.7%	13
Other	3.1%	6

Table 4.1 (Cont.)

Variables	Total Percentage	<i>n</i>
Work Setting		
Community agency	44.1%	86
Private practice	22.1%	43
K-12 school	3.5%	7
College or University mental health center	7.7%	15
Counseling training program	7.7%	15
Hospital	3.6%	7
Other	11.3%	22
Work Experience		
Less than 3 years	23.6%	46
More than 3 years	76.4%	149
Licensure		
Licensed Associated Counselor	65.1%	127
Licensed Professional Counselor	23.6%	46
Other	11.3%	22

Note. *N*= 195.

Preliminary Analysis

Prior to analyzing the data, procedures for testing normality were conducted by assessing the Shapiro-Wilk's *W* test, the values for skewness and kurtosis, and plots. The assumption of normality for Wellness and Burnout was retained while the normality for Professional, Personal, and Reflected Self as well as Self-Discrepancy variables were violated. However, considering the fact that the values of skewness and kurtosis of the variables that violated normality were not extreme and that the Shapiro- Wilk test is relatively sensitive for small and unimportant effects, the researcher made a decision to proceed with data analysis without transforming variables and take it into consideration when interpreting results. Multivariate normality and homoscedasticity were also verified through generating and examining plots of standardized residuals.

The variance inflation factor (VIF) for each predictor in multiple regression analysis was examined for multicollinearity. The VIF detects whether a predictor has a strong linear relationship with the other predictors. Because there were no VIF values above 10, multicollinearity was not an issue.

Explorative Factor Analysis

Exploratory factor analysis (EFA) with the varimax rotation was used to construct and understand the structure of the Professional, Personal, and Reflected Self inventories developed for the study. In general, EFA is utilized when developing a scale and there is no a priori hypothesis about factors (Fabrigar, Wegener, MacCallum, & Strahan, 1999; Finch & West, 1997). Because the Self instruments were developed for the current study and the researcher did not assume any patterns of measured variables, EFA was conducted in this study. As results of EFA, all items in the three Self inventories were retained because they loaded above .40 on each dimension. Factor loadings greater than .40 were regarded as sufficient evidence for construct validity (Stevens, 2002; Tinsley & Tinsley, 1987).

In terms of Professional Self, the Kaiser-Meyer-Olkin measure verified the sampling adequacy for the analysis, $KMO = .87$, which is well above the acceptable limit of .5 (Field, 2013). Barlett's test of sphericity was significant, $\chi^2(378) = 2048.36, p < .001$, which means that a factor analysis is useful for the research data. Initial eigenvalues, that were greater than 1.0 criterion, indicated that the first seven factors explained 61.53% of the variance. All items of the Professional Self was retained, meeting a minimum criteria of having a primary factor loading of .40 or above. For Personal Self, the sample adequacy was confirmed by $KMO = .86$, and Barlett's test of sphericity was also significant, $\chi^2(378) = 2315.67, p < .001$. Six factors were extracted, based on the eigenvalue greater than 1.0, and accounted for 60.56% of the variance.

Factor loadings of each item satisfied a minimum criteria of maintaining .40 or above. In regards to Reflected Self, KMO measure also verified the sampling adequacy, KMO = .89, and Barlett's test of sphericity was significant, $\chi^2(378) = 2728.26, p < .001$. A total of 6 factors that indicated greater than 1.0 eigenvalues were extracted and explained 63.73 % of the variance. All items were retained in the inventory because they had primary factor loadings of .40 or above.

Although items in each inventory fell into several dimensions, the researcher decided to disregard further investigations of defining the dimensions, based on the purpose of the study. Exploratory factor analysis was complete with the evidence that all items in Professional, Personal, and Reflected Self loaded well on the inventories. A summary of factor loadings is presented in Table 4.2.

Table 4.2

Factor loadings of Professional, Personal, and Reflected Self

	Professional Self	Personal Self	Reflected Self
Empathic	.79	.45	.54
Non-judgmental	.71	.65	.52
Warm	.52	.71	.76
Genuine	.54	.80	.60
Adaptable	.52	.51	.66
Self-confident	.77	.72	.83
Self-aware	.53	.71	.60
Curious	.51	.52	.63
Patient	.56	.61	.58
Cooperative	.58	.76	.71
Thoughtful	.50	.54	.60
Humorous	.75	.53	.78
Creative	.43	.78	.68
Insightful	.59	.67	.64
Consistent	.57	.47	.58
Generous	.53	.42	.62

Table 4.2 (Cont.)

	Professional Self	Personal Self	Reflected Self
Healthy	.75	.74	.75
Optimistic	.56	.44	.52
Trustworthy	.74	.61	.58
Intimate	.66	.47	.41
Open-minded	.73	.58	.56
Dependable	.77	.51	.67
Stable	.76	.73	.71
Sensitive	.40	.51	.70
Fair-minded	.62	.68	.45
Resourceful	.54	.75	.81
Sociable	.73	.64	.62
Friendly	.55	.49	.68

Note. Sub-factors found by EFA in each Self inventory were not specified in this table.

Internal Consistency Reliability

In order to assess internal consistency reliability, Cronbach's alpha coefficients were used for each of the five measures. For Counselor Burnout inventory, the Cronbach's alpha coefficients of internal consistency reliability was .88, which was same with the reports of internal consistency (.88) from previous study (Lee et al, 2007). The Cronbach's alpha coefficients for 5F-Wellness was .90, which indicates that the measure was found to be highly reliable. Internal consistency reliabilities for counselors' each self measurements were met (.91 for Professional Self, .90 for Personal Self, and .93 for Reflected Self), and reliabilities for counselors' self-discrepancy measurements were also verified (.80 for Professional-Personal self-discrepancy, .82 for Professional-Reflected self-discrepancy, and .83 for Personal-Reflected self-discrepancy). Table 4.3 presents a summary of internal consistency reliability.

Table 4.3

Summary of Internal Consistency Reliability

Instrument	Cronbach's Coefficient Alpha
Counselor Burnout Inventory	.88
5F-Wellness	.90
Professional Self	.91
Personal Self	.90
Reflected Self	.93
Professional-Personal Self-Discrepancy	.80
Professional-Reflected Self-Discrepancy	.82
Personal-Reflected Self-Discrepancy	.83

Note. $N = 195$. *Sufficient reliability coefficient $\alpha \geq .70$.

Results of Testing the Research Hypotheses

The study served to explore the relationship between counselors' self-discrepancies and counselors' burnout and wellness and, more specifically, to assess its impact on counselors' burnout and wellness. In order to complete the purpose of the study, three general research questions, as well as three specific research hypotheses related to each question, were explored.

Relationship between Counselors' Professional, Personal, and Reflected Self

General research question 1 was to investigate the relationship between counselors' professional, personal, and reflected selves. Correlational analysis was used for the examination.

Research Hypothesis 1 was that counselors' professional, personal, and reflected selves are positively related to each other. The results indicated that all three selves were significantly related to each other. That is, counselors' professional selves was positively associated with their personal selves, $r = .73, p < .001, 95\% \text{ BCa CI } [.64, .79]$, and reflected selves, $r = .58, p < .001,$

95% BCa CI [.47, .67], and counselors' personal selves and reflected selves, $r = .64, p < .001$, 95% BCa CI [.54, .73] were positively related. Thus, research hypothesis 1 was accepted. Summary of the results of correlational analysis is presented in Table 4.4.

Table 4.4

Summary of Correlational Analysis among Professional, Personal, and Reflected Self

	Professional Self	Personal Self	Reflected Self
Professional Self	1		
Personal Self	.73**	1	
Reflected Self	.58**	.64**	1
<i>M</i>	6.12	5.81	6.03
<i>SD</i>	.45	.56	.58

Note. ** Correlations are significant at the 0.01 level.

Relationship between Counselors' Self-discrepancies, Burnout, and Wellness

Discrepancy between counselors' professional, personal, and reflected selves Prior to the investigation on the relationships between counselors' self-discrepancies, burnout, and wellness, it was necessary to conduct paired t-tests in order to determine whether or not any differences in counselors' personality characteristics between their selves exist. The findings showed that there were significant mean differences between the three selves including professional, personal, and reflected selves. In detail, counselors' professional self ($M = 6.12, SE = .03$) was higher than their personal self ($M = 5.81, SE = .04$). This mean difference, .30, 95% CI [.25, .36], was significant, $t(194) = 10.94, p < .001$, and indicated a medium-sized effect, Cohen's $d = .52$. Comparing counselors' professional selves and reflected selves, the result indicated that professional self was higher than their reflected self ($M = 6.03, SE = .04$). This mean difference was also significant, $t(194) = 2.57, p = .01$, 95% CI [.02, .16], with a small-sized effect, Cohen's $d = .15$. Lastly, counselors in the study showed that their personal self was significantly lower

than their reflected self, $t(194) = -6.13, p < .001, 95\% \text{ CI } [-.28, -.14]$, with a medium-sized effect, Cohen's $d = .36$. With a confirmation that the discrepancies existed between counselors' professional, personal, and reflected selves, correlational analysis was conducted to determine the relationship between counselors' self-discrepancies and their burnout and wellness.

Relationships between Self-discrepancy, Burnout, and Wellness General Research

Question 2 was intended to explore the relationship between counselors' self-discrepancies and their burnout and wellness. To answer this question, correlational analysis was utilized.

Research Hypothesis 2 was that counselors' self-discrepancies will be positively related to the level of their burnout and negatively related to the level of their wellness. Prior to examining the relationship between counselors' self-discrepancies and their burnout and wellness, the associations among counselors' self-discrepancies were explored. As illustrated in Table 4.5, the results found that counselors' self-discrepancies were statistically significantly related to each other. That is, their professional-personal self-discrepancy was significantly positively associated with professional-reflected self-discrepancy, $r = .58, p < .001, 95\% \text{ BCa CI } [.42, .70]$ as well as personal-reflected self-discrepancy, $r = .69, p < .001, 95\% \text{ BCa CI } [.57, .78]$. Also, professional-reflected self-discrepancy and personal-reflected self-discrepancy were positively correlated, $r = .61, p < .001, 95\% \text{ BCa CI } [.43, .73]$.

Results of testing research hypothesis 2 follow. The results indicated that all discrepancies between counselors' three selves were significantly related to their burnout and wellness. Specifically, the level of their professional burnout was positively associated with professional-personal self-discrepancy, $r = .28, p < .001, 95\% \text{ BCa CI } [.14, .39]$, professional-reflected self-discrepancy, $r = .19, p = .007, 95\% \text{ BCa CI } [.09, .30]$, and personal-reflected self-discrepancy, $r = .22, p = .002, 95\% \text{ BCa CI } [.09, .35]$. On the other hand, the level of counselors'

wellness was significantly negatively related to professional-personal self-discrepancy, $r = -.33$, $p < .001$, 95% BCa CI [-.45, -.20], professional-reflected self-discrepancy, $r = -.28$, $p < .001$, 95% BCa CI [-.42, -.14], and personal-reflected self-discrepancy, $r = -.28$, $p < .001$, 95% BCa CI [-.42, -.16]. Thus, the research hypothesis 2 was accepted.

Table 4.5

Summary of Correlational Analysis among Self-Discrepancy, Burnout, and Wellness

	Self-Discrepancy			Burnout	Wellness
	Professional-Personal	Professional-Reflected	Personal-Reflected		
Professional-Personal	-				
Professional-Reflected	.58**	-			
Personal-Reflected	.69**	.61**	-		
Burnout	.28**	.19**	.22**	-	
Wellness	-.33**	-.28**	-.28**	-.53**	-
<i>M</i>	.68	.65	.67	2.21	3.17
<i>SD</i>	.35	.37	.37	.54	.28

Note. ** $p < .01$

In addition to answering research questions 2, the relationship between counselors' burnout and wellness was also assessed in the correlational analysis. It was found that the level of counselors' burnout was significantly negatively related to the level of their wellness, $r = -.53$, $p < .001$, 95% BCa CI [-.63, -.43], which indicated that when the level of burnout that counselors experience increases, the quality of their wellness decreases.

Impacts of Self-discrepancy on Burnout

General Research Question 3 was intended to examine the impacts of counselors' self-discrepancies on their professional burnout. To answer this question, multiple regression analysis was used.

Research Hypothesis 3 was that discrepancies between counselors' selves will increase the level of their burnout. As indicated in Table 4.3, the findings revealed that counselors' three self-discrepancies accounted for approximately 8 % of the variance in their burnout, $F(3, 191) = 5.45, p = .001, R^2 = .08$.

Despite the fact that significant proportion of the total variation in burnout was predicted by counselors' self-discrepancies, only self-discrepancy between professional and personal selves was found to be a significant positive predictor of counselors' burnout, $\beta = .22, t(194) = 2.23, p = .03, 95\% \text{ CI } [.04, .63]$. Professional-personal self-discrepancy as well as personal-reflected self-discrepancy did not significantly predict the level of counselors' burnout. Table 4.6 describes a summary of results of multiple regression on counselors' burnout.

Table 4.6

Summary of Results of Multiple Regression on Counselors' Burnout

Variable		<i>B</i>	<i>SE B</i>	β	<i>t</i>	95% CI
	Professional-Personal	.34	.15	.22*	2.23	[.04, .63]
Self-Discrepancy	Professional-Reflected	.05	.13	.04	.40	[-.21, .31]
	Personal-Reflected	.07	.15	.05	.46	[-.22, .36]

Note. $F(3, 191) = 5.45, p = .001, R^2 = .08. *p < .05$

Impacts of Self-discrepancy on Wellness

General Research Question 4 was intended to examine the influence of counselors' self-discrepancies on their wellness. To answer this question, multiple regression analysis was conducted.

Research Hypothesis 4 was that discrepancies between counselors' selves will decrease the level of their wellness. The results from the multiple regression analysis indicated that

approximately 12 % of the variance in counselors’ wellness was accounted for by their three self-discrepancies, $F(3, 191) = 8.88, p < .001, R^2 = .12$. However, the findings showed that counselors’ self-discrepancy between professional and personal selves significantly negatively predicted the level of their wellness, $\beta = -.22, t(194) = -2.25, p = .03$ 95% CI [-.32, -.02]; however, counselors’ self-discrepancy between professional and reflected selves as well as personal selves and reflected selves were not significant predictors of the level of their wellness. Table 4.7 presents a summary of multiple regression analysis.

Table 4.7

Summary of Results of Multiple Regression on Counselors’ Wellness

Variable		<i>B</i>	<i>SE B</i>	β	<i>t</i>	95% CI
	Professional-Personal	-.17	.08	-.22*	-2.25	[-.32, -.02]
Self-Discrepancy	Professional-Reflected	-.09	.07	-.12	-1.34	[-.22, .04]
	Personal-Reflected	-.05	.08	-.06	-.60	[-.19, .10]

Note. $F(3, 191) = 8.88, p < .001, R^2 = .12. *p < .05$

Summary

The purpose of the study was to explore the relationships between counselors’ self-discrepancies and their burnout and wellness, as well as how their self-discrepancies impact the level of burnout and wellness. First, results of testing for the relationship between counselors’ professional, personal, and reflected selves found that there were significant positive correlations among the three selves. Second, results of testing for relationship between counselors’ self-discrepancies and their burnout and wellness indicated that all three discrepancies between their professional, personal, and reflected selves were positively related to the level of burnout and negatively related to the level of wellness. Moreover, results of testing for the relationship

between counselors' burnout and wellness showed that the level of counselors' burnout was negatively associated with the level of their wellness. Third, multiple regression analysis was conducted to see whether or not counselors' self-discrepancies predict the level of burnout and wellness. The findings revealed that self-discrepancy between counselors' professional-personal selves was only one factor, among three self-discrepancies, that had unique contribution to explaining the level of their burnout and wellness. Counselors' professional and personal self-discrepancy positively predicted the level of burnout while negatively predicting the level of wellness. However, counselors' self-discrepancy between professional and reflected selves, as well as personal selves and reflected selves, were found to be unable to significantly predict both the level of their burnout or wellness.

CHAPTER V: SUMMARY, CONCLUSIONS, AND IMPLICATIONS

The chapter V provides a brief summary and overview of the study including the statement of the problem, procedures, research questions and hypotheses, and the results of the study following the research questions. The implications for professional counselors, counselor educators, and supervisors are discussed. Finally, the chapter suggests future research related to the current study and a final summary of the overall study.

Summary of the Study

The current study served to explore the relationships between counselors' personal self (who they really are), professional self (how they professionally present themselves), and reflected self (their perception of how others view them). The study was also designed to investigate the discrepancies between the counselors' three selves and its relationship with their professional burnout and wellness. Furthermore, examination of how counselors' self-discrepancies impact their professional burnout and wellness was conducted.

Statement of the Problem

The use of self has been emphasized in the counseling field in order for counselors as an instrument to make effective interactions with clients because counselors play an important role in initiating and facilitating the counseling process (Dewane, 2006; Edwards & Bess, 1998; Reinkraut, Motulsky, & Ritchie, 2009). For counselors, the use of self as a tool of the counseling process involves not only fundamental knowledge and techniques but also their own personality characteristics, values and belief system, relational dynamics, etc (Dewane, 2006). However, counselors may possess qualities and personality characteristics that are not consistent with those of a competent and effective counselor. In a case that counselors find a discrepancy between

their innate personality characteristics (personal self) and the ones required for them to be equipped as a professional counselor (professional self), they may become doubtful about themselves and their vocational aspiration. Such uncertainty and insecurity caused by the discrepancy within their selves could threaten their wellness and make them experience the symptoms of professional burnout such as emotional and physical drain, personal discouragement, and apathy toward system stress (Lee et al., 2007). When incongruence between a person's selves, his or her feelings and thoughts are denied and distorted. This tension and internal confusion can lead to unproductive behaviors and emotions (Rogers, 1959; Smillie, 1986).

In addition, many counselors may also encounter situations where the public shows biased or stereotyped impressions and expectations of counselors and the counseling profession (Fall, Levitov, Jennings, & Eberts, 2000; Gelso & Karl, 1974). The public's expectations of professional counselors exist not only in an office in which clients see counselors but also outside of the office when counselors take off their counseling hat. Some counselors may argue that it is their responsibility to develop a positive and healthy image of the counseling profession even in daily life and elevate the standard of counselors' quality and competency in order to meet the public's expectation and, at the same time, to advocate for themselves. Thus, they must consider carefully how their words and behaviors even outside of a session impact their impression of counselors and the counseling profession. The American Counseling Association (ACA)'s Code of Ethics (2014) has not articulated an explicit guideline of counselors' professional duty outside of the office in daily life, but certainly states that "counselors aspire to open, honest, and accurate communication in dealing with the public" (p.8).

Due to the unique nature of the counseling profession, it is easily observed that the reactions of the counselors' families, friends, or acquaintances, when they are told that a person in front of them is a counselor, fall into the general stereotypes of counselors. The stereotypes are often biased toward only a positive reputation of counseling professionals (Wantz & Firmin, 2011). Moreover, some counselors have shared their experience of being expected by others to play counselor-oriented roles in their family and groups of friends. As these distorted images or expectations increase, there may be a possibility that counselors feel pressure from the public and become burdened with image management. In a study on professional self-concept as a predictor of teacher burnout, Friedman and Farber (1992) found a correlation between the teachers' perception of how students view them and their burnout. A discrepancy within an individual emerges when incongruence is found between his or her perception of self and the perception of what the significant others think of him or her (Holland, 1997). When a discrepancy between how they view themselves and how they sense the public views them occurs in an individual, a significant level of stress is more likely to be found (Rogers, 1950).

In spite of the increased need for interactions with the public for advocating for the counseling profession, there have been few studies regarding counselors' perception of how others view them and their profession. Moreover, potentially negative influences of the distorted public images of the counselors have been detected, but little research has been done in terms of the relationships between counselors' perception of who they really are (personal self) and their perception of how others view them (reflected self) and its impacts on their burnout and wellness. In addition, despite of the latent harmful consequences of counselors' self-discrepancy, there have been few studies on the counselors' perception of who they really are and how they present themselves as professionals and the impact of the discrepancy between the two selves on

counselors' wellbeing. Therefore, the current study aimed to explore the discrepancy between counselors' professional, personal, and reflected selves and its relationship with their burnout and wellness as a professional.

Statement of the Procedures

One hundred ninety five ($N = 195$) professional counselors in Mid-South States, who currently practice, supervise, educate, or are in charge of counseling-related work, as well as those who temporarily ceased their career participated in this study. Recruitment was administrated through a web-based survey. After IRB approval, the researcher sent a mass e-mail that contains a description of the study, a proof of IRB approval, informed consent, and a packet of self-report measurements. All measures and forms were coded with the participant's identification number to protect the privacy rights of the research participants. The participants responded to the questionnaires including a demographic sheet, Counselor Burnout, 5F-Wellness, and Professional, Personal, and Reflected Self. After data was collected, several statistical analyses were conducted to test the general research questions and hypotheses, including preliminary analysis, correlational analysis, and multiple regression analysis. A summary of the research questions and hypotheses follow.

The Research Hypotheses

This section presents a review of the general research questions and the related research hypotheses generated to be tested in the study.

Research Question 1. What are the relationships between counselors' professional selves, personal selves, and reflected selves? To answer this question, correlational analysis was used. Pearson correlation coefficients were used to assess the strength of the relations between the three selves.

Research Hypothesis 1. Counselors' professional, personal, and reflected selves will be related to each other.

The correlational analysis found significant associations among counselors' three selves. Counselors' professional, personal, and reflected selves were positively related to each other, and all correlational coefficients indicated strong associations between the selves.

Research Question 2. What are the relationships between counselors' self-discrepancy (if one is found) and their burnout and wellness? Prior to answering this question, paired t-tests were run to determine whether or not any differences between counselors' professional, personal, and reflected selves exist. After confirming that there were significant differences between the three selves including professional, personal, and reflected selves, to answer the research question 2, correlational analysis was utilized. Pearson correlation coefficients were also used to evaluate the relations between the three selves.

Research Hypothesis 2. Counselors' self-discrepancies will be positively related to the level of their burnout and negatively related to the level of their wellness.

It was found that counselors' self-discrepancies were positively associated with the level of their burnout and negatively related to the level of their wellness.

Research Question 3. How do the discrepancies (if one found) between counselors' selves impact counselors' burnout? To answer this question, multiple regression analysis was conducted, using counselors' self-discrepancies as predictors.

Research Hypothesis 3. The counselors' self-discrepancies will increase the level of their burnout as professionals.

The results revealed that counselors' self-discrepancy between professional and personal selves was found to be only one factor that significantly positively predicted counselors' burnout while two other self-discrepancies did not.

Research Question 4. How do the discrepancies (if one found) between counselors' selves impact counselors' wellness? To answer this question, multiple regression analysis was utilized, setting counselors' self-discrepancies as predictors.

Research Hypothesis 4. The counselors' self-discrepancies will decrease the level of their wellness.

The findings indicated that among the three self-discrepancies, professional- personal self-discrepancy was a significant negative predictor of their wellness. Self-discrepancies between professional and reflected selves as well as between personal and reflected selves did not have a unique contribution to explaining the level of their wellness.

Conclusions and Implications

Results regarding each general research question and hypothesis tested are discussed and interpreted in this section. A discussion of implications, related to the results, for counselors, supervisors, and counselor educators is followed.

Relationships between Counselors' Professional, Personal, and Reflected Self

Correlational analysis indicated significant associations among counselors' three selves. Counselors' personal selves were significantly and positively correlated to their professional selves and their reflected selves. The correlation between their professional selves and their reflected selves was also statistically significance. All correlational coefficients indicated strong associations between the selves. When considering the importance of integrating counselors' professional and personal selves in order to use themselves as a therapeutic tool in the counseling

process, this result may present a positive view that counselors have developed professional selves that are consistent with their personal selves. Believing that the relationship between counselors and clients is a vital key in the counseling process, the counselors are the ones who facilitate themselves to be used as the primary tool for the clients' change. Rather than transforming themselves, they integrate their personal self into their theoretical orientation, counseling style, attitude, and technique (Edwards & Bess, 1998). Integrating personal and professional selves can be achieved through some work in relation to counselors' selves. It definitely takes the understanding of their own values, belief, attitudes, biases, past experience, etc. Edwards and Bess (1998) emphasized the importance of self-awareness on how counselors' personality traits contribute to developing their professional identity as a therapist. They also argued that counselors should be aware of how their personal beliefs and attitudes form their perspectives on the nature of life's struggles and people's issues. Understanding themselves within their social-cultural context and applying this knowledge as working with clients are also important for counselors. This study focused on counselors' personality characteristics that are associated with being an effective counselor because the personality is the critically pivotal factor that consistently influences human behaviors (Feist & Feist, 2009) including fundamental attitudes, aptitude, identity, feelings, thoughts, etc. Considering the fact that the counseling profession necessitates the integration of the professional selves and personal selves, not only counselor-in-Training (CIT) but also experienced counselors need to contemplate how congruent their own personality characteristics are with those of competent counselors. Plus, they should maintain their professionalism by monitoring how their personalities impact the relationships with clients and by receiving supervision and education in a regular basis.

Another finding important to mention is the significant correlation between counselors' professional selves and reflected selves. Along with the emphasis on advocacy for their own profession, professional counselors are responsible for creating accurate communication when dealing with the public (ACA, 2014). It is the counselors' responsibility to provide exact information to the public about what they do, what they provide, and how they serve. At the same time, counselors endeavor to give a positive impression of the counseling profession both inside and outside of counseling sessions, and they engage in the continued training and education to sustain counselors' quality and competency. These actions are to not only meet the public's expectation but also advocate for their profession. The congruence, which was found in the current study, between counselors' perception of who they really are and their perception of how others view them can be optimistically interpreted. This result may stem from counselors' efforts to advocate for the counseling profession by providing explicit information, listening to how the public views them, and trying to meet the public's expectations. Richard & Remley (1992) stated that professional counselors are expected by the public to obtain all expertise and profound experience and demonstrate their best in sessions. Moreover, when it comes to the personality characteristics of an effective counselor, they are expected to be independent, trustworthy, and intelligent (Wantz & Firmin, 2011). Although all other professions that work for and with people are supposed to be trustful and empathetic, the counseling profession distinctly must be reliable and empathic because this profession works based heavily on the trustful relationship between two people: a counselor and client. The result thus supports the perspective that professional counselors including counselor educators, supervisors, and practitioners have properly done in both enhancing public awareness of a clear picture of the counseling profession and meeting the external expectations on the professional counselors.

Relationships between Counselors' Self-discrepancies and Burnout and Wellness

Self-discrepancies, Burnout, and Wellness The correlational analysis was utilized to explore the relationship between counselors' self-discrepancies and their burnout and wellness. First, the findings indicated that the discrepancies between the three selves were positively correlated to the level of burnout in counselors. That is, as the discrepancies in counselors' selves developed, the level of burnout that counselors experienced increased. Counselors who reported large discrepancies in their three selves also experienced emotional and physical exhaustion, low self-efficacy as a professional, a lack of personal connections with others, and decreased enthusiasm for understanding and helping their clients. Furthermore, in the results, the self-discrepancies in counselors indicated significant negative correlations to the level of counselors' wellness. Counselors showing discrepancies in the three selves also reported the low level of wellbeing that includes impaired functioning in successfully accomplishing major life tasks in their professional and personal lives. These findings support results of Cheung's study (2006) that investigated the relationships between self-discrepancies, psychological maladjustment, and life satisfaction. In Cheung's study, self-discrepancy was found to be significantly positively associated with depression, psychological and physiological irritation, and loneliness while being negatively related to life satisfaction, resistance to life change, and self-esteem. Higgins (1987) attributed psychological discomfort and emotional vulnerability to discrepancies between a person's selves, and furthermore, he stated that self-discrepancies become more intense and larger, he or she will experience more psychological discomfort associated with each self-discrepancy.

The results also found significant negative correlations between the levels of counselors' burnout and wellness. Those experiencing difficulties in maintaining their wellbeing also faced

burnout symptoms such as emotional and physical exhaustion, a negative and cynical response to other people, and a decline in feelings of competence at work. This result is congruent with previous studies. Puig et al. (2007) found significant relationships between wellness subscales and burnout subscales, especially between Exhaustion and Creative Self, Physical Self, and Coping Self as well as between Incompetence and Essential, Creative, Physical, and Coping Self. They also found that most subscales of burnout significantly predicted a large amount of variance in the collective personal wellness subscales. The finding of the current study confirmed the research findings that theoretically and practically, burnout is negatively related to wellness and that emotional exhaustion and feelings of incompetence can lead to a crisis in a counselor's whole wellbeing. Thus, it is important for those who are exhibiting the symptoms of burnout to monitor all aspects of their lives including work, relationship, leisure, exercise, nutrition, etc., and how well they are performing each of essential life tasks. Especially, in a study that examined the relationship between burnout and wellness among novice counselors (Bilot, 2012), it was also found significant associations between emotional exhaustion and personal accomplishment and their wellness, emphasizing that achieving a high level of wellness can not only reduce feelings of emotional exhaustion but also feelings of personal accomplishment in novice counselors. It is a counselors' responsibility to take care of themselves to be emotionally and physically healthy so that they can survive from intense emotional interactions with clients and demonstrate proper counseling skills necessary for interventions. Thus, both novice and experienced counselors should continue attending in self-care trainings and workshops that provide wellness education and development.

Impact of Counselors' Self-discrepancies on Burnout

Results of the multiple regression analysis predicting the level of counselors' burnout suggested that counselors' self-discrepancy between professional and personal selves had a significant effect on counselors' burnout, concluding that only self-discrepancy between professional and personal selves had a unique contribution to counselors' burnout among the three self-discrepancies. No significant effects of discrepancies between professional and reflected selves as well as personal and reflected selves were found.

The findings can be interpreted that failing in blending their personal selves into the professional selves may produce stress when demonstrating the qualities necessary for a competent counselor in counseling sessions. If stress continues in them, it could turn to a state of burnout that lasts longer. Understanding the idea of using counselors themselves as an instrument in the counseling process, this result highlights the importance of integrating counselors' professional self and personal self in order to minimizing the possible impairment and maximize the therapeutic interaction with clients. In general, the counselors are the tool to initiate the counseling process and reflect clients' feelings, thoughts, and behaviors (Sperry, Carlson, & Kjos, 2003). They communicate back what they hear from clients, clarify the clients' content and feelings, and empathize with them to accelerate the development of the relationship with clients. Because counselors are the reflecting person among the two persons in the counseling relationship, they have to be aware of themselves and how they influence the counseling process. Failing in understanding who they are and how the personal factors affect the therapeutic process can result in incomplete integration of their professional and personal selves.

The findings also support the self-discrepancy theory, developed by Higgins (1987), that different types of discrepancies between selves are associated with different kinds of emotional

vulnerabilities. The theory states that if the discrepancy between actual self and ideal self, which can transform into personal and professional self in this study, exists in a person, he or she is more likely to be vulnerable to dejection-related emotions such as disappointment, dissatisfaction, frustration, embarrassment, and shame because these emotions are derived by unfulfilled personal hopes or desires. As evidence, Higgins (1987) found distinct relations between the actual-ideal self-discrepancy and participants' feeling disappointed, dissatisfied, blameworthy, and not feeling effective and interested in things. The result of the current study is consistent with the findings from Higgins' study. In the current study, professional counselors with the discrepancy between personal and professional selves reported high level of burnout including incompetence as a counselor (e.g., "I am not confident in my counseling skills"), frustration (e.g., "I feel frustrated by my effectiveness as a counselor"), and indifference (e.g., "I am not interested in my clients and their problems").

The researcher should revisit the importance of integrating professional and personal selves in order for counselors to properly present themselves as professionals in counseling settings and successfully perform the use of self as an instrument of the counseling process when working with clients. Moreover, it must be emphasized that when counselors recognize the signs of burnout, they should immediately seek supervision and consultation to discuss how they can overcome the crisis and provide the most effective counseling to clients.

Impact of Counselors' Self-discrepancies on Wellness

In order to investigate the influence of counselors' self-discrepancies on their wellness, multiple regression analysis was conducted. Among three self-discrepancies in counselors, the discrepancy between their professional and personal selves was only one significant predictor of the level of wellness. The result specified the negative impact of the professional and personal

self-discrepancy on the counselors' wellbeing at work and in their personal lives. There were no significant effects of discrepancies between professional and reflected selves and between personal and reflected selves.

Wellness is defined as a holistic concept including all dimensions of a person's self-care such as physical wellness, nutrition, stress management, leisure, and connecting with others and the environment (Townes, 1984; Myers, Sweeney, & Witmer, 2000). Moreover, maintaining their wellness is an ongoing process throughout personal and professional journey (Chandler, Holden, & Kolander, 1992; Pierce, 2005). While promoting clients' wellness inside and outside of sessions, it is true that counselors own wellness has been often times neglected (O'Halloran & Linton, 2000). In other words, this can imply that counselors have neglected their responsibility of taking care of themselves and monitoring their effectiveness as a professional. Impaired mental health professionals are considered a great threat to the counseling profession as well as to clients. Thus, achieving a great sense of wellness is to take one of the responsibilities and will facilitate their personal growth and development, and ultimately, clients' welfare.

The finding of the current study allows counselors to look closely at not only their professional identities and selves but also the level of integration of their selves. The result proved that counselors' wellness is threatened if they do not sufficiently develop a blended self. Believing that developing and integrating counselors' professional and personal selves is a lifelong process, all counselors seeing clients should observe the influence of self-discrepancies on the multi-dimensional of their wellness as well as the journey of developing solid, therapeutic relationships with clients for the meaningful outcome. Again, this finding indicating that the professional-personal self-discrepancy negatively affected the level of wellness re-addresses the significance of not only self-awareness of themselves but also self-reflection on how their

personal factors, especially their incongruent selves in this study, impact the counseling process. Counselors must create a properly integrated professional and personal self as one in order for them to use themselves as a tool in therapeutic relationships with clients.

In fact, the current study intended to pay attention to counselors' personality characteristics because of their impact on the counseling process. Personality characteristics incongruent with ones that are required to obtain as effective counselors are both potential and actual threats to not only counselors in performing as a professional but also clients seeing the counselors. Thus, competent counselors observe how their personality characteristics impact the counseling process and outcomes with an attempt to maximize their beneficial personalities while minimizing ones that are not disadvantageous. Furthermore, counseling programs and counselor educators evaluate not only counseling students' and CITs' professional competence but also stable personality characteristics that can have a huge impact on clients' progress during both screening procedures and the education courses to verify their suitability for being proper counselors (Pope, 1996).

On the other hand, in the current study, no significantly unique effects of discrepancies between counselors' professional and reflected selves as well as between their personal and reflected selves were found on the level of their burnout and wellness. This finding is incongruent with some of results from studies on self-discrepancy. It has been found that the discrepancy between who he or she is and his or her perception of how others view him or her generated agitation and anxiety (Higgins, 1987; Strauman & Higgins, 1988) that are typical burnout symptoms in people (Kessler, 1990; Schaufeli & Enzmann, 1998). In a study that explored a relation between burnout and discrepancy between teachers' perception of who they are and of how others view them (Friedman & Farber, 1992), those with a greater discrepancy

between the two selves reported a high level of burnout. Although the result of the present study found that these two self-discrepancies had no statistically significant effects on the levels of burnout and wellness, which is distinct from previous studies, it is hard to convincingly conclude that the two self-discrepancies do not evoke any stress-related negative emotions and dysfunctional symptoms. Counselors' reflecting on who they really are as a person and how they should present themselves as a professional inside and outside of the counseling session is a fundamental work to do as counselors who use themselves as a tool in the therapeutic process. Failing in integrating their professional, personal, reflected selves is still considered a threat that can cause impaired functioning in achieving a mentally and physically superlative state to provide best services to clients and demonstrate appropriate interventions for needs of each client.

A statistical approach can be used to understand the non-significance of professional-reflected and personal-reflected self-discrepancies in predicting counselors' burnout and wellness. It can be viewed that due to the high correlations among the three self-discrepancies, it may be hard to find the unique contributions of the discrepancies in professional and reflected selves as well as personal and reflected selves. Moreover, work is one of the primary aspects of life, and people spend most of their time at their jobs. As counselors do their job demonstrating the use of self in the counseling session, they mostly utilize the professional self, personal self, and ultimately, the integrated self of the professional and personal self. These two selves are the vital factors in the counseling process and the relationship with clients. Plus, as mentioned earlier, the incongruence between professional and personal selves can account for various emotional vulnerabilities. When taking these dynamic into consideration, there should be inevitable interactions between professional- personal self-discrepancy and counselors' burnout as well as wellness. In addition, the burnout inventory used in the study was the Counselor Burnout

Inventory (Lee et al, 2007), aimed to assess professional counselors' burnout, not general burnout symptoms. It focuses more on work-related burnout, including five dimensions: exhaustion as a counselor, incompetence in counseling skills, negative work environment in the counseling field, devaluing clients, and deterioration in personal life by work as a counselor. Thus, there is a higher possibility of detecting an interaction between the level of burnout participants reported and the professional- personal self-discrepancy than the other two self-discrepancies.

To summarize the implications discussed above according to the results of the study, first of all, failing in integrating their professional, personal, and reflected selves could lead to failing in providing most effective counseling to clients. Ethically competent counselors monitor the influence of their personal factors, including self-discrepancies, personality characteristics, personal values and beliefs, past experiences, etc. on their burnout and wellness, which can considerably impact both the counseling process and outcomes. If counselors discern their personal factors are hindering themselves from being effective, they must see their supervisors to discuss how their personal issues influence the counseling process and find the way to provide the best service for the clients because clients' welfare is counselors' ultimate concern.

In addition to the counselors' responsibility of monitoring their effectiveness, counselor educators and supervisors, as gatekeepers, should assess counseling students' and CITs' various competency as well as stable personality characteristics. This gatekeeping should be continued not only during screening procedures but also throughout the education courses to help them develop professional and ethical suitability as an effective counselor. Moreover, keeping in mind the fact that it is the counselors' responsibility to enhance public awareness and engage in advocacy activities for the counseling profession, counselors should contribute to the

improvement of public image by interacting with the public, showing up in the media, presenting and writing articles regarding general information of the counseling profession, and promoting the public's access to counseling services (Myers, Sweeney, & White, 2002).

Limitations and Suggested Future Research

This section will provide a brief summary of limitations to the current study and suggestions for the future research.

One limitation lies in the sample used in the study. Participants were recruited from the Mid-South area and predominantly white (77.4%) and female (71.3%). It is hard to generalize the results to counselors who have other ethnic backgrounds; thus, this study should be duplicated with a more ethnically and demographically diverse range of participants from multiple regions of the United States. The second limitation is that counselors' personality characteristics were used to measure their professional, personal, and reflected selves because personality characteristics form relatively permanent traits in human beings that give both consistency and uniqueness to a person's behaviors. However, a person's self is not created by just one factor, but a variety of experiences through communicating with him or herself and others. The process of developing his or her professional, personal, and reflected self involves his or her own experience, values and beliefs, personality traits, life experience in social settings, learning training, knowledge and techniques, etc. However, the current study concentrated on counselors' personality characteristics in a professional setting and in daily life and how these characteristics are associated with each other. Thus, measurements for professional, personal, and reflected self can be revised with questionnaires that ask various dimensions of participants' selves.

In addition to future research related to limitations, several suggestions for the future study are addressed below.

Future research may narrow targeted participants down to counselors who work with certain clients in specific settings such as school, marriage and family, prison, rehabilitation, substance abuse and addiction, behavioral disorder counselors, etc. that require psychologically and physically intensive interactions with clients. It will be promising research if the current study can be expanded by comparing two or three groups, for example, between CITs, novice, and experienced counselors divided by years of experience. Although developing and integrating professional identity and personal self is a life-long process that counselors should continue throughout the journey of their lives, each counselor may go through different stages and experience uniquely according to the level of their development. In addition to years of work experience, other group comparison studies can be applied based on counselors' specialties, counseling settings, and types of clients whom they work. Furthermore, this study can be duplicated as a cross-cultural study comparing counselors in Eastern and Western cultures. Even though self is a universal term and used to understand a person from diverse angles, different cultural backgrounds inevitably allow people to take distinguishable ways of forming their actual, ideal, and ought self and of integrating the three selves, which would produce considerable distinctions between counselors in Eastern and Western cultures.

Future research that adds the level of counselors' professional identity as a moderator to the current study would be advantageous to understanding how counselors' professional identity can moderate the influence of their self-discrepancies on burnout and wellness. It is also important for counselors to be aware of their professional identity and be involved in professional associations and activities. Perhaps, through the future study, counselors and

counselor educators will be able to revisit the importance of developing a professional identity along with the significance of integrating the selves. Lastly, the researcher argues that a study investigating the influence of counselors' self-discrepancy on their burnout, wellness, and ultimately, the counseling outcomes should be conducted. As professional counselors' primary concern is clients' welfare, and an ultimate goal of the counseling is to make positive changes in their lives, this study can be replicated with an attempt to offer evidence-based counseling. The counseling outcomes should be evaluated to not only ensure clients' improvement by providing the best services and but also to advocate for counselor themselves and the counseling profession.

Summary

The current study was conducted to explore the relationships between counselors' professional, personal, and reflected selves as well as between self-discrepancies and their burnout and wellness. First, results of testing for the relationship between counselors' professional, personal, and reflected selves found that there were significant positive correlations among the three selves. Second, findings of testing for relationship between counselors' self-discrepancies and their burnout and wellness indicated that all three self-discrepancies were positively related to the level of burnout and negatively related to the level of wellness.

Results of testing whether or not counselors' self-discrepancies predict the level of burnout and wellness revealed that self-discrepancy between counselors' professional-personal selves was only one factor that had a unique contribution to explaining the level of their burnout and wellness. Counselors' professional and personal self-discrepancy positively predicted the level of burnout while negatively predicting the level of wellness.

These findings emphasize the importance of ruminating on themselves as professional counselors to be aware of who they really are and how they are supposed to behave in professional

settings. The study also stressed the significance of integrating their professional and personal selves in order to use themselves as a tool of the counseling process. Other implications of the current study include that counselors should monitor their own personal issues that prevent them from being effective in counseling, when detected, they should seek supervision to discuss how their personal issues, including failing of integrating professional and personal selves, can damage the relationship with clients, which definitely has a huge impact on the counseling process and outcomes.

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APPENDICES

APPENDIX A
HUMAN SUBJECTS APPROVAL



November 11, 2015

MEMORANDUM

TO: Donghun Lee
Kristin Higgins

FROM: Ro Windwalker
IRB Coordinator

RE: New Protocol Approval

IRB Protocol #: 15-10-262

Protocol Title: *Counselor's Self-Discrepancy and its Impact on Professional Burnout and Wellness*

Review Type: EXEMPT EXPEDITED FULL IRB

Approved Project Period: Start Date: 11/11/2015 Expiration Date: 11/10/2016

Your protocol has been approved by the IRB. Protocols are approved for a maximum period of one year. If you wish to continue the project past the approved project period (see above), you must submit a request, using the form *Continuing Review for IRB Approved Projects*, prior to the expiration date. This form is available from the IRB Coordinator or on the Research Compliance website (<https://vpred.uark.edu/units/rscp/index.php>). As a courtesy, you will be sent a reminder two months in advance of that date. However, failure to receive a reminder does not negate your obligation to make the request in sufficient time for review and approval. Federal regulations prohibit retroactive approval of continuation. Failure to receive approval to continue the project prior to the expiration date will result in Termination of the protocol approval. The IRB Coordinator can give you guidance on submission times.

This protocol has been approved for 400 participants. If you wish to make *any* modifications in the approved protocol, including enrolling more than this number, you must seek approval *prior to* implementing those changes. All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

If you have questions or need any assistance from the IRB, please contact me at 109 MLKG Building, 5-2208, or irb@uark.edu.



February 23, 2017

MEMORANDUM

TO: Donghun Lee
Kristin Higgins

FROM: Ro Windwalker
IRB Coordinator

RE: PROJECT CONTINUATION

IRB Protocol #: 15-10-262

Protocol Title: *Counselor's Self-Discrepancy and its Impact on Professional Burnout and Wellness*

Review Type: EXEMPT EXPEDITED FULL IRB

Previous Approval Period: Start Date: 11/11/2015 Expiration Date: 11/10/2016

New Expiration Date: 11/10/2017

Your request to extend the referenced protocol has been approved by the IRB. If at the end of this period you wish to continue the project, you must submit a request using the form *Continuing Review for IRB Approved Projects*, prior to the expiration date. Failure to obtain approval for a continuation on or prior to this new expiration date will result in termination of the protocol and you will be required to submit a new protocol to the IRB before continuing the project. Data collected past the protocol expiration date may need to be eliminated from the dataset should you wish to publish. Only data collected under a currently approved protocol can be certified by the IRB for any purpose.

This protocol is closed to enrollment. If you wish to make *any* modifications in the approved protocol, including enrolling more participants, you must seek approval *prior* to implementing those changes. All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

If you have questions or need any assistance from the IRB, please contact me at 109 MLKG Building, 5-2208, or irb@uark.edu.

APPENDIX B
PERMISSIONS

For use by Donghun Lee only. Received from Mind Garden, Inc. on October 21, 2015

**Permission for Donghun Lee to reproduce 200 copies
within one year of October 21, 2015**

**Five Factor
Wellness Inventory
(FFWEL)
Adult, Teen & Elementary Forms**

By

**Jane E. Myers
&
Thomas J. Sweeney**

Published by Mind Garden, Inc.

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APPENDIX C
INFORMED CONSENT STATEMENT

Informed Consent _Donghun Lee

Dear Prospective Participants,

You are invited to participate in a doctoral research study on counselors' self-discrepancy and its influence on wellness and burnout as professionals. I am Donghun Lee, a doctoral candidate in Counselor Education and Supervision at the University of Arkansas and conducting this research as part of the requirements for my Ph.D.

The purpose of this research is to identify the relationships between counselors' personal self (who you really are), professional self (how you present as a professional in counseling settings), and reflected self (how you perceive others view you) and to investigate how the counselors' self-discrepancies between these three selves impact their wellness and burnout. This study will provide empirical foundations on counselors' awareness on themselves and help them understand how the self-discrepancies impact counselors' wellness and burnout.

Participation is voluntary and you are free to refuse or withdraw at any time without penalty. There are no anticipated risks associated with participating in this study and all information will be kept confidential as allowed by law and University protocol. Participation is anonymous and no personal identifying information will be collected in this study; however, please note that confidentiality cannot be 100% guaranteed due to the limited protections of internet access. This research is approved by the University of Arkansas Institutional Review Board (IRB approval #0000) and if you have any questions or concerns about your rights as a research participant, please contact the IRB via email irb@uark.edu.

Your participation will include providing demographic information and responding to surveys related to the three selves, wellness, and burnout. It will take approximately 20-30 minutes to complete the surveys online. Following the completion of the survey, you will find the option to provide your email address for entering the drawing. If you choose to enter this drawing, you will have the opportunity to be one of ten randomly selected to receive a \$10 gift card to amazon.com. Email addresses will be stored in a separate database from survey responses.

If you have any questions or concerns about this study or if any problems arise, please contact Donghun Lee at the University of Arkansas at dxl032@uark.edu/479-228-1575 or my faculty advisor, Dr. Higgins, at kkihiggi@uark.edu. Please save or print this consent page for your records.

If you would like to participate, please click the following link:

Here will be link...

I really appreciate your time and interest in this study.

Sincerely,

Donghun Lee, MA
Doctoral Candidate in Counselor Education and Supervision
University of Arkansas
dxl032@uark.edu/ 479-228-1575

IRB #15-10-262
Approved: 11/11/2015
Expires: 11/10/2016

APPENDIX D
DEMOGRAPHIC SHEET

DEMOGRAPHIC SHEET

1. Sex:
 - a. Male
 - b. Female
 - c. Other (_____)

2. Race/Ethnicity:
 - a. African American
 - b. Asian or Pacific Islander
 - c. Asian American
 - d. Caucasian
 - e. Hispanic
 - f. Native American
 - g. Multi-Racial
 - h. Other (please specify: _____)

3. Age _____

4. Employment Status
 - a. Full-time
 - b. Part-time
 - c. Unemployed
 - d. Retired

5. Where are (were) you employed?
 - a. Community agency
 - b. Private practice
 - c. K-12 School
 - d. College or university mental health center
 - e. Hospital
 - f. Counselor education
 - g. Other (please specify: _____)

6. How many years of experience do you have as a counselor, educator, or supervisor (or others)? _____

7. What is (was) the number of cases you handle each week? _____

8. What is (was) your weekly number of client contact hours? _____

9. What is your types of license? (Check all that apply)
 - a. LAC
 - b. LPC
 - c. LAMFT
 - d. LMFT
 - e. Approved Clinical Supervisor
 - f. Other (please specify: _____)

APPENDIX E
COUNSELOR BURNOUT INVENTORY

Counselor Burnout Inventory

* This inventory is designed to measure the counselor's burnout level. Please assess and answer your state of burnout.

	Never True	Rarely True	Sometimes True	Often True	Always True
1. Due to my job as a counselor, I feel tired most of the time.	1	2	3	4	5
2. I feel exhausted due to my work as a counselor.	1	2	3	4	5
3. Due to my job as a counselor, I feel overstressed.	1	2	3	4	5
4. Due to my job as a counselor, I feel tightness in my back and shoulders.	1	2	3	4	5
5. I feel I am an incompetent counselor.	1	2	3	4	5
6. I am not confident in my counseling skills.	1	2	3	4	5
7. I feel frustrated by my effectiveness as a counselor	1	2	3	4	5
8. I do not feel like I am making a change in my clients.	1	2	3	4	5
9. I feel frustrated with the system in my workplace.	1	2	3	4	5
10. I am treated unfairly in my workplace.	1	2	3	4	5
11. I feel bogged down by the system in my workplace.	1	2	3	4	5
12. I feel negative energy from my supervisor.	1	2	3	4	5
13. I have little empathy for my clients.	1	2	3	4	5
14. I have become callous toward clients.	1	2	3	4	5
15. I am not interested in my clients and their problems.	1	2	3	4	5
16. I am no longer concerned about the welfare of my clients.	1	2	3	4	5
17. I feel I do not have enough time to spend with my friends.	1	2	3	4	5
18. I feel like I do not have enough time to engage in personal interests.	1	2	3	4	5
19. I feel I have poor boundaries between work and my personal life.	1	2	3	4	5
20. My relationships with family members have been negatively impacted by my work as a counselor.	1	2	3	4	5

APPENDIX F
FIVE FACTOR WELLNESS

Sample Questions from the Five Factor Wellness

- I engage in a leisure activity in which I lose myself and feel like time stands still.
 - I eat a healthy amount of vitamins, minerals, and fiber each day.
 - Being a male/female is a source of satisfaction and pride to me.
 - When I have a problem, I study my choices and possible outcomes before acting.
 - I do not drink alcohol or drink less than two drinks per day.
 - I get some form of exercise for 20 minutes at least three times a week.
 - I value myself as a unique person.
 - I can express both my good and bad feelings appropriately.
 - I do not use tobacco.
 - My cultural background enhances the quality of my life.
 - I have a lot of control over conditions affecting the work or schoolwork I do.
 - I am able to manage my stress.
 - I regularly get enough sleep.
 - I can laugh at myself.
 - Being male/female has a positive effect on my life.
 - My free time activities are an important part of my life.
 - I have sources of support with respect to my race, color, or culture.
 - I can find creative solutions to hard problems.
 - I am usually aware of how I feel about things.
 - I make it a point to seek the views of others in a variety of ways.
 - I believe that I am a worthwhile person.
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APPENDIX G
COUNSELOR SELF INVENTORY

*These adjectives are generally regarded as personality characteristics of a counselor.

1. Please rate how well the adjectives describe you AS A COUNSELOR when you present yourself in COUNSELING SETTINGS (PROFESSIONAL SELF).

<i>Adjectives</i>	Very untrue	Untrue	Somewhat untrue	Neutral	Somewhat true	True	Very true
Empathic	1	2	3	4	5	6	7
Non-judgmental	1	2	3	4	5	6	7
Warm	1	2	3	4	5	6	7
Genuine	1	2	3	4	5	6	7
Sensitive	1	2	3	4	5	6	7
Adaptable	1	2	3	4	5	6	7
Self-confident	1	2	3	4	5	6	7
Self-aware	1	2	3	4	5	6	7
Curious	1	2	3	4	5	6	7
Patient	1	2	3	4	5	6	7
Friendly	1	2	3	4	5	6	7
Cooperative	1	2	3	4	5	6	7
Fair-minded	1	2	3	4	5	6	7
Resourceful	1	2	3	4	5	6	7
Thoughtful	1	2	3	4	5	6	7
Sociable	1	2	3	4	5	6	7
Humorous	1	2	3	4	5	6	7
Creative	1	2	3	4	5	6	7
Insightful	1	2	3	4	5	6	7
Consistent	1	2	3	4	5	6	7
Generous	1	2	3	4	5	6	7
Healthy	1	2	3	4	5	6	7
Optimistic	1	2	3	4	5	6	7
Trustworthy	1	2	3	4	5	6	7
Intimate	1	2	3	4	5	6	7
Open-minded	1	2	3	4	5	6	7
Dependable	1	2	3	4	5	6	7
Stable	1	2	3	4	5	6	7

2. Please rate how well the adjectives describe you AS A PERSON IN DAILY LIFE WHEN YOU TAKE OFF COUNSELOR HAT (PERSONAL SELF).

<i>Adjectives</i>	Very untrue	Untrue	Somewhat untrue	Neutral	Somewhat true	True	Very true
Empathic	1	2	3	4	5	6	7
Non-judgmental	1	2	3	4	5	6	7
Warm	1	2	3	4	5	6	7
Genuine	1	2	3	4	5	6	7
Sensitive	1	2	3	4	5	6	7
Adaptable	1	2	3	4	5	6	7
Self-confident	1	2	3	4	5	6	7
Self-aware	1	2	3	4	5	6	7
Curious	1	2	3	4	5	6	7
Patient	1	2	3	4	5	6	7
Friendly	1	2	3	4	5	6	7
Cooperative	1	2	3	4	5	6	7
Fair-minded	1	2	3	4	5	6	7
Resourceful	1	2	3	4	5	6	7
Thoughtful	1	2	3	4	5	6	7
Sociable	1	2	3	4	5	6	7
Humorous	1	2	3	4	5	6	7
Creative	1	2	3	4	5	6	7
Insightful	1	2	3	4	5	6	7
Consistent	1	2	3	4	5	6	7
Generous	1	2	3	4	5	6	7
Healthy	1	2	3	4	5	6	7
Optimistic	1	2	3	4	5	6	7
Trustworthy	1	2	3	4	5	6	7
Intimate	1	2	3	4	5	6	7
Open-minded	1	2	3	4	5	6	7
Dependable	1	2	3	4	5	6	7
Stable	1	2	3	4	5	6	7

3. Please rate how the adjectives describe HOW OTHERS (family, friends, and acquaintance) VIEW YOU IN DAILY LIFE WHEN they recognize you as a counselor (REFLECTED SELF).

<i>Adjectives</i>	Very untrue	Untrue	Somewhat untrue	Neutral	Somewhat true	True	Very true
Empathic	1	2	3	4	5	6	7
Non-judgmental	1	2	3	4	5	6	7
Warm	1	2	3	4	5	6	7
Genuine	1	2	3	4	5	6	7
Sensitive	1	2	3	4	5	6	7
Adaptable	1	2	3	4	5	6	7
Self-confident	1	2	3	4	5	6	7
Self-aware	1	2	3	4	5	6	7
Curious	1	2	3	4	5	6	7
Patient	1	2	3	4	5	6	7
Friendly	1	2	3	4	5	6	7
Cooperative	1	2	3	4	5	6	7
Fair-minded	1	2	3	4	5	6	7
Resourceful	1	2	3	4	5	6	7
Thoughtful	1	2	3	4	5	6	7
Sociable	1	2	3	4	5	6	7
Humorous	1	2	3	4	5	6	7
Creative	1	2	3	4	5	6	7
Insightful	1	2	3	4	5	6	7
Consistent	1	2	3	4	5	6	7
Generous	1	2	3	4	5	6	7
Healthy	1	2	3	4	5	6	7
Optimistic	1	2	3	4	5	6	7
Trustworthy	1	2	3	4	5	6	7
Intimate	1	2	3	4	5	6	7
Open-minded	1	2	3	4	5	6	7
Dependable	1	2	3	4	5	6	7
Stable	1	2	3	4	5	6	7