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To the Graduate Council:

I am submitting herewith a dissertation written by Whitney Locke Jarnagin entitled "Life Lived Well: A Narrative Analysis of One Woman's Wellness Across the Life Span." I have examined the final electronic copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Counselor Education.

Marianne Woodside, Major Professor

We have read this dissertation and recommend its acceptance:

Priscilla Blanton, Gary Skolits, Shawn Spurgeon

Accepted for the Council:

Dixie L. Thompson

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

To the Graduate Council:

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Marianne Woodside

We have read this dissertation
and recommend its acceptance:

Priscilla Blanton

Gary Skolits

Shawn Spurgeon

Accepted for the Council:

Carolyn R. Hodges, Vice Provost and
Dean of the Graduate School

**Life Lived Well: A Narrative Analysis of One Woman's
Wellness Across the Life Span**

A Dissertation Presented for
the Doctorate of Philosophy
Degree
The University of Tennessee, Knoxville

Whitney Locke Jarnagin
August 2009

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To the Counselor Education faculty: Each of you has contributed to my life in a special way. Thank you for your knowledge, your passion, your care, and your commitment.

To my committee members: You truly have the volunteer spirit! Thank you for your time, your attention to detail, and the valuable feedback you provided.

To my Lord: You had a plan for me before time began. Thank you for leading me to this place, for the talent and ability you gave that allowed me to complete this work, and for being my source of joy, peace, and strength through this journey called life.

To my parents: You loved, nurtured, and supported me every step of the way. Thank you for the contributions you made and continue to make that enhance my own well-being.

To my grandmother: Without you, this story could not be told. Thank you for sharing your life and your love.

To my husband: Our story continues. I can't wait to write the next chapters with you.

ABSTRACT

The Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness was proposed in the counseling literature to serve as a framework for enhancing wellness across the life span. Numerous researchers conducted a variety of investigations related to this model; however, gaps in the literature still exist. The aim of the current study was to add to the body of existing literature by investigating one woman's wellness across the life span utilizing qualitative methods. The senior adult participant provided a narrative of her life in the form of an oral history. This narrative was then analyzed through the lens of the Indivisible Self model of wellness. The result of this analysis was a descriptive picture of wellness for this woman over the course of her life as it relates to the five Second Order factors of the Indivisible Self model. These five Second Order factors are the Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. In addition to this descriptive picture of wellness, several themes were identified that were central to the participant's stories. These themes were Activity, Pleasure, Faith, Relationships, and Helping. The relationship between these themes and concepts from the Indivisible Self model are discussed. Implications of the findings and directions for future research are provided.

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CHAPTER 1: INTRODUCTION

Chapter Introduction

In 1989, the Governing Council of the American Association for Counseling and Development (AACD), now the American Counseling Association (ACA), adopted a resolution that committed ACA to be advocates for wellness. The resolution reads as follows:

WHEREAS, optimum physical, intellectual, social, occupational, emotional, and spiritual development are worthy goals for all individuals within our society; and

WHEREAS, research in virtually every discipline concerned with human development supports the benefits of wellness for both longevity and quality of life over the lifespan; and

WHEREAS, the AACD membership subscribe to values which promote optimum health and wellness;

THEREFORE, BE IT RESOLVED, that the Governing Council of AACD declare a position for the profession as advocates for policies and programs in all segments of our society which promote and support optimum health and wellness; and

BE IT FURTHER RESOLVED, that AACD support the counseling and development professions' position as advocate toward a goal of optimum health and wellness within our society. (AACD, 1990, p. XIV-8)

As noted in this resolution, wellness is one of the cornerstones of the counseling profession (Myers, 1992). The term wellness can be defined as “the quality or state of being in good health especially as an actively sought goal” (Merriam-Webster, 2008). According to this

definition, well-being is achieved through adequate health and acceptance of what is normal; however, professionals in the counseling/mental health field believe that wellness is not just a state of good health but an active decision-making process leading to optimum health and functioning (Witmer and Sweeney, 1992). Wellness is defined by these professionals 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. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving (Myers, Sweeney, and Witmer, 2000, p. 252).

In addition to wellness, another cornerstone in the counseling field is development. The term *develop* means “to expand by a process of growth” or “to work out the possibilities” (Merriam-Webster, 2008). Development is concerned with positive human change and is actually the goal of all counseling interventions (Ivey, 1991). Since positive developmental change at any point in life affects the totality of the remaining life span, counselors need to optimize human development now in order to help others become more fully functioning for the remainder of their lives (Ivey, 1991).

Myers (1992) argued that in order for the counseling profession to embrace an identity based on wellness and development, research showing the benefits of developmental interventions across the life span and wellness interventions on individuals is necessary. In response to this argument, many investigators explored the construct of wellness in various populations. Some researchers utilized the Wheel of Wellness (Myers, Sweeney, & Witmer, 2000; Sweeney and Witmer, 1991; Witmer and Sweeney, 1992) framework, described in Chapter Two, and its corresponding assessment, the Wellness Evaluation of Lifestyle (WEL;

Myers, 1998; Myers, Sweeney, and Witmer, 1996) in their explorations. These included investigations of wellness in adolescents (Chang, 1998; Dixon, 2002; Garrett, 1996; Hartwig, 2003; Hartwig & Myers, 2003; Makinson, 2001; Mitchell, 2001; Myers, Madathil, & Tingle, 2005; Rayle, 2005; Rayle & Myers, 2004); college students (Enochs, 2001; Granello, 1995; Hermon, 1995; Hermon & Davis, 2004; Hermon & Hazler, 1999; LaFountaine, Neisen, & Parsons, 2006; Myers & Bechtel, 2004; Myers, Mobley, & Booth, 2003; Riley, 2005; Sinclair, 2001; Spurgeon, 2002; Steigerwald, 2000; Vecchione, 1999); adults (Connolly, 2000; Connolly & Myers, 2003; Degges-White, 2003a; Dew, 2000; Dew, Myers, & Wightman, 2006; Hutchinson, 1996; Powers, Myers, Tingle, & Powers, 2004); and older persons (Dice, 2002). In addition, other researchers explored cultural adaptations of the WEL (Chang & Myers, 2003) and analyzed the WEL along with other theories of health and wellness (Webster, 2004). However, results of data analyses on the WEL did not support the hypothesized model (Hattie, Myers, and Sweeney, 2004; Myers and Sweeney, 2004).

Because data analyses on the WEL did not support the hypothesized model, the factor structure of the model was examined, and a new framework proposed; this new model of holistic wellness, and of particular importance to the current study, is the Indivisible Self: An Evidenced-Based Model of Wellness (IS-Wel; Myers and Sweeney, 2004; Myers & Sweeney, 2005a). An in-depth description of this model is provided in Chapter Two. Myers and Sweeney not only proposed this new, evidence-based model but created a corresponding instrument to assess wellness. This instrument is the Five Factor Wellness Inventory (5F-Wel; Myers & Sweeney, 1999). It measures levels of wellness according to factors established in the evidence-based IS-Wel (Myers & Sweeney, 2004; Myers & Sweeney, 2005a). Other researchers utilized the 5F-Wel in their investigations of wellness in children and adolescents (Moorhead et al., 2008;

Villalba & Myers, 2008); college students (Booth, 2005; Deaner, 2006; Gibson & Myers, 2006; Harwell, 2006; Myers & Mobley, 2004; Roach, 2005; Shurts, 2004; Sinclair & Myers, 2004; Smith, 2006 Spurgeon and Myers, 2008; Williams, 2007); adults (Degges-White & Myers, 2006a; Degges-White & Myers, 2006b; Degges-White, Myers, Adelman, & Pastoor, 2003; Gill, Minton, & Myers, in press; Marling, 2006; Phillips, 2005; Tanigoshi, Kontos, & Remley, 2008); and senior adults (Myers & Degges-White, 2007); however, gaps in the literature still exist.

I identified these gaps by reviewing the wellness literature related to the Indivisible Self (Myers & Sweeney, 2004; Myers and Sweeney, 2005a) model of wellness and the 5F-Wel (Myers & Sweeney, 1999) inventory. First, I reviewed the conceptual literature and found only two articles related to the Indivisible Self model. The first is a recommendation for utilizing the Indivisible Self model in group work in elementary schools (Villalba, 2007), and the second is a review of the wellness literature (Myers & Sweeney, 2008). I then reviewed the empirical literature and found 21 studies in which researchers utilized the 5F-Wel in their investigations. I organized these studies in three ways: 1) subjects' point in the developmental life span; 2) subjects' gender; and 3) methodology utilized by researchers. The first way I reviewed the literature was by subjects' point in the developmental life span. I organized these studies in four ways: 1) children and adolescents; 2) college students; 3) adults; and 4) senior adults. Following this review, I found eleven studies in which researchers focused on college students (Booth, 2005; Deaner, 2006; Gibson & Myers, 2006; Harwell, 2006; Myers & Mobley, 2004; Roach, 2005 Shurts, 2004; Sinclair & Myers, 2004; Smith, 2006 Spurgeon and Myers, 2008; Williams, 2007) and seven studies in which researchers focused on adults (Degges-White & Myers, 2006a; Degges-White & Myers, 2006b; Degges-White et al., 2003; Gill, Minton, & Myers, in press; Marling, 2006; Phillips, 2005; Tanigoshi et al., 2008). However, only two studies exist in which

researchers focused on either children (Villalba & Myers, 2008) or adolescents (Moorhead et al., 2008), and only one study exists in which the participants were senior adults (Myers & Degges-White, 2007). In addition, no studies exist in which researchers explored wellness across the life span.

Next, I reviewed the literature based on subjects' gender. I organized these studies in three ways: 1) studies in which researchers included both males and females in their investigations without reference to gender; 2) studies in which researchers included both males and females in their investigations and compared results by gender; and 3) studies in which investigations were gender specific. Following this review, I found nine studies in which researchers included both males and females in their investigations without reference to gender (Deaner, 2006; Degges-White et al, 2003; Harwell, 1996; Marling, 2006; Phillips, 2005; Shurts, 2004; Smith, 2006; Tanigoshi et al., 2008; Villalba & Myers, 2008), five studies in which researchers compared wellness for males and females (Gibson and Myers, 2006; Myers and Degges-White, 2007; Myers & Mobley, 2004; Roach, 2005; Williams, 2007), and seven studies in which investigations were gender specific (Booth, 2005; Degges-White & Myers, 2006b; Degges-White & Myers, 2006a; Gill, Minton, & Myers, in press; Moorhead et al., 2008; Sinclair & Myers, 2004; Spurgeon & Myers, 2008). However, of the seven gender specific studies, researchers in only five studies focused specifically on female wellness (Booth, 2005; Sinclair & Myers, 2004; Degges-White & Myers, 2006a; Degges-White & Myers, 2006b; Gill, Minton, and Myers, in press). In addition, while five studies exist in which researchers focused on women, no investigators explored wellness with senior adult women.

Finally, I organized empirical studies according to type of methodology utilized by researchers. I began by reviewing quantitative studies then transitioned to a review of qualitative

studies. I divided the quantitative studies into three categories: 1) studies in which researchers made predictions about wellness; 2) studies in which researchers investigated relationships among wellness and other variables; and 3) studies in which researchers investigated wellness over time. Following this review, I identified two studies in which researchers made predictions about wellness (Deaner, 2006; Harwell, 2006), 15 studies in which researchers investigated relationships among wellness and other variables (Booth, 2005; Degges-White & Myers, 2006a; Degges-White & Myers, 2006b; Degges-White et. al., 2003; Gibson & Myers, 2006; Gill, Minton, & Myers, in press; Marling, 2006; Myers & Degges-White, 2007; Myers & Mobley, 2004; Phillips, 2005; Shurts, 2004; Sinclair & Myers, 2004; Smith, 2006; Spurgeon & Myers, 2008; Williams, 2007), and 4 studies in which researchers measured wellness over time (Moorhead et al., 2008; Roach, 2005; Tanigoshi et al., 2008; Villalba and Myers, 2008).

Next, I reviewed qualitative studies on wellness. Following my review of the qualitative literature, I found that no studies exist that are purely qualitative in nature. In addition, although researchers in two quantitative studies included a qualitative component in their investigations, participants in these studies were either college students (Roach, 2005) or adults (Marling, 2006). Moreover, these researchers made no specific references to gender; and while four studies exist in which researchers measured wellness over time (Moorhead et al., 2008; Roach, 2005; Tanigoshi et al., 2008; Villalba and Myers, 2008), no researchers studied wellness over the course of the life span.

In summary, life span development can be described as a process of expansion and growth over the duration of a person's life in which s/he works out the possibilities of that life. The Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness is a holistic, strengths-based model that can serve as a framework for individuals to make intentional

choices that result in improved lifestyle and well-being across the life span (Myers and Sweeney, 2004; Myers and Sweeney, 2005a). Multiple researchers conducted studies on wellness with a variety of populations; however, following a review of the wellness literature, I present the following conclusions: 1) no life span developmental frameworks exist that take into account the unique experiences of women; 2) only one wellness study exists in which the subjects are senior adults; 3) there is a paucity of research on wellness in the female population; 4) no qualitative studies on wellness exist; and 5) no studies exist that study wellness over the course of the life span. Due to these gaps in the literature, I explored one woman's wellness across the life span utilizing qualitative methods. In addition, I studied a senior adult woman in order to gain a better understanding of the experiences contributing to wellness over the course of the life span. In the next section, I provide a statement of the problem related to wellness research.

Statement of the Problem

Life span development can be described as a process of expansion and growth over the duration of a person's life in which s/he works out the possibilities of that life (Merriam-Webster, 2008). While a number of theories focus on the development of children (Freud, 1962; Piaget, 1953) and adults (Havinghurst, 1972; Levinson, 1978), few describe life span development in its entirety. In addition, models that do encompass the entire life span (e.g., Erikson, 1950; McGoldrick & Carter, 2005) do not take into account the unique life experiences of women.

The Indivisible Self

The Wheel of Wellness (Sweeney and Witmer, 1991; Witmer and Sweeney, 1992; Myers, Sweeney, and Witmer, 2000) and the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) models of wellness were proposed in the counseling/mental health literature to

serve as frameworks for enhancing wellness across the life span. Of note to the current study is the evidence-based, theoretically grounded Indivisible Self model. This model is a holistic, strengths-based approach that can serve as a framework for individuals to make intentional choices that result in improved lifestyle and well-being across the life span (Myers & Sweeney, 2004; Myers & Sweeney, 2005a). I now provide a brief description of this model.

The Indivisible Self (IS-Wel; Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model is composed of one Higher Order Factor (The Indivisible Self), five Second Order Factors (the Creative Self, Coping Self, Social Self, Essential Self, and Physical Self), and seventeen Third Order Factors. Theorists identified one higher order factor to which all other components of wellness were statistically related (Myers & Sweeney, 2004; Myers & Sweeney, 2005a). This higher order factor was named The Indivisible Self and defined as “a measure of one’s general well-being or total wellness” (Myers and Sweeney, 2005a, p. 33). Five Second Order factors were identified: Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. Each of these factors is comprised of several Third Order factors with a total of seventeen Third Order factors incorporated in the model (Myers and Sweeney, 2004; Myers and Sweeney, 2005a). The Creative Self is composed of the Third Order factors of Thinking, Emotions, Control, Work, and Positive Humor. The Coping Self is comprised of Leisure, Stress Management, Self-worth, and Realistic Beliefs. The Social Self is comprised of Friendship and Love. The Essential Self is comprised of Spirituality, Gender Identity, Cultural Identity, and Self-Care. Finally, the Physical Self consists of two components: Nutrition and Exercise.

In addition to the Higher Order, Second Order, and Third Order Factors, creators of the IS-Wel model recognized the influence of context on the wellness of individuals and how these individuals, in turn, influenced their systems. These systems include local, institutional, global,

and chronometrical contexts (Myers & Sweeney, 2004; Myers & Sweeney, 2005a). Local contexts are the systems in which we live most often and include families, neighborhoods, and communities. Institutional contexts are social and political systems such as education, government, religion, the media, and business and industry. Global factors include politics, global events, culture, and the environment. Chronometrical contexts involve movement and change over time and are conceptualized as purposeful, perpetual, and evolving with consequence for later life.

In 1999, Myers and Sweeney developed the Five Factor Wellness Inventory (5F-Wel; Myers & Sweeney, 1999) to assess the wellness factors identified in the evidence-based IS-Wel (Myers & Sweeney, 2004; Myers & Sweeney, 2005a). The 5F-Wel includes 73 items. Scores are simple sums of each of the items. Results of the inventory yield measures of Total Wellness as well as measures for the five Second Order and seventeen Third Order factors.

Numerous researchers conducted a variety of investigations related to the IS-Wel model and the 5F-Wel inventory. Following a review of life span development models and the empirical wellness literature, I present the following conclusions: 1) no life span developmental frameworks exist that take into account the unique experiences of women; 2) only one wellness study exists in which the subjects are senior adults; 3) there is a paucity of research on wellness in the female population; 4) no qualitative studies on wellness exist; and 5) no studies exist in which researchers study wellness over the course of the life span. Due to this paucity of research, the aim of the current study is to add to the body of existing literature by investigating one woman's wellness across the life span with qualitative methods. In addition, this study expands the literature by examining wellness from the unique perspective of a senior adult. Because of their current place in the life span, senior adults can offer perspectives that

individuals at other points in life cannot; therefore, in order to explore wellness across the life span, it is important to investigate senior' adults' views of the factors contributing to their own well-being over the course of their lives.

One qualitative approach that lends itself to the interpretation of meanings individuals bring to their lives is narrative inquiry. This method involves “living and telling, reliving and retelling, the stories of the experiences that make up people’s lives, both individual and social...narrative inquiry is stories lived and told” (Clandinin & Connelly, 2000, p. 20). A number of methods exist for conducting narrative inquiry including biography, autobiography, life history, and oral history (Creswell, 2007). For the purpose of this study, I employed the oral history approach.

Oral history is defined as “the recording of personal testimony delivered in oral form” (Yow, 2005, p. 3). This approach is a fitting method for exploring women’s wellness across the life span because it opens new areas of inquiry, challenges accepted judgments and assumptions, introduces new evidence from underrepresented populations, and brings recognition to individuals who were previously ignored (Thompson, 2000). Oral history interviews are particularly valuable for uncovering unique perspectives of women and for generating new insights about their experiences of themselves in their worlds (Anderson & Jack, 1991).

Purpose of the Study

The purpose of this narrative study was to showcase the lived life of a senior adult woman by utilizing an oral history approach. I conducted open-ended, in-depth interviews with one senior adult woman in order to gather her life story. The interviews focused on the life events and experiences of this woman as well as her personal reflections about the factors contributing to her well-being during these events and experiences. I re-storied the participant’s

interviews into chronological sequence in order to present causal links among ideas and offer information about interaction, continuity, and situation (Creswell, 2004). Moreover, various aspects of these individual testimonies were chronologically arranged to reveal development (Yow, 2005). For the purpose of this study, I re-storied the participant's life in chronological order and presented the completed oral history as part of the research findings.

I also analyzed the oral history materials through the theoretical lens of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness. I identified portions of text in the interviews that related to wellness as described in the Indivisible Self model. I then categorized the data according to Lieblich, Tuval-Mashiach, and Zilber's (1998) procedures for analyzing narrative materials. I utilized a content-categorical approach for data analysis with the categories consisting of the five Second Order factors of the Indivisible Self model. These factors were the Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. I provide further details about these factors in Chapter 2. The final result of the study was a complete oral history narrative for the participant as well as results of data analysis of the oral history.

Research Questions

The present study is designed to explore the following general questions:

1. What stories does one woman tell about the events and experiences of her life?
 - a. What stories does one woman tell about her birthplace and childhood?
 - b. What stories does one woman tell about her adolescence?
 - c. What stories does one woman tell about her young adulthood?
 - d. What stories does one woman tell about her adulthood?
 - e. What stories does one woman tell about her middle age?

- f. What stories does one woman tell about her senior years?
2. What are the experiences of one woman's wellness across the life span as analyzed through the lens of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness?
 - a. What experiences does one woman describe related to the Creative Self?
 - b. What experiences does one woman describe related to the Coping Self?
 - c. What experiences does one woman describe related to the Social Self?
 - d. What experiences does one woman describe related to the Essential Self?
 - e. What experiences does one woman describe related to the Physical Self?

Definition of Terms

In this section, I define terms relevant to the current study.

1. Wellness:

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; ideally, it is the optimum state of health and well-being that each individual is capable of achieving (Myers, Sweeney, and Witmer, 2000, p. 252)

2. Well-being:

the state of being happy, healthy, or prosperous (Merriam-Webster, 2009)

3. Indivisible Self:

an evidence-based model of holistic wellness consisting of one Higher Order factor (The Indivisible Self), five Second Order factors (Social Self, Essential Self, Physical Self, Creative Self, and Coping Self), and seventeen Third Order factors (spirituality, self-care, gender identity, cultural identity, thinking, emotions, control, positive humor, work,

realistic beliefs, stress management, self-worth, leisure, friendship, love, exercise, and nutrition) (Myers & Sweeney, 2004; Myers & Sweeney, 2005a)

4. Life span development:

a process of expansion and growth over the duration of a person's life in which s/he works out the possibilities of that life (Merriam-Webster, 2008)

5. Oral history:

the recording of personal testimony delivered in oral form (Yow, 2005, p. 3)

6. Narrator:

individual telling the story in an oral history interview (Yow, 2005)

7. Senior adult woman:

an elderly female over the age of 85 years

Delimitations

In this study, I showcased the lived life of one senior adult woman by utilizing an oral history approach. I also analyzed the oral history materials through the theoretical lens of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness in order to explore the experiences that contributed to one woman's wellness across the life span. Therefore, I imposed six delimitations on it. First, to examine wellness over the life course, I delimited the study to senior adults. I conducted open-ended, in-depth interviews with one senior adult woman in order to gather a narrative about the events and experiences that occurred over the course of her life. Second, I delimited the study to a female. I did this in order to explore stories told that were relevant to wellness across the life span from the unique perspective of a woman. Third, I delimited the study geographically by including a participant who lives in a large town in east Tennessee. Fourth, I delimited the study to include a participant

with whom I already had a previously established relationship. Because of this relationship, my personal observations of her and interactions with her led to my perception that she lived “well”. This led to the fifth delimitation which involved the inclusion of a participant who, according to my perceptions, achieved optimum well-being over the life span. Finally, while several models of wellness exist, I delimited the study by utilizing the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness as a theoretical framework. I did this in order to utilize a model that is an evidence-based, theoretically grounded, holistic, strengths-based approach that can result in improved lifestyle and well-being across the life span (Myers & Sweeney, 2004; Myers & Sweeney, 2005a).

Limitations

The oral history approach has several limitations. First, oral histories may result in pictures that are idiosyncratic, narrow, or ethnocentric (Yow, 2005). Because life stories are told from individual perspectives, views may be restricted or narrow. Second, the selected sample of narrators may be biased because only the articulate typically volunteer to participate (Yow, 2005). This could result in biased sampling that excludes individuals who are not comfortable telling their stories. Third, the in-depth life review is limited in that it presents retrospective evidence (Yow, 2005). The further back in time an interview goes, the more likely it is for distortions to be influenced by subsequent changes in norms and values which may unconsciously alter perceptions; in addition, reliance on memory over time becomes more salient, and recall can be hindered by conscious or unconscious repression (Thompson, 2000). Similarly, narrators may slant their stories to make them acceptable or interesting to the interviewer (Yow, 2005). The potential for the participant in the current study to slant her stories is of particular relevance since I have a personal relationship with her. She may want to

tell only “acceptable stories” in order to maintain her reputation. Fourth, interviewers carry personal expectations into interviews (Thompson, 2000) and into analysis and interpretation of the narratives (Yow, 2005). These personal expectations may influence outcomes of the study. Fifth, interviews may lead to distorted responses due to personal bias, anxiety, anger, politics, and simple lack of awareness as well as reactivity of the interviewee to the interviewer (Patton, 2001). Finally, the interviewee may give the interviewer what she wants to hear (Yin, 2003).

Significance of the Study

Life span development can be described as a process of expansion and growth over the duration of a person’s life in which s/he works out the possibilities of that life (Merriam-Webster, 2008). The Indivisible Self is a holistic, strengths-based model that can serve as a framework for individuals to make intentional choices that result in improved lifestyle and well-being across the life span (Myers and Sweeney, 2004; Myers and Sweeney, 2005a). Multiple researchers conducted wellness studies with a variety of populations; however, following a review of the literature, I present the following conclusions: 1) no life span developmental frameworks exist that take into account the unique experiences of women; 2) there is a paucity of research on wellness in the female population; 3) only one study on wellness exists in which the subjects are senior adults; 4) no researchers explore wellness across the life span; and 5) no qualitative studies on wellness exist. Due to these gaps in the literature, the current study is significant in several ways. First, it explores development over the entire life span from the unique perspective of women. Second, it addresses a paucity of research with wellness studies conducted with women. Third, it fills a gap in the literature for wellness studies conducted with senior adults. Fourth, it is the first study to explore wellness across the life span. Fifth, it is the first study to explore wellness with a qualitative approach.

Organization of the Study

In Chapter One, I describe the current study, its significance, and its relevance to the counseling/mental health literature related to wellness. Chapter Two includes a review of the literature on the following: 1) models of human development; 2) models of wellness across disciplines; 3) models of wellness in the counseling/mental health literature; 4) conceptual literature on wellness; and 5) empirical literature on wellness. Methodological considerations and procedures for data analysis are described in Chapter Three. In Chapter Four, I re-story the participant's oral history and report findings of the study. In Chapter Five, I discuss these findings. Finally, Chapter Six contains conclusions drawn from the findings, implications for counselors and counselor educators, and implications for future research.

CHAPTER 2: REVIEW OF THE LITERATURE

Chapter Introduction

In this chapter, I review the literature pertinent to women's wellness across the life span. The first section is devoted to life span development, its definition, models, and issues relevant to women. The second section contains information about the history, definitions, and various models of wellness. In the final section, I review the conceptual and empirical literature that utilizes the wellness framework pertinent to the counseling/mental health field. I organize the conceptual and empirical literature in three ways: 1) point in the developmental life span; 2) gender; and 3) methodology.

Life Span Development

In this section, I provide a synopsis of the literature related to life span development. I define life span development as well as review several well-known models of life span development. Finally, I evaluate the models and review issues relevant to women and these models.

Definition

The term *life span* is defined as “the duration of existence of an individual”; the term *develop* means “to expand by a process of growth” or “to work out the possibilities” (Merriam-Webster, 2008). According to these definitions, life span development can be described as a process of expansion and growth over the duration of a person's life in which s/he works out the possibilities of that life. The tenets of a life-span perspective include development as: a) a lifelong process; b) multidimensional and multidirectional; c) a process that shows plasticity; d) a process involving both gains and losses; e) interactive; f) culturally and historically embedded; and g) a multidisciplinary field of study (Baltes, 1987). Several experts proposed models to

explain ways in which individuals expand and grow through the course of the life span (Erikson, 1950; Freud, 1962; Havighurst, 1972; Levinson; 1978; Levinson & Levinson, 1996; Lowenthal et al., 1975; McGoldrick & Carter, 2005; Piaget, 1953). These developmental frameworks serve as tools that help build an appreciation and understanding of the complexity and mystery of human lives (Blocher, 2000). In the next section, I review several models of human development.

Theories of Human Development

In this section, I describe several well-known models of human development. These include models developed by Freud (1962), Piaget (1953), Havighurst (1972), Levinson (1978), Levinson & Levinson (1996), Lowenthal (1975), Erikson (1950), and McGoldrick and Carter (2005). I begin with models proposed by Freud (1962) and Piaget (1953).

Well-known figures such as Freud (1962) and Piaget (1953) focused on development in children. Freud (1962) based his psychoanalytic theory on five sequential stages of psychosexual development through which children progress: the oral (0-18 months), anal (18-36 months), phallic (3-5 years), latency (6 years-puberty), and genital (puberty and beyond) stages. Freud believed that interruptions in development are a direct result of either the under- or overgratification of impulses at any of these stages; furthermore, the oral, anal, and phallic stages, all occurring within the first five years of life, are critical for functioning in later life. According to the theory, the only way to understand an adolescent or adult is to deal with the frustrations, conflicts, and fixations that occurred during the years of that person's early childhood (Lerner, 2001).

In a different view of development, Piaget (1953) proposed a theory of cognitive development in which children pass through a series of four stages in their basic thought

processes. These stages include the sensorimotor (0-2 years), pre-operational (2-7 years), concrete operational (7-11 years), and formal operational (12+ years) stages. Piaget believed these stages are sequential and that development always proceeds in the direction of greater complexity. According to the theory, knowledge is gained through exploration and takes the form of schemes, or cognitive structures in which individuals interpret or organize their experiences. As children develop schemes that are more sophisticated, they are better able to adapt and assimilate to their environments (Piaget).

While Freud and Piaget focused on children, other developmental theorists (Havighurst, 1972; Levinson, 1978; Levinson and Levinson, 1996; Lowenthal, 1975) focused on adults. Havighurst (1972) believed individuals face concrete developmental tasks that arise at certain points in their lives; successful achievement of the tasks leads to happiness and future success with other tasks, while failure leads to individual unhappiness, society's disapproval, and difficulty with later tasks. Havighurst identified six age periods ranging from "infancy and early childhood" to "later maturity". He also pinpointed six to nine developmental tasks for each of these age periods. Examples of developmental tasks to be achieved during early and middle age include selecting a mate, rearing children, developing adult leisure time activities, and adjusting to aging parents (Havighurst).

In a different view of adult development, Levinson et al. (1978) posited that the life course is a sequence of alternating phases of change and consolidation, each lasting several years. Each of these eras, or seasons, is defined by distinguishing characteristics of the phase. These phases include early adult transition, entering the adult world, settling down, entering middle adulthood, and late adult transition. Levinson's model is essentially a crisis theory that describes major tasks involving important choices about life style and career (Lefrancois, 1996).

He believed that adults experience a repeated process of building life structures, or patterns of life reflecting priorities and relationships, and then questioning and altering them; structure-building periods alternate with transitional periods when individuals question their life decisions (Levinson). According to the theory, work is the primary preoccupation during early adulthood; in later years, work becomes less important while self and the family become more important (Lefrancois). Levinson formulated his theory through interviews with 40 men between the ages of 35 and 45. He and his wife later conducted interviews with females in order to formulate a theory of women's development (Levinson & Levinson, 1996).

Levinson and Levinson (1996) studied women's development from the late teens to the sixties and beyond (Levinson & Levinson, 1996). Researchers conducted extensive biographical interviews with 45 homemakers, women faculty members, and businesswomen between the ages of 35 and 45 years. While Levinson and Levinson attempted to expand the knowledge base of women's development through this study, they continued to purport that men and women experienced adult development in very similar ways. As with the first model, the developmental stages proposed for women include the early adult transition, entering the adult world, settling down, entering middle adulthood, and late adult transition, with emphasis placed on the last two stages (Levinson & Levinson, 1996).

Lowenthal et al. (1975) proposed a theory based on common transitions faced by individuals at different stages of life. Theorists researched the experiences of 216 men and women at four different life stages (i.e., high schoolers, newlyweds, middle-aged persons, and people in their pre-retirement years). Results of interviews with these individuals indicated that gender, not stage of life, accounted for the variance in expectations and life experiences of participants at each stage of life. Lowenthal et al. (1975) described differences between the

experiences of women and men at different life stages with dramatic differences occurring during middle-age. Examples of these differences include that women had self images almost as negative as high schoolers and were more conflicted than those in the oldest group; in addition, middle-aged women were the second least happy of all participant groups. They were also the least satisfied with life and the most stressed of group participants.

Freud (1962), Piaget (1953), Havighurst (1972), Levinson (1978), Levinson and Levinson (1996), and Lowenthal (1975), suggested models of human development related to either adults or children; however, these models do not provide a complete picture of development across the life span. Two models do, however, encompass the entire life course (Erikson, 1950; McGoldrick & Carter, 2005). One developmental framework encompassing the entire life course is Erikson's (1950) model of psychosocial development. In this model, Erikson purported that as individuals develop, the demands of life pose crises to be resolved. The resolution of each crisis leads to the development of a new virtue or strength. The eight stages are as follows: 1) basic trust versus basic mistrust (0-1 year); 2) autonomy versus shame and doubt (1-6 years); 3) initiative versus guilt (6-10 years); 4) industry versus inferiority (10-14 years); 5) identity versus role confusion (14-20 years); 6) intimacy versus isolation (20-35); 7) generativity versus stagnation (35-65 years); and 8) ego integrity versus despair and disgust (65 years+) (Erikson). According to the theory, in order to progress through each stage, one must successfully resolve each conflict. This process involves the development of new attitudes, behaviors, or preoccupations. Erikson believed that none of the conflicts are ever completely resolved; therefore, individuals carry remnants of old fears, insecurities, and conflicts throughout life (Erikson).

In another view of life span development, McGoldrick and Carter (2005) proposed a theory called The Individual Life Cycle in Context. Theorists described nine stages of the model: 1) infancy (birth-2 years); 2) early childhood (2-6 years); 3) middle childhood (6-11 or 12 years); 4) pubescence (11-13 for girls; 12-14 for boys); 5) adolescence (13-14 to 21); 6) early adulthood (21-35 years); 7) middle adulthood (35-60 years); 8) late middle age (50-55 to early 70s); and 9) aging (75 years and on). McGoldrick and Carter identified multiple physical, social, intellectual, spiritual, and emotional life cycle tasks to be accomplished at the various stages. According to the theory, each person's individual life cycle intersects with the life cycle of the family at every point. Failure to meet normative expectations for individual development leads to repercussions on the family. In turn, a family's adaptation to its tasks influences the development of the individual. In addition, the socioeconomic, racial, cultural, and gender context of the family influences all these developmental transitions (McGoldrick & Carter).

In summary, several well-known theorists posited models of human development (Freud, 1962; Erikson, 1950; Havighurst, 1972; Levinson, 1978; Levinson & Levinson, 1996; Lowenthal et al, 1975; McGoldrick & Carter, 2005; Piaget, 1953). While some focused on children (Freud, 1962; Piaget, 1953), others focused on adults (Havighurst, 1972; Levinson, 1978; Levinson and Levinson, 1996; Lowenthal et al., 1975). Only two focused on the entire life span (Erikson, 1950; McGoldrick & Carter, 2005). In the next section, I provide a critique of each of the models

Critique of Developmental Theories

In this section, I evaluate the aforementioned models of human development. I begin with a discussion of the contributions and limitations of each theory. I end with a critique of these models in relation to women's development.

Freud (1962) proposed a theory of psychosexual development in children. He made several contributions with this theory. First, it is one of the first and most influential developmental theories (Sigelman, 1999). Second, his ideas directly impacted the fields of social work, psychiatry, psychology, history, and literature; in addition, his ideas increased awareness of childhood influences on adult behavior as well as unconscious and irrational expression (Sugarman, 2001). Furthermore, Freud's theory provides a rich basis for understanding personality and led to the formulation of other major theories (Lefrancois, 1996). On the other hand, the theory has several limitations. First, Freud believed nature had a primary role in development, independent of the contribution of nurture (Lerner, 2002). Second, many of Freud's ideas resulted from his psychoanalysis of disturbed adults; therefore, he constructed his theory of childhood development without actually observing any children (Lerner). Third, Freud's theory is not evidence-based (Lefrancois, 1996; Sigelman, 1999; Sugarman 2001). Finally, Freud held many sexist views (Sigelman). Examples of these sexist attitudes include the following: anatomy is destiny; females are mainly concerned with the roles of wife and mother; the female child considers herself defective because she does not have a penis; females have a lesser capacity for sublimation; and general feelings of inferiority and inadequacy in females lead to inward aggression and masochistic personalities (Marmor, 1973).

While Freud proposed a theory of psychosexual development, Piaget (1953) proposed a theory of cognitive development for children. Contributions of Piaget's theory include viewing cognition as a developmental phenomenon rather than development as a cognitive phenomenon; stimulation for other scholars to study stages of cognitive development beyond formal operations; and an organismic account of development in which development is the outcome of interactions between the individual and the environment (Lerner, 2002). Piaget's theory,

however, also has limitations. While the majority of today's scholars accept many aspects of the theory, some find fault for its lack of mention of the influences of emotion and motivation on thought processes; in addition, some question whether Piaget's stages are really coherent modes of thinking or if children instead acquire cognitive skills at different rates (Sigelman, 1999). Piaget also believed all humans in every culture develop through the same stages toward the same endpoints; therefore, another limitation is the lack of sensitivity and attention to individual differences (Lerner, 2002).

While Freud (1962) and Piaget (1953) offered theories of development focused on children, Havighurst (1972), Levinson (1978), Levinson and Levinson (1996), and Lowenthal et al. (1975) proposed theories of adult development. Havighurst (1972) believed growth occurs when individuals successfully achieve a series of concrete developmental tasks. Contributions of this theory include the following: the concept of developmental tasks can be used as a coherent framework for describing the life course; the tasks are empirically defined; and the concept assumes interactions between individuals and their environments (Sugarman, 2001). While the theory has its strengths, it also has its limitations. First, because the tasks are relatively concrete, there is a risk of conflating the "is" with the "ought"; it is assumed that all tasks are appropriate for all (Sugarman). In addition, some of the tasks may now seem outdated such as "learning to live with a marriage partner" in a society where the increasing trend for couples is to cohabit prior to marriage (Sugarman). Finally, Sheehy (1996) argued that since the publication of Havighurst's theory, prevalent age norms from that time have shifted. These include earlier onset of puberty, prolonged adolescence into the late twenties, and the birth of babies later in life (Sheehy).

In a different view of development, Levinson (1978) proposed a stage theory of adult development that reflects priorities and relationships with other people and the larger society. While this theory is empirically based (Sugarman, 2001), emphasizes multi-dimensional influences on development (e.g., sociocultural influences, the self, and one's interactions with the world) (Levinson, 1978), and is supported by similar studies (Sheehy, 1976; Valliant, 1977), it also has its limitations. First, Levinson formulated his stages from interviews with forty men ages 35 to 45 (Sigelman, 1999). Because of this limited sample, the model is contested on the grounds of racial, gender, cultural, and/or historical parochialism (Schlossberg et al., 1995) as well as its lack of attention to sexual orientation (Sugarman). In addition, Levinson did not base the final two stages of his theory on his research but on his suppositions of the sequences his participants would likely experience as they grew older (Levinson, 1978).

In a similar view of development, Levinson and Levinson (1996) proposed a theory of adult development for women. While this attention to differences in adult development by gender expanded the knowledge base of women's development (Degges-White, 2003), the theory has several limitations. First, researchers did not interview women over the age of forty-five (Levinson & Levinson). Second, a significant number of women were left out of the study including those from different socioeconomic classes and those with high school or undergraduate education (Degges-White, 2003). Third, researchers conducted interviews during the early 1980s and admit that changing social conditions could lead to different results today (Levinson & Levinson). Final limitations include a sample limited in number and the use of chronological age ranges to structure the theory (Degges-White).

In a final view of adult development, Lowenthal et al. (1975) proposed a theory of development based on transitions commonly faced by individuals at various life stages.

Contributions of this theory include that it is a framework based on life transitions (Lerner, 2001). In addition, the theory indicates that women and men experience certain stages such as midlife differently (Degges-White, 2003). However, Lowenthal et al. (1975) admitted that their study did not adequately address the participants' perceptions of the values, norms, and institutions of their contexts, which they view as integral in influencing behavior. Researchers also emphasized variability in the perceptions of certain events. For example, widowhood could be traumatic in early midlife while it is more expected during the retirement years (Lowenthal et al.).

While Havighurst (1972), Levinson, (1978), Levinson and Levinson (1996), and Lowenthal (1975) proposed theories of adult development, Erikson (1950) and McGoldrick and Carter (2005) proposed frameworks for life span development. In the first proposed life span model, Erikson (1950) offered his theory of psychosocial development. Contributions of this theory include a focus on the conscious self as opposed to Freud's focus on unconscious drives or instincts (Sugarman, 2001). In addition, he captured some central developmental issues in his eight stages (Sigelman, 1999), offered a view that personality develops through life, and that personality develops through cultural, social, and historical influences (Sugarman). However, the theory has limitations. First, it is sometimes vague and difficult to test (Sigelman, 1999). Second, the linear nature of the theory is a shortcoming in light of the frequent non-linear pathways of human development (Lachman & James, 1997). Third, some critics questioned the comprehensiveness of both the number and content of his stages (Sugarman, 2001). Fourth, the theory is considered conformist and excessively supportive of the status quo (Roazen, 1976). Fifth, the theory does not lend itself to specific age-related predictions for individuals and cannot be experimentally validated (Lefrancois, 1996). Finally, Erikson, like Freud, is biased toward

feminine inferiority. In one of his writings, Erikson devotes seventeen pages to the development of the male adolescent and only one paragraph to the female; this inferiority is further evidenced by his position that a woman is complete only when she attains the roles of wife and mother (Wesley, 1980). This would indicate that women cannot successfully navigate the challenge of generativity versus stagnation and the subsequent stage of integrity versus despair if they are childless (Degges-White, 2003).

Other critics argue that Erikson, like most early theoreticians, was male and tended to ignore female development (McGoldrick and Carter, 2005). While separation and autonomy have been the cornerstone values for theories of male development, only in recent decades have experts considered the primary values of interdependence, caring and attachment, relationship, and attention to context in the role of female development (McGoldrick and Carter, 2005). Gilligan (1982), for example, observed that women and men differed in the ways they talked about moral dilemmas they may face during the courses of their lives. Central to women's responses were themes of relationships, responsibilities, and care. While most men tended to view the world in terms of autonomy, women viewed the world in terms of connectedness (Gilligan).

Erikson's (1950) model of psychosocial development is one example of how widely accepted theories ignore the unique female perspectives of relationship and connectedness. This theory does not take into consideration the human ability to communicate; it makes no reference to interpersonal issues between the ages two and twenty; and all other stages leading to adulthood involve individual versus relational issues (McGoldrick and Carter, 2005). In response to many of the male-oriented developmental models, McGoldrick and Carter offered a different view of life span development.

McGoldrick and Carter (2005) proposed a theory of life span development called The Individual Life Cycle in Context. The theory takes into account the physical, social, intellectual, spiritual, and emotional tasks to be accomplished at various stages of the life cycle. McGoldrick and Carter offer contributions of their theory. These include the addition to the literature of another life span model of development as well as the existence of a model that is holistic and applies to both males and females (McGoldrick & Carter). While McGoldrick and Carter attempted to provide a universal model by taking both men's and women's perspectives into account, no model exists that focuses solely on the unique aspects of women's development. In addition, the theorists suggested that that the stages and tasks outlined in the theory successfully occur in the context of a nonracist, nonsexist culture (McGoldrick & Carter). This calls into the question the applicability of the model for individuals who face racism and sexism in their lives. While the authors admit that the framework is only a rough and suggestive guideline, the theory does take into consideration the relational aspect that women perceive to be so influential in their development (McGoldrick & Carter).

Most developmental frameworks are normative, that is, based on the generalized experiences of a group of people; however, no framework is universal (Blocher, 2000). Women's lives involve a weaving together of many strands and, thus, ever changing life cycle roles; and while women have traditionally played a central role in families, they also have a variety of life experiences apart from the roles of wife and mother (McGoldrick, 2005). Women may encounter developmental phases and/or tasks during the life span that deal not only with families, marriage, and mothering, but with, education, adolescence, work, caretaking, friendships, loss (McGoldrick, 2005), and spirituality (Choate, 2008). Other experts describe potential issues for women across the life span. These include mood and anxiety disturbances,

body image, trauma and violence, disabilities, gender socialization, family and work balance, self-care, physical health and illness, substance use and abuse, and positive aging (Worell and Goodheart, 2006).

In summary, several theorists posed models of human development (Erikson, 1950; Freud, 1962; Havighurst, 1972; Levinson, 1978; Levinson & Levinson, 1996; Lowenthal, 1975; McGoldrick & Carter, 2005; Piaget, 1953). While these theorists made multiple contributions with their models, each of the frameworks has limitations. One limitation of import to the current study is that the majority of theorists ignored the unique development of females (Gilligan, 1982; McGoldrick & Carter, 2005).

Summary

Life span development is a process of expansion and growth over the duration of a person's life in which s/he works out the possibilities of that life (Merriam-Webster, 2008). While a number of theorists focused on the development of children (Freud, 1962; Piaget, 1953) and adults (Havighurst, 1972 ; Levinson, 1978; Levinson & Levinson, 1996; Lowenthal et al., 1975), only two described life span development in its entirety (Erikson, 1950; McGoldrick & Carter, 2005). Theorists made several contributions with each of these models. However, each one also has limitations. Of importance to the current study is that the majority of theorists did not propose models that take into account the unique life experiences of women (Gilligan, 1982; McGoldrick & Carter, 2005).

Wellness

In this section, I explore the background and history of the concept of wellness. I provide definitions of wellness from a variety of disciplines and describe models of wellness proposed by

experts in these fields. I conclude the section by describing models of wellness pertinent to the counseling/mental health field.

Background

The concept of wellness is deeply rooted in history. The Greek philosopher Aristotle is the first individual credited with writing about wellness in the fifth-century B.C. (Myers & Sweeney, 2005c). Based on the philosophy of avoiding the extremes of deficiency and excess, he identified a type of well-being called *eudemonia*; this term was described as “a state of happiness or flourishing” and as “the ultimate expression of a person’s ability to live and fare well” (Myers and Sweeney, 2005a, p. 7). Today, wellness is of great interest to a number of professionals in a variety of fields including social work (Hare, 2004), the health sciences (World Health Organization, 1948, 1962), psychology (Seligman & Csikszentmihalyi, 2000), and counseling (Myers & Sweeney, 2004; Myers & Sweeney, 2005a). In the following section, I provide perspectives about wellness from these fields.

Definitions

Merriam-Webster defined wellness as “the quality or state of being in good health especially as an actively sought goal” (2008). In recent decades, several disciplines embraced the concept of wellness and developed their own definitions to describe approaches for proactively and positively improving quality of life, particularly wellness of the total person (Witmer & Sweeney, 1992). The disciplines addressing holistic wellness include social work, health sciences, psychology, and counseling. First, social workers seek to enhance well-being through the promotion of social change, solving problems in human relationships, and empowerment and liberation (International Federation of Social Workers, 2002). Experts in this field defined well-being as “a state of successful performance throughout the life course

integrating physical, cognitive, and social-emotional function” (Pollard and Davidson, 2001, pp. 10-11). Secondly, professionals in the health sciences focus on well-being by promoting good health and healthy behaviors among individuals. As early as 1947, the World Health Organization (WHO) defined health as “physical, mental, and social well-being, not merely the absence of disease” (WHO, 1948, p.1). A later definition described optimal health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (WHO, 1964, p.1). Professionals later added spiritual well-being to this definition (Witmer & Sweeney, 1992). Third, psychologists, in a field historically dominated by a focus on pathology, realized the benefits of optimal human functioning in improving quality of life and preventing pathology (Seligman & Csikszentmihalyi, 2000). This paradigm shift, termed the positive psychology movement, is described as the “science of positive subjective experience, positive individual traits, and positive institutions” (Seligman & Csikszentmihalyi, 2000, p. 5). In order to meet the goals of positive psychology, individuals must consider optimal functioning at multiple levels; these include cultural, relational, biological, institutional, biological, experiential, personal, and global levels (Sheldon, Frederickson, Rathunde, Csikszentmihalyi, & Haidt, 2008).

Finally, and of particular importance to the current study, is the concept of wellness from the counseling/mental health perspective. Witmer and Sweeney (1992) cited Adler (1954), Maslow (1970), and Jung (1958) as the origin of the counseling profession’s focus on wellness of the “total person”. For example, in his writings about individual psychology, Adler (1954) noted that the final purpose of the psychic life was to guarantee human existence and to accomplish secure development; Maslow (1970) studied characteristics of healthy people and observed that growth, self-actualization, and the pursuit toward health were widespread human

tendencies; and Jung (1958) noted the human psyche sought integration through an instinctual drive toward health and wholeness. In addition, in their work with children and young adults, early guidance workers concerned themselves with all aspects of development – physical, psychological, and social (Farwell & Peters, 1957).

More recently, in attempts to describe approaches to wellness and prevention over the life span, counseling professionals examined theoretical concepts from psychology, sociology, religion, anthropology, ecology, education, and behavioral medicine (Witmer and Sweeney, 1992). After reviewing literature from multiple disciplines, they proposed the following definition:

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. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving (Myers, Sweeney, & Witmer, 2000, p. 252).

According to this definition, individuals do not achieve well-being through adequate health and acceptance of what is normal; instead they benefit from making choices about what is desirable and necessary for optimum health and functioning (Witmer & Sweeney, 1992).

In summary, the concept of wellness is deeply rooted in the fifth-century writings of Aristotle (Myers & Sweeney, 2005c). In recent decades, a variety of disciplines embraced the concept of wellness including social work, the health sciences, psychology, and counseling/mental health. Of importance to the current study is the view of wellness from the counseling/mental health field. According to this discipline, 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. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving (Myers, Sweeney, & Witmer, 2000, p. 252).

In the next section, I describe models of wellness that provide guidelines for achieving this state of optimal well-being.

Models

In this section, I provide descriptions of wellness models originating from three fields: physical health sciences and medicine (Ardell, 1977; Dunn, 1961; Hettler, 1984; Travis & Ryan, 1981/1988), psychology (Ryff & Keyes, 1995), and counseling/mental health (Sweeney & Witmer, 1991; Witmer & Sweeney, 1992; Myers, Sweeney, & Witmer, 2000; Myers & Sweeney, 2004; Myers & Sweeney, 2005a).

First, I begin with a review of wellness models from the physical health sciences and medical fields. Halbert Dunn is widely known as the architect of the modern wellness movement (Myers & Sweeney, 2005a). In 1961, he defined wellness as “an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable” (Dunn, 1961, p. 4). He symbolized high-level wellness with three interlocking circles representing body, mind, and spirit as an interrelated and integrated whole. An arrow driving upward through the center of the circles symbolizes the life cycle of the individual as he or she strives toward the achievement and actualization of purposeful living. The goal of the well person is growing toward maturity, wholeness, and self-fulfillment.

If Dunn was the architect of the modern wellness movement, then Bill Hettler is considered the father of wellness as we now know it (Myers & Sweeney, 2005a). Hettler defined

wellness as “an active process through which people become aware of, and make choices toward, a more successful existence” (1984, p. 14). He proposed a model of wellness comprised of six components: physical, emotional, occupational, social, intellectual, and spiritual. Hettler presented these components graphically in a hexagon and suggested that individuals devote a balance of time and energy to each one.

Don Ardell (1977) created a wellness model illustrated by a circle surrounded by four characteristics that contribute equally to wellness. In the center of the circle is self-responsibility. The four characteristics surrounding the circle are stress management, nutritional awareness, physical fitness, and environmental sensitivity. In subsequent revisions, he changed the four characteristics to nutritional awareness and physical fitness, relationship dynamics, emotional intelligence, and meaning and purpose. The most recent model consists of only three components: the mental domain, physical domain, and meaning and purpose.

John Travis (1972), a physician, proposed a model that discriminated between health and wellness by placing the two on a continuum. According to this model, illness is on one end of the continuum and progresses through increasing disability, worsening health, and eventually premature death. High level wellness is on the other end and is achieved by education, an awareness of health needs, and growth in positive ways. In the middle of the continuum is health, a neutral state where both illness and wellness are absent. High level wellness is the goal and involves using your mind constructively, giving good care to your physical self, being creatively involved with those around you, expressing your emotions effectively, and being concerned about your psychological, physical, and spiritual environments (Travis & Ryan, 2004).

Moving away from models that originated in the fields of health sciences and medicine, I now describe a model of psychological well-being from the positive psychology literature. Ryff (1995), a proponent of positive psychology, defined well-being as “the striving for perfection that represents the realization of one’s true potential” (p. 100). Elsewhere, professionals described the concept in terms of a cognitive component that emphasized life satisfaction as well as affective elements of happiness (Ryff & Keyes, 1995). Ryff and Keyes (1995) presented a multidimensional approach to the measurement of psychological well-being. The model consists of six distinct aspects of human actualization: Autonomy, Personal Growth, Environmental Mastery, Self-Acceptance, Positive Relations with Others, and Purpose in Life. While this wellness model is the only one available in the psychology literature, positive psychologists predict that in the next century, the profession will gain a better understanding of the factors that lead to flourishing individuals, communities, and societies (Seligman & Csikszentmihalyi, 2000).

In this section, I described wellness models from the fields of health sciences and medicine (Ardell, 1977; Dunn, 1961; Hettler, 1984; Travis & Ryan, 1981/1988) and psychology (Ryff & Keyes, 1995). In the next two sections, I review models of wellness provided in the counseling/mental health literature.

Wheel of Wellness

In the counseling literature, Sweeney and Witmer (1991), Witmer and Sweeney (1992), and Myers, Sweeney, and Witmer (2000) proposed a model of wellness based on Adlerian Individual Psychology (Adler, 1954) called the Wheel of Wellness (See Figure 1). This model resulted from cross-disciplinary studies that sought to identify correlates of quality of life, health, and longevity. Results of this investigation indicated a relationship between twelve components of wellness: physical fitness, nutrition, sense of humor, intellectual stimulation, problem

solving, creativity, spontaneous and emotional response, realistic beliefs, sense of control, sense of worth, self-regulation, and spirituality. In subsequent revisions, theorists changed the term *self-regulation* to *self-direction*, a more active and empowering term; in addition, they also altered the twelve components to the following: gender identity, cultural identity, sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, nutrition, exercise, self-care, and stress management.

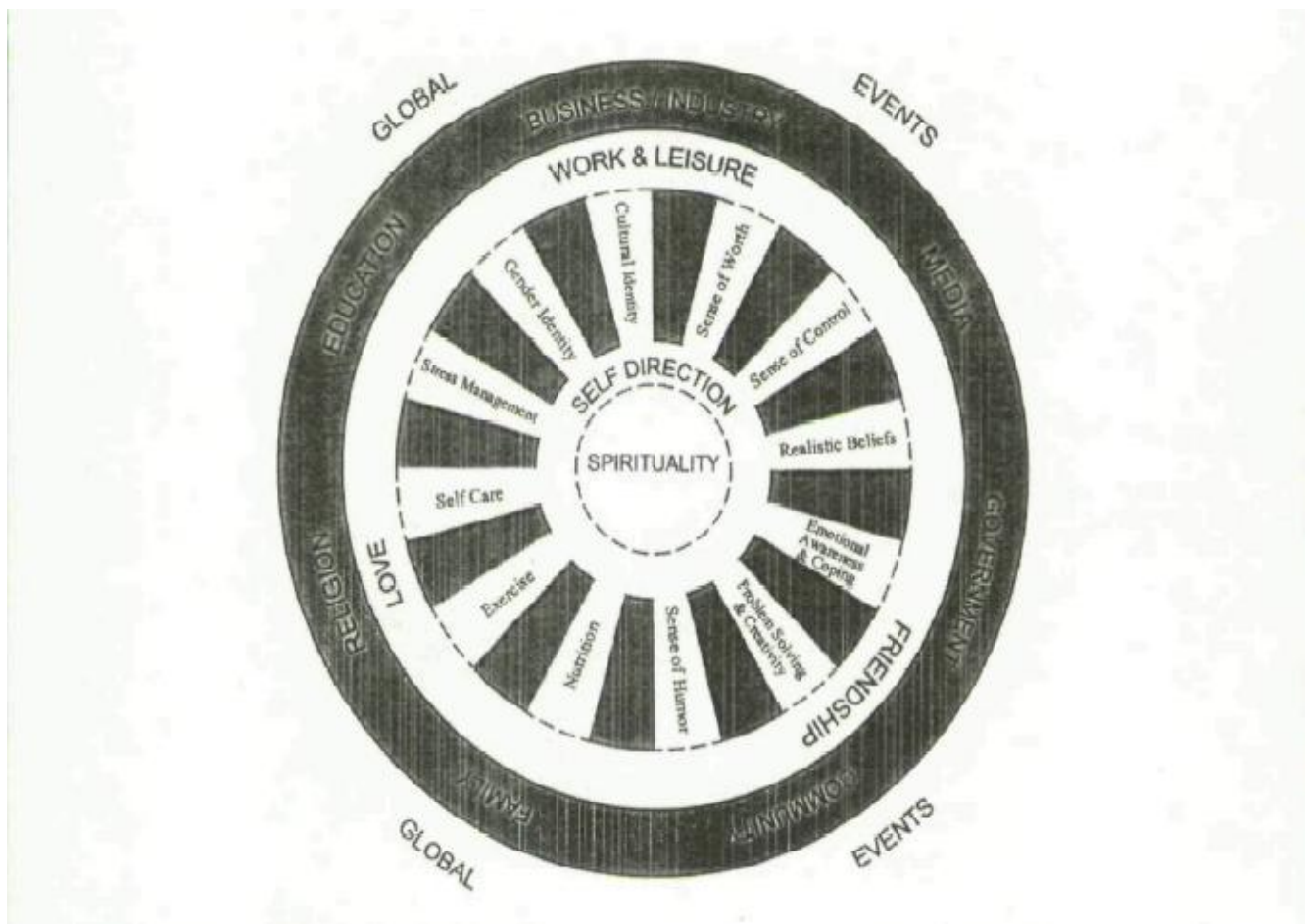


Figure 1. The Wheel of Wellness

Myers, J. E., & Sweeney, T. J. (2004). The indivisible self: An evidence-based model of wellness. *The Journal of Individual Psychology*, 60(3), 234-244.

In this model, theorists presented the twelve characteristics in the form of a wheel, named the Wheel of Wellness. Incorporated in the rim of the Wheel are the three basic life tasks of work, friendship, and love defined by Adler (1954). In addition, spirituality is at the core of the wheel to represent the tasks of self and spirit identified by writers of the Adlerian tradition (Mosak & Dreikurs, 1967, 1973). The remaining components of wellness are in the spokes of the Wheel. Theorists creating the model chose the symbol of a wheel in order to demonstrate that a deficit in one area can negatively affect other areas, causing the wheel to roll unevenly or collapse like a wheel out of round (Myers & Sweeney, 2005a). In addition to the components necessary for achieving optimal wellness, the Wheel model suggests an interaction between the individual and a number of life sources that may impact wellness. These life sources include global events, education, business and industry, media, government, community, family, and religion. In order to assess wellness based on the components of the Wheel, theorists developed an instrument called the Wellness Evaluation of Lifestyle (WEL; Myers, 1998; Myers, Witmer, & Sweeney, 1996); however, results of data analyses on the Wheel did not support the hypothesized model (Hattie, Myers, & Sweeney, 2004; Myers & Sweeney, 2004; Myers & Sweeney, 2005a).

As a result of these findings, theorists examined the factor structure of the model and created a new framework; this new model of holistic wellness, and of particular importance to the current study, is the Indivisible Self: An Evidenced-Based Model of Wellness (Myers & Sweeney, 2004; Myers & Sweeney, 2005a). In the following section, I provide a detailed description of this model as well as review the conceptual and empirical literature relevant to the model.

The Indivisible Self

Following extensive factor analysis of the Wheel, theorists proposed the Indivisible Self wellness model (IS-Wel; Myers & Sweeney, 2004; Myers & Sweeney, 2005a) (See Figure 2); this model is composed of one Higher Order Factor (The Indivisible Self), five Second Order Factors (the Creative Self, Coping Self, Social Self, Essential Self, and Physical Self (Myers and Sweeney, 2004; Myers and Sweeney, 2005a), and seventeen Third Order factors identified later in this section. Included in the model are local, institutional, global, and chronometrical contexts that influence individuals' lives (Myers and Sweeney, 2004; Myers and Sweeney, 2005a).

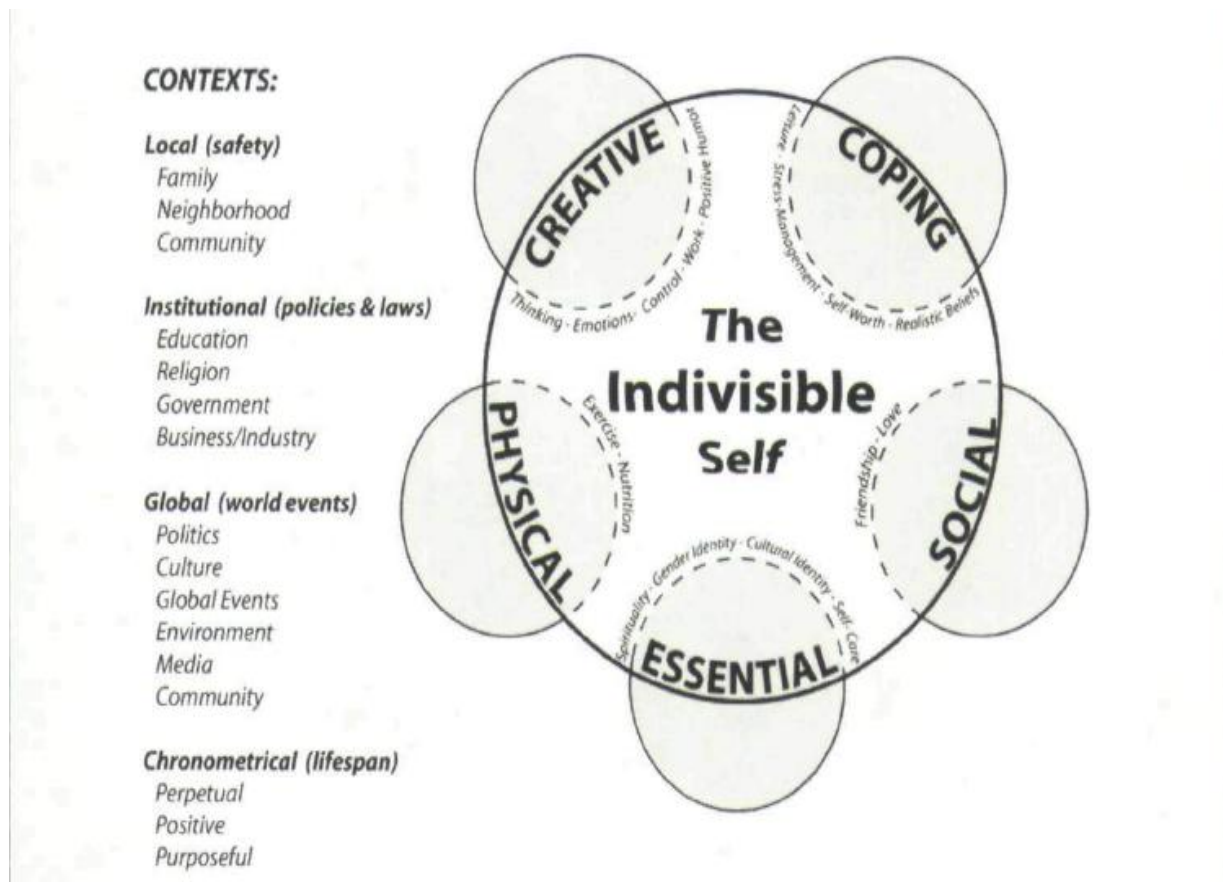


Figure 2. The Indivisible Self

Myers, J. E., & Sweeney, T. J. (2004). The indivisible self: An evidence-based model of wellness. *The Journal of Individual Psychology*, 60(3), 234-244.

Following factor analysis of the components of the Wheel, theorists identified one higher order factor to which all other components of wellness were statistically related (Myers & Sweeney, 2004; Myers & Sweeney, 2005a). At first this seemed counterintuitive; however researchers hypothesized that this holism could be explained by Adler's claim that individuals are more than the sum of their parts and that only by examining an individual as a whole can each portion be understood in context (Myers & Sweeney, 2004; Myers & Sweeney, 2005a). This higher order factor was named The Indivisible Self and defined as "a measure of one's general well-being or total wellness" (Myers and Sweeney, 2005a, p. 33).

Five Second Order factors were identified: Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. Each of these factors is comprised of several Third Order factors with a total of seventeen Third Order factors incorporated in the model (Myers and Sweeney, 2004; Myers and Sweeney, 2005a). First, the Creative Self is defined as "the combination of attributes that each of us forms to make a unique place among others in our social interactions and to interpret our world" (Myers & Sweeney, 2005a, p.33). It is comprised of four interrelated components identified as Third Order Factors: Thinking, Emotions, Control, Work, and Positive Humor. The theorists discussed ways in which thinking affects individuals' emotions and bodies and that emotions, in turn, influence cognitive processes. They also posited that having a sense of control over one's life events and the ability to use positive humor has a positive influence on physical and mental well-being. In addition, one's contribution through his/her work enhances the capacity to live a creative, full life.

Second, the Coping Self is defined as "the combination of elements that regulate our responses to life events and provide a means for transcending their negative effects" (Myers & Sweeney, 2005a, p. 33). It is comprised of four Third Order Factors: Leisure, Stress

Management, Self-Worth, and Realistic Beliefs. Theorists explained that by relinquishing irrational beliefs leading to frustration or disappointment, individuals could reduce or cope with stress. In addition, effectively coping with life's challenges could enhance self-worth. Leisure activities also contribute to wellness because they can stimulate creativity and help individuals cope with problems in life.

Third, the Social Self, defined as “social support through connections with others in our friendships and intimate relationships, including family ties” (Myers & Sweeney, 2005a, p. 33), is composed of two Third Order Factors: Friendship and Love. The presence of these factors enhances both quality and length of life for individuals. While alienation, isolation, and separation from others is associated with poor health and premature death, social support predicts positive mental health over the course of the life span. Theorists suggested that the mainstay of friendship and love is family support with healthy families being of particular importance to well-being.

Fourth, the Essential Self, “our essential meaning-making processed in relation to life, self, and others” (Myers & Sweeney, 2005a, p. 33), is comprised of Spirituality, Gender Identity, Cultural Identity, and Self-Care. Spirituality is described as one's sense of purpose, meaning, and hopefulness toward life. Gender and cultural identity influence individuals' perceptions of life experiences and affect essential meaning-making processes relating to life, self, and others. Self-care involves making proactive choices to live long and well; therefore, unhealthy habits and general disregard for well-being are potential signs of despair or hopelessness that reflect loss of meaning and purpose in life.

Finally, the Physical Self, or “the biological and physiological processes that comprise the physical aspects of our development and functioning” (Myers & Sweeney, 2005a, p. 33),

consists of two components: Nutrition and Exercise. Theorists described the importance of exercise and nutrition for living long, healthy lives; although, they note that these factors are often overemphasized and tend to overshadow other components contributing to holistic wellness.

In addition to the Higher Order, Second Order, and Third Order Factors, creators of the IS-Wel model recognized the influence of context on the wellness of individuals and how these individuals, in turn, influenced their systems. These systems include local, institutional, global, and chronometrical contexts (Myers & Sweeney, 2004; Myers & Sweeney, 2005a). Local contexts are the systems in which we live most often and include families, neighborhoods, and communities. Institutional contexts are social and political systems such as education, government, religion, the media, and business and industry. Global factors include politics, global events, culture, and the environment. Chronometrical contexts involve movement and change over time and are conceptualized as purposeful, perpetual, and evolving with consequence for later life.

In 1999, Myers and Sweeney developed the Five Factor Wellness Inventory (5F-Wel; Myers & Sweeney, 1999) to identify the wellness factors identified in the evidence-based IS-Wel (Myers & Sweeney, 2004). The 5F-Wel includes 73 items that are attitudinal and behavioral statements such as “I am an active person” and “I believe in the existence of a power greater than myself”. Respondents rate themselves on a 5-point Likert-type scale. Scores are simple sums of each of the items. Results of the inventory yield measures of total wellness as well as measures for the five Second Order and seventeen Third Order factors.

In summary, theorists from the counseling/mental health field proposed the Wheel of Wellness (Myers, Sweeney, and Witmer, 2000; Sweeney and Witmer, 1991; Witmer and

Sweeney, 1992), and the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) models of wellness. Each model has a corresponding inventory to measure levels of wellness: the Wellness Evaluation of Lifestyle (WEL; Myers, 1998; Myers, Witmer, & Sweeney, 1996) and the Five Factor Wellness Inventory (5F-Wel; Myers & Sweeney, 1999). While data analyses on the Wheel of Wellness did not support the hypothesized model, theorists identified the Indivisible Self is an evidence-based, theoretically grounded, holistic, interactive, strengths-based model that can serve as a framework for individuals to make intentional choices that result in improved lifestyle and well-being across the life span (Myers & Sweeney, 2004; Myers & Sweeney, 2005a). I will now review the conceptual and empirical literature related to this model.

Summary

In summary, the concept of wellness is deeply rooted in the fifth-century writings of Aristotle (Myers & Sweeney, 2005c). In recent years, a variety of disciplines embraced the concept of wellness, and theorists proposed multiple wellness frameworks (Ardell, 1977; Dunn, 1961; Hettler, 1984; Ryff & Keyes, 1995 Travis & Ryan, 1981/1988). Of importance to the current study is the view of wellness from the counseling/mental health field. According to this discipline, 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. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving (Myers, Sweeney, & Witmer, 2000, p. 252).

Theorists proposed the Wheel of Wellness (Myers, Sweeney, & Witmer, 2000; Sweeney & Witmer, 1991; Witmer & Sweeney, 1992) and the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) models of wellness in the counseling/mental health literature. They also developed corresponding inventories to measure levels of wellness. Results of data analyses on the Wheel did not support the hypothesized model (Hattie, Myers, & Sweeney, 2004; Myers & Sweeney, 2004; Myers & Sweeney, 2005a); however, theorists identified the Indivisible Self as an evidence-based, theoretically grounded, holistic, interactive, strengths-based model that can serve as a framework for individuals to make intentional choices that result in improved lifestyle and well-being across the life span (Myers & Sweeney, 2004; Myers & Sweeney, 2005a). I will now review the conceptual and empirical literature related to these models.

Conceptual and Empirical Literature on Wellness

In this section, I review the conceptual and empirical literature on wellness. I first review the conceptual literature then transition to the empirical literature. The empirical literature is organized in three ways: 1) studies based on subjects' point of development in the life span (i.e., adolescents, college students, adults, and senior adults); 2) studies based on subjects' gender; and 3) studies based on type of methodology used to conduct the research.

Conceptual Literature

Several authors offered conceptual literature about wellness. Some suggested wellness interventions with poor, rural women (Myers & Gill, 2004) and pre-tenured faculty members in counselor education (Hill, 2004); however, these authors recommended wellness interventions without reference to a particular model. Other authors recommended implementation of the Wheel of Wellness model (Myers, Sweeney, and Witmer, 2000; Sweeney and Witmer, 1991; Witmer and Sweeney, 1992) as an intervention for working with various populations. These

populations include adolescent female delinquents (Hartwig & Myers, 2003); college students (Myers & Williard, 2002; Smith, Myers, & Hensley, 2002); and caregivers (Myers, 2003).

Pertinent to the current study is the conceptual literature related to the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness. Two conceptual articles exist related to the Indivisible Self model. In one article, authors reviewed the literature relevant to wellness in the counseling field (Myers & Sweeney, 2008). In the second article, Villalba (2008) proposed the use of the Indivisible Self model in group work in elementary schools.

In their review of the literature, Myers and Sweeney (2008) explained the development of several wellness models and described results of studies using the reviewed models in order to make a case for wellness counseling as an evidence base for practice. They divided their review of wellness research into five categories: wellness of various non-counselor populations; wellness of counselors-in-training, professional counselors, and counselor educators; correlates of wellness; cross-cultural and cross-national studies; and outcome research. Following their review, authors presented several conclusions. These include a need for more studies with children, cultural and minority populations, and clinical populations; more outcome research; and studies that develop a better understanding of wellness across the life span. The authors suggested that these studies would place counseling professionals in the forefront as global advocates for programs to promote quality of life and longevity for all individuals (Myers & Sweeney, 2008).

In another conceptual article, Villalba (2007) proposed the use of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness in group work in elementary school settings. More specifically, the author suggested that small group and classroom guidance interventions are ideal settings for incorporating wellness perspectives in

schools. These interventions are preventative in nature, and teaching students about wellness at a young age may contribute to better decision making about wellness in the future (Villalba, 2008). The author contended that the model can assist children in the areas of academic, career, and personal/social growth. The author also provided examples of ways in which school counselors can incorporate wellness into small group and classroom guidance interventions.

In summary, several conceptual articles exist in which authors either proposed wellness interventions with various populations (Hartwig & Myers, 2003; Hill, 2004; Myers, 2003; Myers & Gill, 2004; Myers & Williard, 2003; Smith, Myers, & Choate, 2002; Villalba, 2008) or reviewed the literature pertinent to wellness (Myers & Sweeney, 2008). However, authors discussed the use of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model in only two articles (Myers & Sweeney, 2008; Villalba, 2008). In the first article, Myers and Sweeney (2008) reviewed the literature pertinent to wellness. Following their review, they presented several conclusions. These include a need for more studies with children, cultural and minority populations, and clinical populations; more outcome research; and studies that develop a better understanding of wellness across the life span. The authors suggested these studies could lead to advocacy programs that would promote quality of life and longevity for all individuals (Myers & Sweeney, 2008). In the second conceptual article about wellness, Villalba (2008) proposed the use of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model in group work in elementary schools. The author proposed that teaching students about wellness at a young age may contribute to better decision making about wellness in the future (Villalba, 2008). In both articles, authors recommended further wellness research with various populations in order to promote well-being for individuals across the life span. In the next section, I review the empirical wellness literature.

Empirical Literature

In this section, I review the empirical wellness literature. Multiple researchers conducted studies utilizing the Wheel of Wellness (Myers, Sweeney, and Witmer, 2000; Sweeney and Witmer, 1991; Witmer and Sweeney, 1992) framework and its corresponding assessment, the Wellness Evaluation of Lifestyle (WEL; Myers, 1998; Myers, Witmer, and Sweeney, 1996). These included investigations of wellness in adolescents (Chang, 1998; Dixon, 2002; Garrett, 1996; Hartwig, 2003; Hartwig & Myers, 2003; Makinson, 2001; Mitchell, 2001; Myers, Madathil, & Tingle, 2005; Rayle, 2005; Rayle & Myers, 2004); college students (Enochs, 2001; Granello, 1995; Hermon, 1995; Hermon & Davis, 2004; Hermon & Hazler, 1999; LaFontaine, Neisen, & Parsons, 2006; Myers & Bechtel, 2004; Myers, Mobley, & Booth, 2003; Riley, 2005; Sinclair, 2001; Spurgeon, 2002; Steigerwald, 2000; Vecchione, 1999); adults (Connolly, 2000; Connolly & Myers, 2003; Degges-White, 2003a; Dew, 2000; Dew, Myers, & Wightman, 2004; Hutchinson, 1996; Powers, Myers, Tingle, & Powers, 2004); and older persons (Dice, 2002). In addition, other researchers explored cultural adaptations of the WEL (Chang & Myers, 2003) and analyzed the WEL along with other theories of health and wellness (Webster, 2004). However, results of data analyses on the Wheel did not support the hypothesized model (Hattie, Myers, and Sweeney, 2004; Myers and Sweeney, 2004). Therefore, in this section, I review the empirical literature in which researchers utilized the evidence-based Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness and its corresponding assessment, the Five Factor Wellness Inventory (5F-Wel; Myers & Sweeney, 1999) in their investigations.

I organize the literature in three ways. First, I review studies in which the subjects are at four different points across the life span: 1) children and adolescents; 2) college students; 3) adults; and 4) senior adults. Next, I organize studies based on the subjects' gender. These

sections include the following: 1) studies in which researchers included both males and females in their investigations without reference to gender; 2) studies in which researchers included males and females in their investigations and compared results by gender; and 3) studies in which investigations were gender specific. Finally, I review the literature by methodology.

Point of Life Span Development

In this section, I review studies in which the subjects are at four different points across the life span. These include: 1) children and adolescents; 2) college students; 3) adults; and 4) senior adults. I begin by reviewing studies related to children and adolescents.

Child/Adolescent Wellness

Only one study exists in which researchers investigated wellness of children (Villalba & Myers, 2008); and only one study exists in which researchers explored adolescent wellness (Moorhead, Green, McQuiston, & Ozimek, 2008). In the study conducted with children, researchers explored the effectiveness of wellness-based classroom guidance interventions in elementary school settings (Villalba & Myers, 2008). The purpose was to determine if classroom guidance sessions aimed at increasing wellness skills and awareness would benefit children. In this pilot study, investigators developed a three-session, wellness-based classroom guidance unit based on the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) wellness model and presented it to 55 fifth grade students in a private, Southeastern school. Participants completed the Five Factor Wellness Inventory, Elementary School Version (5F-Wel-E; Myers & Sweeney, 2005b), before and after the unit. Results indicated significant increases in wellness between pre- and post-test administrations for Total Wellness as well as three of the five Second Order wellness factors: Creative Self, Social Self, and Physical Self. Further analyses indicated that students who scored lowest in wellness at pre-test were

significantly higher at post-test on all examined scales. Researchers concluded that significant increases in wellness scores between pre- and post-test administrations indicated that wellness-based classroom guidance interventions led to direct enhancements in these areas.

Other researchers explored wellness in the adolescent population (Moorhead et al., 2008). In this study, investigators employed a case study approach to examine the effects of a wellness-based intervention with a 13-year old male diagnosed with Asperger's Disorder. They utilized the 5F-Wel-E (Myers & Sweeney, 2005b) in a pre- and post-test design to examine the impact of the intervention. Scores on the pre-test functioned as a baseline for the study as well as served as the basis for the treatment plan. Results of the pre-test indicated that the participant scored lowest on the Creative and Physical Self factors. Since these factors had potential for the greatest improvements, the treatment plan capitalized on them. Following a five-month course of treatment tailored specifically to the participant, researchers administered the post-test and compared scores to pre-test results. Comparisons between scores indicated an increase in overall Physical Self as well as the second order factors of Nutrition and Exercise; however, scores decreased in the area of Creative Self. Further examination of the Third Order factors of the Creative Self indicated decreases in Emotions, Control, Work, and Positive Humor. Researchers suggested that these decreases were due to contextual factors including the timing of the pre- and post-test assessments, a move by the participant's family, and the participant's transition into high school during the intervention. Researchers recommended further wellness-based interventions with special needs children.

In summary, only two studies exist in which researchers studied wellness of children and adolescents (Moorhead et al., 2008; Villalba & Myers, 2008). Results of these investigations indicated positive outcomes for wellness-based interventions with these populations. Examples

of these positive outcomes include significant increases in wellness scores for elementary school students following a wellness-based classroom guidance intervention (Villalba & Myers, 2008) and increases in scores for Physical Self, Nutrition, and Exercise following a wellness-based intervention with a 13-year old boy diagnosed with Asperger's Disorder (Moorhead et al., 2008). While results indicate positive outcomes in both studies, further research on the effectiveness of wellness-based interventions is needed with these and other diverse child and adolescent populations. In addition, since only two studies exist in which researchers focused on wellness of children and adolescents, there is a paucity of research in this area. Finally, no studies exist in which researchers focused on wellness of females in the child and adolescent population. In the next section, I review the wellness literature related to college students.

College Student Wellness

Research on wellness focuses not only on children and adolescents but on college students. Investigators conducted eleven studies related to college student wellness. These include the following: relationships among racial identity, college type, and male wellness (Spurgeon and Myers, 2008); relationships among objectification experiences, sociocultural attitudes toward appearance, objectified body consciousness, and wellness in heterosexual Caucasian women (Sinclair & Myers, 2004); comparisons of wellness between traditional and nontraditional students (Myers & Mobley, 2004); relationships among marital messages received, marital attitudes, relationship self-efficacy, and wellness among traditional-aged, never-married students (Shurts, 2004); relationships among career aspiration, multiple role planning attitudes, and wellness in African-American and Caucasian undergraduate women (Booth, 2005); wellness as a predictor of teacher effectiveness (Harwell, 2006); perceived stress, wellness, and mattering of first-year Citadel cadets (Gibson & Myers, 2006); an examination of

athletic identity, sport commitment, time in sport, social support, life satisfaction, and holistic wellness in student-athletes (Williams, 2007); and wellness of counselor education students (Deaner, 2006; Roach, 2005; Smith, 2006). I will now provide details about each of these studies.

Spurgeon & Myers (2008) explored relationships among racial identity, college type, and wellness. Participants were 203 African-American male college juniors and seniors from two midsize universities in the southeast. One hundred participants were from a predominately White institution (PWI), and one hundred three were from an historically Black college and university (HBCU). They completed the Racial Identity Attitude Scale-Long Form (RIAS; Cross, 1971, 1995), the Five Factor Wellness Inventory (5F-Wel; Myers & Sweeney, 1999), and a demographic questionnaire. Researchers asked three questions: 1) Are there differences in wellness and racial identity between Black male undergraduates based on type of college attended (i.e., HBCUs and PWIs)?; 2) How does the wellness and racial identity of successful Black male undergraduates compare to existing norm groups?; and 3) Is there a relationship between racial identity and wellness for students attending HBCUs and PWIs? Following data analyses, researchers concluded that differences existed between students who attended PWIs and HBCUs on internalization racial identity attitudes, Physical Self wellness, and Social Self wellness. More specifically, students who attended PWIs scored significantly higher on internalization scales than those who attended HBCUs. In addition, PWI students scored statistically significantly higher on the second Physical Self factor of the 5F-Wel, while HBCU students scored higher on the Social Self factor. Finally, there was no relationship between wellness and racial identity.

Sinclair and Myers (2004) explored the relationship between wellness and body experience in a population of female college students. They hypothesized that women with lower preoccupation with their bodies would experience greater wellness. A sample of 190 women completed the Objectified Body Consciousness scale (OBC; McKinley, 1995; McKinley & Hyde, 1996), the 5F-Wel (Myers & Sweeney, 1999), and a demographic questionnaire that included items about race/ethnicity, sexual orientation, year in school, age, body mass index, and socioeconomic status. Results of data analyses indicated that body shame and body surveillance were negatively related to wellness. Researchers purported that a negative relationship between body shame and Total Wellness suggested that struggles to achieve cultural body standards may be a risk factor for holistic well-being. Researchers also noted that lower wellness scores on the Creative Self and Coping Self scales may result in personal and academic difficulties in the college setting. On the other hand, results indicated a statistically significant positive relationship between wellness and appearance control beliefs. Investigators noted that controlling their appearance may provide a sense of competence for women which may influence positive wellness outcomes.

Myers and Mobley (2004) compared wellness of traditional- and nontraditional-age undergraduate students. Investigators posed two research questions: 1) How does the wellness of traditional and nontraditional undergraduate students compare with one another and with that of non-student adults? 2) Are there within-group differences in wellness of undergraduate students based on age, gender, or ethnicity? They analyzed data from an existing database developed over a 5-year period using the 5F-Wel (Myers & Sweeney, 1999) inventory. A total of 1,567 undergraduate students were included in the database. They had completed the 5F-Wel voluntarily in college courses, community workshops, and through research and service projects

in the community. Researchers computed descriptive statistics for traditional and nontraditional students and a norm group of non-students. Results indicated that both traditional and nontraditional students scored highest on the Social Self factor and lowest on the Coping Self factor. *T*-tests between the students and non-student group indicated no differences between groups in Total Wellness. Researchers also computed MANOVAs to examine possible within group differences. Results of this analysis indicated the following: nontraditional students scored higher in Spirituality and Realistic Beliefs; traditional students scored higher in Exercise and Leisure; female students scored higher than males in Love and Essential Self; male students scored higher than females in Physical Self, Nutrition, Exercise, Positive Humor, Coping Self, Stress Management, Sense of Worth, and Leisure; Caucasian students scored higher than students of color in Social Self, Friendship, Self-Control, Physical Self, Exercise, and Leisure; and students of color scored higher than Caucasians in Cultural Identity and Realistic Beliefs. Following a discussion of the results, researchers suggested that counselors and student development professionals may find it useful to assess student wellness in order to target various needs based on age, gender, ethnicity, and traditional vs. nontraditional status.

Shurts (2004) investigated relationships among marital messages received (MMR), marital attitudes (MA), relationship self-efficacy (RSE), and wellness among never-married traditional-aged undergraduate students. The researcher posed four research questions: 1) What are the correlations among mean scores of marital messages received, marital attitudes, relationship self-efficacy, and wellness among never-married traditional-aged college students? 2) What portion of the variance in wellness can be accounted for by the following predictor variables: marital messages received, marital attitudes, relationship self-efficacy, and age among never-married traditional-aged college students? 3) Are there mean differences in wellness based

on marital messages received, marital attitudes, relationship self-efficacy, gender, ethnicity, age, family of origin marital status, romantic relationship status, and/or family of origin conflict among never-married traditional –aged college students? 4) Are there differences in marital messages received, marital attitudes, relationship self-efficacy, and/or wellness based on gender, ethnicity, age family of origin marital status, romantic relationship status, and/or family of origin conflict factors among unmarried college students? Participants included 211 never-married, traditional-aged college students enrolled in undergraduate classes at three universities in North Carolina. Participants completed the Marital Attitudes Scale (MAS; Braaten & Rosen, 1998), the Relationship Self-Efficacy Scale (RSES; Lopez & Lent, 1991), the 5F-Wel (Myers & Sweeney, 1999), an instrument developed by the researcher called the Marital Messages Scale (MMS), and a demographic form. Results of data analyses indicated the following: 1) relationships were strongest between Family MMR and MA, Family MMR and Total Wellness, Total MMR and Social Self, MA and RSE, MAS and Total Wellness, and MAS and Social Self; 2) MA and Family MMR predicted statistically significant proportions of the variance in Total Wellness; 3) the most significant wellness differences occurred on Essential Wellness by MA, Creative Self by RSE, Social Self by RSE, and Total Wellness by RSE; and 4) the most significant differences in MMR occurred on Family MMR by family of origin marital status.

Booth (2005) explored the relationship among career aspiration, multiple role planning attitudes, and wellness in African-American and Caucasian undergraduate women. In the study, Booth asked two research questions: 1) What is the relationship among multiple role planning attitudes, wellness, and career aspirations among African-American and Caucasian female undergraduates? 2) Are there differences in the variables of interest for African-American and Caucasian women? Participants were 90 traditional aged Caucasian undergraduate women and

156 traditional aged African-American women from three universities in the southeastern United States. They completed three written instruments. These were the Career Aspiration Scale (CAS; O'Brien & Fassinger, 1993), the Attitudes about Multiple Role Planning Scale (ATMRP; 1994), and the 5F-Wel (Myers & Sweeney, 1999). Results of data analyses indicated that wellness and multiple role planning did not predict choice of career or major but did predict career motivation. In addition, cultural differences influenced wellness, multiple role planning, and career motivation. The researcher discussed implications for counselors who facilitate the process of women's career development.

Harwell (2006) explored holistic wellness as a predictor of teacher effectiveness. The researcher posed the following question: Is there a relationship between wellness as measured by the Five Factor Wellness Inventory and effective teaching as measured by the STAI? Instruments utilized in the study were the 5F-Wel (Myers & Sweeney, 1999) and the Student Teacher Assessment Instrument (STAI), an instrument used by several universities in Mississippi to evaluate student intern effectiveness. A total of 52 student teachers from one southeastern university participated in the study. Results of multiple linear regression indicated that holistic wellness as defined by subscales on the 5F-Wel did not explain a statistically significant amount of the variation of scores on the STAI; therefore, wellness was not a predictor of teacher effectiveness. The investigator concluded by making recommendations for further research.

Gibson and Myers (2006) studied relationships among perceived stress, mattering, and wellness in first-year Citadel cadets. They asked the following five research questions: 1) What are the levels of wellness of first-year Citadel cadets? 2) What is the relationship between perceived stress and wellness for these cadets? 3) What is the relationship between mattering and wellness, and between mattering and perceived stress, for these cadets? 4) How does the

wellness, perceived stress, and perceptions of mattering of The Citadel cadets compare to levels of these factors in other known and comparable groups (i.e., West Point freshmen and a norm group of college undergraduates)? 5) Are there any differences within the group of The Citadel cadets based on age, gender, or culture? A total of 234 first semester cadets completed the 5F-Wel (Myers & Sweeney, 1999), the Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983), and the General Matter Scale (GMS; Marcus, 1991). Following data analyses, researchers made several conclusions. Overall, scores were negatively skewed for wellness. In addition, The Citadel cadets and West Point cadets displayed no differences in perceived stress or mattering, although The Citadel cadets scored higher than norm groups on both scales. Researchers discussed implications for wellness programs at military colleges and counseling for first-year cadets.

Williams (2007) examined the relationships among athletic identity, sport commitment, time participating in sport, and social support, life satisfaction, and holistic wellness for college student-athletes. Williams asked the following four research questions: 1) What are the relationships between athletic identity, sport commitment, time in sport, social support, life satisfaction, holistic wellness, and wellness factors? 2) Are there significant mean differences in athletic identity, sport commitment, time in sport, social support, life satisfaction, holistic wellness, and wellness factors based on gender, ethnicity, seasonal status, year in school, playing status, and division? 3) What amount of variance in holistic wellness can be accounted for by athletic identity, sport commitment, time in sport, social support, and life satisfaction? and 4) Are there significant mean differences in holistic wellness based on athletic identity, sport commitment, time in sport, social support, and life satisfaction? Participants were 160 athletes from three universities in the southeastern United States. They completed five questionnaires

related to the investigated variables. Following data analyses, results indicated several variables had significant and practical relationships. These included differences among the study variables based on each of the demographic variables and in holistic wellness variables based on other study variables. A significant portion of variance in holistic wellness was accounted for by life satisfaction, sport commitment, and social support satisfaction.

Three researchers explored wellness of counseling students (Deaner, 2006; Roach, 2005; Smith, 2006). First, Deaner (2006) explored the extent that early recollections predicted wellness for counselor education students. Specifically, the researcher investigated whether the variable of overall themes, activity, and internal locus of control within early recollections affected the outcome of wellness scores. The investigator posed three research questions: 1) Can early recollections reasonably predict wellness for counselor education students? 2) Are there any variables within these early recollections that are predictive of higher levels of wellness? 3) Do certain variables within early recollections contribute to the various factors related to the measures of wellness? A sample of seventeen counselor education students completed the Manaster-Perryman Manifest Content Early Recollections Scoring Manual (MPERSM; Manaster & Perryman, 1979), the 5F-Wel (Myers & Sweeney, 1999), and reported three early recollections. Results of data analyses indicated that the variables of overall themes, activity, and internal locus of control within early recollections were consistently, positively, and significantly related to Total Wellness. The researcher concluded that the study of early recollections may be a viable approach for predicting wellness of counselor education students.

Secondly, Roach (2005) studied the influence of counselor education programs on counselor wellness. The investigator asked one research question: Do master's level counseling students near the end of their training in counselor education (42-60 completed semester hours)

report higher levels of wellness than students at a mid-point in their training (18-30 completed hours) and/or students at the beginning of their training (0-12 completed semester hours)? In other words, do counseling students report higher levels of wellness as they progress through a counseling program? In her cross-sectional design, the researcher administered the 5F-Wel (Myers & Sweeney, 1999) to 204 counseling students from three CACREP-accredited institutions at the beginning, middle, and end of their programs. Participants also completed demographic questionnaires. Results of data analyses indicated no significant trends in self-reported levels of wellness as students progressed through their training. Furthermore, cultural background, gender, and a requirement for personal counseling did not significantly account for differences in student wellness. However, students whose programs offered a course in wellness reported significantly higher levels of wellness. The researcher also included an open-ended question on the demographic questionnaire that asked students to describe what they had learned, if anything, in their coursework that helped them develop knowledge and skills regarding personal wellness. Students reported that wellness and personal development were emphasized in these counselor education programs and that counselor wellness was fundamental for client success.

Finally, Smith (2006) explored the relationship among wellness, severity of disturbance, and social desirability of entering master's-level counseling students. The researcher posed the following question: What is the relationship among wellness, psychological disturbance, and social desirability in entering master's-level counseling students? A total of 204 entering master's-level counseling students from nine institutions in five states completed the 5F-Wel (Myers & Sweeney, 1999), the Marlowe-Crowne Social Desirability Scale (MCSDS; Crowne & Marlowe, 1960), and the Outcome Questionnaire 45.2 (OQ 45.2; Lambert et al., 2004). Results

of data analyses indicated that 52 out of 55 correlations between the instruments' total scores and subscale scores were statistically significant. The relationship between level of psychological disturbance and wellness and the relationship between level of psychological disturbance and social desirability were negatively statistically significant. In addition, the relationship between wellness and social desirability was found to have no statistical significance after removing the influence of psychological disturbance. Additional analyses indicated that the first and second order wellness factors of individuals who exceeded psychological disturbance cutoff scores for Severity of Disturbance, Difficulty in Interpersonal Relations, Symptom Distress, and Difficulty in Social Roles were lower than those who scored below each cutoff. Implications for counselor education and recommendations for future research were provided.

In summary, researchers conducted eleven studies related to college student wellness (Booth, 2005; Deaner, 2006; Gibson & Myers, 2006; Harwell, 2006; Myers & Mobley, 2004; Roach, 2005; Sinclair & Myers, 2004; Shurts, 2004; Smith, 2006; Spurgeon and Myers, 2008; Williams, 2007). First, in the investigation of relationships among career aspiration, multiple role planning attitudes, and wellness in African-American and Caucasian women, Booth (2005) found that wellness and multiple role planning did not predict choice of career or major but did predict career motivation. In addition, cultural differences influenced wellness, multiple role planning, and career motivation. Second, Deaner (2006) explored the extent that early recollections predicted wellness for counselor education students. Following data analyses, Deaner found that the variables of overall themes, activity, and internal locus of control within early recollections were consistently, positively, and significantly related to Total Wellness. Third, Gibson and Myers (2006) investigated relationships among perceived stress, mattering, and wellness in first-year Citadel cadets. Researchers concluded that scores for wellness were

negatively skewed and that The Citadel cadets and West Point cadets displayed no differences in perceived stress or mattering, although The Citadel cadets scored higher than norm groups on both scales. Fourth, Harwell (2006) explored wellness as a predictor of teacher effectiveness. Data analyses from the 5F-Wel and the Student Teacher Assessment Instrument indicated that holistic wellness as defined by subscales on the 5F-Wel did not predict teacher effectiveness. Fifth, Myers and Mobley (2004) compared wellness levels of traditional and nontraditional undergraduate students. The researchers found that both groups scored highest on the Social Self factor and lowest on the Coping Self factor. In addition, within group comparisons indicated multiple differences in the Second and Third Order wellness factors based on age, gender, ethnicity, and traditional vs. nontraditional status. Sixth, Roach (2005) compared wellness levels of counselor education students at the beginning, middle, and end of their training programs. Results indicated no significant trends in wellness as students progressed through their training; furthermore, cultural background, gender, and a requirement for personal counseling did not significantly account for differences in student wellness. Seventh, Shurts (2004) studied relationships among marital messages received, marital attitudes, relationship self-efficacy, and wellness among never-married traditional-aged undergraduate students. Shurts found multiple significant differences among each of the variables and Total Wellness, Essential Wellness, Creative Wellness, and Social Self factors. Eighth, in their investigation of the relationship between wellness and body experience in a population of female college students, Sinclair and Myers (2004) made the following conclusions: participants scored lowest on the Creative Self and Coping Self factors; their levels of body shame and body surveillance were negatively related to wellness; and a significant positive relationship existed between wellness and appearance control beliefs. Ninth, Smith (2006) investigated the relationship among wellness,

severity of disturbance, and social desirability of entering master's-level counseling students. Following data analyses, Smith concluded that 52 out of 55 correlations between the instruments' total scores and subscale scores were statistically significant. Included in these results was the finding of a statistically significant relationship between level of psychological disturbance and wellness. Tenth, Spurgeon and Myers (2008) explored relationships among racial identity, college type, and wellness. Researchers identified differences between students who attended Predominately White Institutions (PWIs) and Historically Black Colleges and Universities (HBCUs) on internalization racial identity attitudes, Physical Self wellness, and Social Self Wellness. In addition, PWI students scored statistically significantly higher on the Physical Self factor, while HBCU students scored higher on the Social Self factor. Finally, there was no relationship between wellness and racial identity. Finally, Williams (2007) examined relationships among athletic identity, sport commitment, time participating in sport, and social support, life satisfaction, and holistic wellness for college student-athletes. Williams found that several variables had significant and practical relationships. These included differences among the study variables based on each of the demographic variables and in holistic wellness variables based on other study variables. In addition, a significant portion of variance in holistic wellness was accounted for by life satisfaction sport commitment, and social support satisfaction.

The college student population is by far the largest that researchers studied. While investigators explored wellness in a variety of college students, in only two studies did they focus solely on women. These include the investigation of relationships among career aspiration, multiple role planning attitudes, and wellness in African-American and Caucasian women (Booth, 2005) and an investigation of the relationship between wellness and body experience in a population of female college students (Sinclair and Myers, 2004). This paucity

of research with college student females warrants further study with this population. In the next section, I review studies in which researchers explored wellness in adults.

Adult Wellness

While multiple investigators explored wellness of college students, others studied wellness in adults. In this section, I review seven studies related to wellness with the adult population. These include studies about the following: the relationships among transitions, chronological age, subjective age, wellness, and life satisfaction in women at midlife (Degges-White & Myers, 2006b); a comparison between lesbian and heterosexual women at midlife of transitions, subjective age, wellness, and life satisfaction (Degges-White & Myers, 2006a); an exploratory study of wellness and perceived stress in headache patients (Degges-White, Myers, Adelman, & Pastoor, 2003); the effectiveness of individual wellness counseling on the wellness of law enforcement officers (Tanigoshi, Kontos, & Remley, 2008); the relationship between spirituality, religiosity, and wellness for poor, rural women (Gill, Minton, & Myers, in press); wellness and religious adults (Phillips, 2005); and an exploration of wellness in the profession of student affairs (Marling, 2006).

Degges-White and Myers (2006b) explored transitions, wellness, and life satisfaction in midlife women. More specifically, they sought to clarify the nature and impact of midlife transitions and to explore how these transitions related to perceptions of holistic well-being and life satisfaction. They asked the following research questions: 1) Do contemporary women who experienced the majority of their midlife transitions on-time differ in mean levels of overall wellness and life satisfaction from midlife women who experienced the majority of their midlife transitions off-time? 2) Do midlife women who expected the majority of their midlife transitions to occur at the time that they did differ in mean levels of overall wellness and life satisfaction

form midlife women who did not expect the majority of their midlife transitions to occur when they did? Researchers hypothesized that women who experienced events unexpectedly and “off-time” would report lower levels of life satisfaction and wellness. A total of 224 women, aged 35-65, participated in the study. Participants completed the 5F-Wel (Myers & Sweeney, 1999), the Satisfaction with Life Questionnaire (SWLS; Diener et al., 1985), and an instrument developed for the study, the Women’s Midlife Transitions Survey (WMTS; Degges-White, 2003b). Following data analyses, results did not indicate a clear pattern relating expectations or timeliness to the type of transitions experienced. In addition, results did not indicate a relationship between expectedness and timeliness of transitions and life satisfaction and wellness. Researchers suggested the surprising results may signify the existence of mitigating factors such as individual resources (i.e., finances, social support, life experience, etc.) women utilize to assist with life transitions.

In a related study, Degges-White and Myers (2006a) compared transitions, subjective age, wellness, and life satisfaction between lesbians and heterosexual women in midlife. Researchers tested the following four hypotheses: 1) The most frequently experienced transitions and the dynamics of those transitions will differ for lesbians and heterosexuals. 2) Participants with subjective age less than their chronological age have higher levels of wellness than women whose subjective age is equivalent to or more than their chronological ages. 3) Participants with a subjective age less than their chronological age report higher levels of life satisfaction than women whose subjective age is equivalent to or more than their chronological ages. 4) A significant amount of variance in life satisfaction for lesbians and heterosexual women can be accounted for by wellness, household income, and the level of education. A total of 221 women, aged 35-65, participated in the study. They completed the Women’s Midlife Transitions Survey

(WMTS; Degges-White, 2003b), the 5F-Wel (Myers & Sweeney, 1999), the Subjective Age Questionnaire (SAQ; Barak, 1987), the Satisfaction with Life Questionnaire (SWLS; Diener, et al., 1985), and a brief demographic questionnaire. Researchers analyzed the data and made several conclusions. First, experiencing physical signs of aging was the transition most frequently experienced by all groups. The second most common transition for lesbians was entry into a committed relationship, while entry into perimenopause was the second most common for heterosexuals. In addition, lesbians with a subjective age less than or equal to their chronological age reported greater wellness, and Total Wellness significantly predicted their life satisfaction. Researchers noted that while all women experience midlife as a time of development and change, lesbian women face specific challenges in maintaining a sense of well-being.

Degges-White, Myers, Adelman, and Pastoor (2003) examined the relationship between wellness and perceived stress in headache patients. Researchers assumed that understanding the relationships between wellness and perceived stress could contribute to holistic treatment planning for individuals seeking medical treatment for headaches. They made two hypotheses: 1) Levels of wellness will be lower and perceived stress will be higher in headache patients than in a comparable norm group of adults not seeking headache treatment. 2) Wellness will be negatively related to perceived stress in this population. Participants were 60 volunteers recruited from a new patient appointment list at an outpatient headache treatment clinic in the southeast. They completed the 5F-Wel (Myers & Sweeney, 1999) and the Perceived Stress Scale (PSS; Cohen et al., 1983). Data analyses indicated low overall wellness and high perceived stress for participants compared to a norm group of adults. Further analyses of wellness scores revealed that the headache population had higher levels of spirituality and lower levels of

nutrition, exercise, and locus of control. Researchers noted the need to develop specific interventions that would target low levels of wellness in headache patients.

Tanigoshi, Kontos, and Remley (2008) investigated the effectiveness of individual wellness counseling on the wellness of law enforcement officers. The aim was to examine whether age, gender, years of experience as a law enforcement officer, ethnicity, self-efficacy (SE), and the Transtheoretical Model of Behavior Change (TTM; Prochaska & DiClemente, 1982) influenced the effectiveness of wellness counseling on current levels of wellness. Researchers made the following three hypotheses: 1) Participants who receive individual wellness counseling sessions over a 10-week period will obtain higher wellness scores than participants in the control group. 2) Participants high in self-efficacy who receive wellness counseling and were in the precontemplation, contemplation, or preparation stage in the TTM will be more likely to have an increase in wellness than those in the same three stages who are low in self-efficacy. 3) Participants high in self-efficacy who receive wellness counseling and are the precontemplation, contemplation, or preparation stage of the TTM will be more likely to progress to the next stage of change in the TTM. Participants were 51 officers recruited from a law enforcement agency from a southern Louisiana suburb. In this pre- and post-test experimental design, a total of 24 officers randomly selected for the treatment group received five individual wellness counseling sessions every other week for 10 to 15 weeks. A total of 27 officers in the control group did not receive any counseling or other intervention. Each participant completed the 5F-Wel (Myers & Sweeney, 1999), the Stage of Readiness Inventory (Courneya, 1995), and a single item measure that assessed self-efficacy. Following data analyses, researchers made several conclusions. First, wellness counseling significantly increased overall total wellness levels between pre-test and post-test measurements for the

treatment group. However, the control group's wellness levels remained relatively unchanged. In addition, results indicated that levels of self-efficacy did not influence increases in wellness. Finally, wellness counseling did not predict movement to the next stage of change for officers with high levels of self-efficacy who were in the precontemplation, contemplation, or preparation stages of the Transtheoretical Model of Behavior Change.

In another study, Gill, Minton, and Myers (in press) explored the relationship among spirituality, religiosity, and wellness for poor, rural women. Researchers asked four research questions: 1) What are the relationships among spirituality, religiosity, and wellness for low income, rural women? 2) Are there differences in spirituality, religiosity, or wellness among subgroups of this population based on ethnicity? 3) What percent of variance in wellness can be accounted for by spirituality and religiosity? 4) What specific components of spirituality and religiosity predict wellness? A total of 167 poor, rural women participated in the study. They completed the Spirituality Assessment Scale (Howden, 1992), the Fetzer Brief Multidimensional Measure of Religiousness/Spirituality Scale (Fetzer Institute, 1999), the 5F-Wel (Myers & Sweeney, 1999), and a demographic questionnaire. Following data analyses, researchers reported that spirituality, religiosity, and wellness were statistically related. In addition, religiosity and spirituality, specifically innerconnectedness, meaning and purpose, daily spiritual experiences, and private religious practices, accounted for 38% of the variance in Total Wellness. Other conclusions included the following: 1) there were no differences in spirituality by ethnicity, age, and educational level for these participants; 2) while African American women relied more on spirituality, or meaning and purpose in life, to achieve wellness, Caucasian women relied more on private religious practices and innerconnectedness; and 3) wellness varied with age, with women 56 and older reporting higher levels of holistic wellness than younger

women. The researchers made recommendations for counselors to include spirituality and religiosity in holistic wellness counseling with this underserved population.

Phillips (2005) investigated the correlations between religious behaviors and levels of holistic wellness. The four research questions were as follows: 1) What is the relationship between level of holistic wellness and level of religious service attendance among the active adult members of a semi-rural Nazarene Christian Church? 2) What is the relationship between level of holistic wellness and level of attendance of other religious activities among the active adult members of a semi-rural Nazarene Christian Church? 3) What is the relationship between level of holistic wellness and level of private religious practices among the active adult members of a semi-rural Nazarene Christian Church? 4) What is the relationship between level of attendance of religious services, frequency of attendance of other religious activities, and private religious practices among the active adult members of a semi-rural Nazarene Christian Church? Participants were 73 active adult members of a semi-rural Nazarene Christian church. They completed the 5F-Wel (Myers & Sweeney, 1999) in addition to two other instruments. The first, the Organizational Short Form (Idler, 2003), assessed religious activities, while levels of private religious practices were assessed with the Private Religious Practice Scales (Levin, 2003). Results of data analyses indicated that frequency of attendance to religious services, other religious activities, and private religious practices influenced Total Wellness. The researcher recommended further investigations involving religious behavior and holistic wellness for professionals in the fields of medicine, mental health, and religion.

Marling (2006) investigated wellness in the profession of student affairs. The purpose was to determine the baseline for wellness among administrators and within the profession. The researcher made four hypotheses: 1) Student affairs administrators will report that wellness is

adequately represented in the student affairs literature, professional programs, and graduate preparation programs. 2) Student affairs administrators will be classified as “well” on the higher order wellness factor and the five second-order factors, as measured by the Five Factor Wellness Inventory (5F-Wel). 3) The scores of student affairs administrators on the higher order wellness factor and five second-order factors, as measured by the Five Factor Wellness Inventory, will not differ significantly from the wellness scores of the general population. 4) The wellness of student affairs administrators, as measured by the Five Factor Wellness Inventory, will vary according to the length of time they have been in the student affairs profession. A total of 330 student affairs administrators (SAA) participated in the study. They completed the 5F-Wel (Myers & Sweeney, 1999) and a demographic questionnaire. Results of data analyses indicated that collectively, Total Wellness scores for administrators were higher than norm scores reported for the 5F-Wel general population. However, a broad range existed between scores indicating that not all participants maintained well-balanced lives. In addition, length of time in the student affairs profession did not affect administrators’ wellness but was negatively associated with the number of hours worked per week. Finally, while administrators could articulate behaviors associated with achieving balance, reported engagement in these activities was not always reflected in the 5F-Wel scores. Administrators also noted a lack of focus on wellness issues within the profession.

In summary, researchers conducted seven studies about wellness in the adult population (Degges-White & Myers, 2006a; Degges-White & Myers, 2006b; Degges-White, Myers, Adelman, & Pastoor, 2003; Gill, Minton, & Myers, in press; Marling, 2006; Phillips, 2005; Tanigoshi, Kontos, & Remley, 2008). First, Degges-White & Myers (2006b) examined relationships among transitions, chronological age, subjective age, wellness, and life satisfaction

in women at midlife. Results of data analyses did not indicate a clear pattern relating expectations or timeliness to the type of transitions experienced. In addition, results did not indicate a relationship between expectedness and timeliness of transitions and life satisfaction and wellness. Second, in a similar study, Degges-White and Myers (2006a) compared transitions, subjective age, wellness, and life satisfaction between lesbian and heterosexual women at midlife. Researchers concluded the following: physical signs of aging was the transition most frequently experienced by all groups; the second most common transition for lesbians was entry into a committed relationship; entry into perimenopause was the second most common for heterosexuals; lesbians with a subjective age less than or equal to their chronological age reported greater wellness; and Total Wellness significantly predicted their life satisfaction. Third, in an exploration of relationships between wellness and perceived stress in headache patients, Degges-White et al. (2003) found low overall wellness and high perceived stress for participants compared to a norm group of adults. In addition, the headache population had higher levels of spirituality and lower levels of nutrition, exercise, and locus of control. Fourth, Gill, Minton, and Myers (in press) explored relationships among spirituality, religiosity, and wellness for poor, rural women. Following data analyses, researchers concluded that spirituality, religiosity, and wellness were statistically related. In addition, religiosity and spirituality accounted for 38% of the variance in Total Wellness. Researchers also concluded that wellness varied with age, with women 56 and older reporting higher levels of holistic wellness than younger women. Fifth, Phillips (2005) investigated correlations between religious behaviors and levels of holistic wellness. Phillips found that frequency of attendance to religious services, other religious activities, and private religious practices influenced Total Wellness. Sixth, Marling (2006) investigated wellness in the profession of student affairs. Results of data

analyses indicated that collectively, Total Wellness scores for administrators were higher than norm scored reported for the 5F-Wel general populations. In addition, length of time in the student affairs profession did not affect administrators' wellness but was negatively associated with the number of hours worked per week. Finally, Tanigoshi et al. (2008) investigated the effectiveness of individual wellness counseling on the wellness of law enforcement officers. Results of data analyses indicated that wellness counseling significantly increased overall Total Wellness between pre-test and post-test measurements for the treatment group; however the control group's wellness levels remained relatively unchanged. In addition, levels of self-efficacy did not influence increases in wellness.

While researchers in seven studies focused on wellness in the adult population, the majority of investigators focused on wellness in specific populations such as headache patients (Degges-White et al, 2003), law enforcement officers (Tanigoshi, Kontos, & Remley, 2008), and student affairs administrators (Marling, 2006). This specificity limits the findings to the populations studied and does not provide information about wellness with a variety of other adult groups. In addition, in only three investigations did they focus specifically on women. These include: explorations of relationships among transitions, chronological age, subjective age, wellness, and life satisfaction in women at midlife (Degges-White & Myers, 2006b); comparisons between lesbian and heterosexual women at midlife of transitions, subjective age, wellness, and life satisfaction (Degges-White & Myers, 2006a); and relationships among spirituality, religiosity, and wellness for poor, rural women (Gill, Minton, & Myers, in press). Since only three studies exist in which investigators focused on adult women, there is a paucity of wellness research with this population. In the next section, I review one study in which researchers investigate wellness in senior adults.

Senior Adult Wellness

Researchers conducted multiple studies related to wellness with children, adolescents, college students, and adults; however, in only one study did researchers investigate wellness of senior adults (Myers & Degges-White, 2007). In this study, investigators explored relationships among perceived stress, mattering, and wellness in a sample of 142 retirement community residents. The four research questions were as follows: 1) What are the levels of wellness, perceived stress, and mattering in the older adult participants? 2) What is the relationship among wellness perceived stress, and mattering? 3) Are there differences in wellness, perceived stress, or mattering among the participants based on gender, age, ethnicity, or marital status? 4) Are there differences in wellness between the participants and an available norm group of younger adults? Participants completed the 5F-Wel (Myers & Sweeney, 1999), the Perceived Stress Scale (PSS; Cohen et al., 1983), the General Mattering Scale (GMS; Marcus, 1991), and a brief demographic scale. Results of data analyses indicated that overall, participants reported high levels of wellness as reflected in mean scores, although some individuals scored below the mean. Both men and women scored highest on the Social Self factor and lowest in the Coping Self. An examination of mean scores for perceived stress indicated range restriction for men but not women with similar mean scores for both. Similarly, while there was a range in mattering scores for men and women, mean scores were comparable. Finally, mean scores of wellness in younger adults were significantly lower than those for the older adult sample. The researchers concluded with recommendations for senior adults to engage in social and mental activities that contribute to well-being in older age.

In summary, researchers conducted only one study about wellness in the senior adult population (Myers & Degges-White, 2007). In this investigation, researchers explored

relationships among perceived stress, mattering, and wellness in a sample of 142 retirement community residents. Results indicated that overall, participants reported high levels of wellness as reflected in mean scores, although some individuals scored below the mean. In addition, both men and women scored highest on the Social Self factor and lowest in the Coping Self. Finally, mean scores of wellness in younger adults were significantly lower than those for the older adult sample.

While one study exists in which researchers studied senior adult wellness (Myers & Degges-White, 2007), no studies exist in which researchers focused specifically on female wellness in this population. In addition, researchers studied wellness at one point in these senior adults' lives; therefore, no studies exist in which wellness is explored over the life span for these individuals. Next, I summarize this section of the literature review.

Summary

In this section, I reviewed the conceptual and empirical literature related to wellness. First, I reviewed the conceptual literature. While several conceptual articles exist in which authors either proposed wellness interventions with various populations (Hartwig & Myers, 2003; Hill, 2004; Myers, 2003; Myers & Gill, 2004; Myers & Williard, 2003; Smith, Myers, & Choate, 2002; Villalba, 2008) or reviewed the literature pertinent to wellness (Myers & Sweeney, 2008), authors discussed the use of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model in only two articles (Myers & Sweeney, 2008; Villalba, 2008). First, following their review of the wellness literature, Myers and Sweeney (2008) concluded that studies conducted with cultural and minority populations are lacking. They also recommended more outcome studies that develop a better understanding of wellness across the life span. The authors suggested these studies could lead to advocacy programs that would

promote quality of life and longevity for all individuals (Myers & Sweeney, 2008). In the second conceptual article about wellness, Villalba (2008) proposed the use of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model in group work in elementary schools. The author proposed that teaching students about wellness at a young age may contribute to better decision making about wellness in the future (Villalba, 2008). In both articles, authors recommended further research with various populations in order to promote well-being for individuals across the life span.

Following my review of the conceptual literature, I reviewed empirical studies related to wellness. I organized these studies by participants' point of development in the life span: 1) children and adolescents; 2) college students; 3) adults, and 4) senior adults. In the first group of studies, I reviewed the literature on wellness of children and adolescents (Moorhead et al., 2008; Villalba & Myers, 2008). While results indicated positive outcomes for wellness-based interventions in both studies, further research is needed that focuses on child and adolescent populations. In addition, no studies exist in which researchers focused on wellness of females in these age groups.

In the second group of studies, I reviewed the wellness literature related to college students. Researchers conducted eleven studies with this group of individuals (Booth, 2005; Deaner, 2006; Gibson & Myers, 2006; Harwell, 2006; Myers & Mobley, 2004; Roach, 2005; Sinclair & Myers, 2004; Shurts, 2004; Smith, 2006; Spurgeon and Myers, 2008; Williams, 2007). While the college student population is by far the largest that researchers studied, in only two studies did they focus solely on women (Booth, 2005; Sinclair & Myers, 2004).

In the third group of studies, I reviewed the literature in which researchers explored wellness in adults. Researchers conducted seven studies about wellness with this population

(Degges-White & Myers, 2006a; Degges-White & Myers, 2006b; Degges-White et al., 2003; Gill, Minton, & Myers, in press; Marling, 2006; Phillips, 2005; Tanigoshi, Kontos, & Remley, 2008). While researchers in these studies focused on adults, the majority of investigators focused on wellness in specific groups such as headache patients (Degges-White et al, 2003), law enforcement officers (Tanigoshi et al, 2008), and student affairs administrators (Marling, 2006). This specificity limits the findings to the populations studied and does not provide information about wellness with a variety of other adult groups. In addition, in only three investigations did they focus specifically on women (Degges-White & Myers, 2006b; Degges-White & Myers, 2006a; Gill, Minton, & Myers, in press).

In the final group of studies, I reviewed one article in which researchers investigated wellness in senior adults. Researchers conducted only one study with this population (Myers & Degges-White, 2007). Since only one study exists in which researchers explored senior adult wellness, there is a gap in the literature regarding this population. In addition, no studies exist in which researchers focused specifically on wellness of senior adult women or wellness across the life span.

Gender

In this section, I organize studies based on subjects' gender. These sections include the following: 1) studies in which researchers included both males and females in their investigations without reference to gender in data analyses; 2) studies in which researchers included males and females in their investigations and compared results by gender; and 3) studies in which investigations were gender specific.

Male and Female Participants without Comparisons by Gender

In this section, I review studies in which researchers included both males and females in their investigations without reference to gender in data analyses. Researchers conducted a total of nine studies related to the Indivisible Self (Myers and Sweeney, 2004; Myers and Sweeney, 2005a) model of wellness that collectively analyzed data for both male and female participants (Deaner, 2006; Degges-White, Myers, Adelman, & Pastoor, 2003; Harwell, 2006; Marling, 2006; Phillips, 2005; Shurts, 2004; Smith, 2006; Tanigoshi et al., 2008; Villalba & Myers, 2008). In these studies, researchers did not analyze and compare data with reference to gender. Studies in which researchers collectively analyzed data about wellness for both male and female participants include the following: the early recollections of counselor education students (Deaner, 2006); perceived stress in headache patients (Degges-White, Myers, Adelman, & Pastoor, 2003); teacher effectiveness (Harwell, 2006); the profession of student affairs (Marling, 2006); lifestyle choices among religious adults (Phillips, 2005); marital messages received, marital attitudes, and self-efficacy among never-married undergraduate students (Shurts, 2004); severity of disturbance and social desirability of entering master's-level counseling students (Smith, 2006); effectiveness of wellness-based counseling with law enforcement officers (Tanigoshi, Kontos, & Remley, 2008); and effectiveness of wellness-based classroom guidance interventions in an elementary school (Villalba & Myers, 2008).

In summary, nine studies exist in which researchers collectively analyzed data for both males and females without reference to gender. Results of data analyses indicated the following: early recollections predicted Total Wellness in counselor education students (Deaner, 2006); a group of headache patients reported lower overall wellness and higher perceived stress when compared to a norm group of adults (Degges-White et al, 2003); wellness did not predict teacher

effectiveness (Harwell, 1996); student affairs administrators reported higher Total Wellness scores than norm scores reported for the 5F-Wel general population (Marling, 2006); frequency of attendance to religious services, other religious activities, and private religious practices influenced Total Wellness (Phillips, 2005); significant relationships existed among marital messages received, marital attitudes, relationship self-efficacy, and wellness among never-married traditional-aged undergraduate students (Shurts, 2004); significant relationships existed among wellness, severity of disturbance, and social desirability of entering master's-level counseling students (Smith, 2006); significant increases in wellness for law enforcement officers who received wellness counseling (Tanigoshi, Kontos, & Remley, 2008) and significant increases in wellness occurred for elementary students following a wellness-based guidance intervention (Villalba & Myers, 2008).

While these researchers studied wellness of males and females in a variety of populations, none of the investigators analyzed data specifically for female participants. This calls into the question the applicability of the results for females in the general population. In the next section, I review studies in which researchers collected and analyzed data from both male and female participants then compared results by gender.

Male and Female Participants with Comparisons by Gender

In this section, I review studies in which researchers included males and females in their investigations and compared results by gender. Five studies exist in which researchers analyzed data in this way (Gibson and Myers, 2006; Myers and Degges-White, 2007; Myers & Mobley, 2004; Roach, 2005; Williams, 2007).

As part of their investigation of perceived stress, wellness, and mattering in first-year Citadel cadets, Gibson and Myers (2006) compared wellness scores of male and female

participants. Results of these analyses indicated that females scored significantly higher than males on the second order factors of Friendship, Social Self, and Cultural Identity. Researchers suggested the findings could be explained by other studies that indicated “women grow and/or develop in, through and toward relationship” (Jordan, 1995, p.2) and that women are provided with a sense of connection to others through the context of relationships (Miller, 1988).

Myers and Degges-White (2007) studied the relationships among perceived stress, mattering, and wellness in an upscale retirement community. Researchers computed means, standard deviations, and ranges for 142 men and women who completed the 5F-Wel (Myers & Sweeney, 1999), Perceived Stress Scale (Cohen et al., 1983), and the General Mattering Scale (Marcus, 1991). For the 5F-Wel, both males and females scored lowest on the Second Order factor of the Coping Self and highest on the Second Order factor of the Social Self. For both sets of participants, the Second Order factor of Spirituality had the highest range of scores with a range of 25 to 100. The lowest range for men was on the Coping Self factor, and the lowest range for women was on the Gender Identity factor. No significant differences existed for men and women when researchers computed MANOVAs for all scales.

Myers and Mobley (2004) compared wellness scores of traditional and nontraditional undergraduate students. Researchers examined within-group differences based on age, gender, and ethnicity. Results of analyses for gender differences indicated that female students scored higher than males on the second order factor of the Essential Self and the third order factor of Love. Males scored higher than females on the other eight factors: the Physical Self, including Nutrition and Exercise; the Coping Self, including Stress Management, Sense of Worth, and Leisure; and the Coping Self. Researchers suggested further studies of gender differences in wellness.

In the investigation of the influence of counselor education programs on counselor wellness, Roach (2005) utilized a demographic questionnaire as part of data collection and analysis. Following analysis of the demographic variables, the researcher concluded that gender was not significant in accounting for differences in the wellness levels of students.

Finally, Williams (2007) studied athletic identity, sport commitment, time in sport, social support, life satisfaction, and holistic wellness in college student-athletes. Following initial data analyses, the researcher conducted a post hoc analysis that indicated significant gender differences among the variables. Those differences were Time in Sport, Social Support Frequency, Holistic Wellness, Essential Self, Self-care, Creative Self, Thinking, Positive Humor, Social Self, Friendship, Love, and Exercise. Females scored higher than males in all areas except Time in Sport. The researcher suggested that female college student-athletes have higher levels of wellness than their male counterparts or that time males spend in sport related activities detracts from overall wellness.

In summary, five studies exist in which researchers analyzed data about wellness and made comparisons by gender (Gibson and Myers, 2006; Myers and Degges-White, 2007; Myers & Mobley, 2004; Roach, 2005; Williams, 2007). First, Gibson and Myers (2006), in their study of first-year Citadel cadets, found that females scored significantly higher than males on the second order factors of Friendship, Social Self, and Cultural Identity. Second, Myers and Degges-White (2007) studied the relationships among perceived stress, mattering, and wellness in an upscale retirement community. Results indicated that both males and females scored lowest on the Second Order wellness factor of the Coping Self and highest on the Second Order factor of the Social Self. While women reported the highest range of scores for the Second Order factor of Spirituality, they reported the lowest range on the Gender Identity factor. Third,

in their comparison of wellness scores of traditional and nontraditional undergraduate students, Myers and Mobley (2004) concluded that female students scored higher than males on the Second Order factor of the Essential Self and the Third Order factor of Love. Males scored higher than females on the other eight factors: the Physical Self, including Nutrition and Exercise; the Coping Self, including Stress Management, Sense of Worth, and Leisure; and the Coping Self. Fourth, in the investigation of the influence of counselor education programs on counselor wellness, Roach (2005) concluded that gender was not significant in accounting for differences in the wellness levels of students. Finally, Williams (2007) studied athletic identity, sport commitment, time in sport, social support, life satisfaction, and holistic wellness in college student-athletes. Results indicated significant gender differences among the variables. Those differences were Time in Sport, Social Support Frequency, Holistic Wellness, Essential Self, Self-Care, Creative Self, Thinking, Positive Humor, Social Self, Friendship, Love, and Exercise. Females scored higher than males in all areas except Time in Sport.

Researchers in five studies made comparisons by gender (Gibson and Myers, 2006; Myers & Degges-White, 2007; Myers & Mobley, 2004; Roach, 2005; Williams, 2007). Myers and Degges-White (2007) concluded that no significant differences in wellness scores existed for men and women in an upscale retirement community, and Roach (2005) found that gender was not significant in accounting for wellness differences in a group of counselor education students. However, other researchers concluded that results varied by gender such as: 1) in a group of first-year Citadel cadets, females scored significantly higher than males on the Second Order factors of Friendship, Social Self, and Cultural Identity (Gibson & Myers, 2004); 2) in a comparison of traditional and nontraditional undergraduate students, females scored higher than males on the Second Order factor of the Essential Self and the Third Order factor of Love, while

males scored higher than females on the Physical Self, Nutrition, Exercise, the Coping Self, Stress Management, Sense of Worth, Leisure, and the Coping Self (Myers & Mobley, 2004); and 3) in a group of student athletes, females scored higher than males in Holistic Wellness, Essential Self, Self-Care, Creative Self, Thinking, Positive Humor, Social Self, Friendship, Love, and Exercise (Williams, 2007). While the majority of researchers concluded that gender differences in wellness existed, no researchers conducted subsequent studies to explain these differences. In addition, researchers in only one study provided details about gender for senior adult wellness (Degges-White & Myers, 2007). Finally, in none of the studies did researchers investigate wellness over the course of the life span. In the next section, I review studies in which investigations were gender specific.

Gender Specific Studies

In this section, I review seven studies in which investigations were gender specific. In the first two studies, researchers focused on wellness in males. In the final five studies, investigators focused on wellness in the female population.

Only two studies exist in which researchers focused on male wellness (Moorhead et al., 2008; Spurgeon & Myers, 2008). In the first study, Moorhead et al. (2008) explored the impact of wellness interventions for school counselors working with students suffering from Asperger's Disorder. In this case study, a school counselor implemented a 5-month treatment plan for a 13-year old male with Asperger's Disorder based on his scores from the 5F-Wel (Myers & Sweeney, 1999). Following the implementation of the intervention, researchers re-administered the 5F-Wel in order to obtain post-intervention scores. Results indicated the participant responded positively in many ways. However, researchers indicated a need to study the impact of wellness treatment plans among children with Asperger's Disorder over longer periods of

time. In addition, they recommended including males and females of varying ages from a variety of schools as well as from diverse socioeconomic and ethnic backgrounds.

The second study in which researchers focused on males was Spurgeon and Myers' (2008) investigation of relationships among racial identity, college type, and wellness. Following data analyses, researchers concluded that differences existed between students who attended PWIs and HBCUs on internalization racial identity attitudes, Physical Self wellness, and Social Self wellness. In addition, there was no relationship between wellness and racial identity. Following a discussion of the results of data analyses, researchers provided implications for the study. These included suggestions for counselors who work with young, Black males who aspire to higher education, the importance of mentoring programs for this population, and the need for college campuses to develop programs that promote positive relationships and greater physical wellness for African American males. Researchers also suggested further studies about wellness of Black males in graduate school and professional careers.

While only two studies exist in which researchers focused on male participants, researchers conducted five studies about wellness in the female population (Booth, 2005; Degges-White & Myers, 2006b; Degges-White & Myers, 2006a; Gill, Minton, & Myers, in press; Sinclair & Myers, 2004). First, Booth (2005) explored relationships among career aspiration, multiple role planning attitudes, and wellness in African American and Caucasian undergraduate women. Booth concluded that wellness and multiple role planning did not predict choice of career or major but did predict career motivation. In addition, cultural differences influenced wellness, multiple role planning, and career motivation. The researcher discussed implications for counselor who facilitate the process of women's career development.

Second, Degges-White and Myers (2006b) examined transitions, wellness, and life satisfaction for midlife women. Results did not indicate a clear pattern relating expectations or timeliness to the type of transitions experienced. In addition, results did not indicate a relationship between expectedness and timeliness of transitions and life satisfaction and wellness. Researchers' implications for mental health counselors included the need to help midlife women cope with and understand a variety of common life changes that collectively and individually help to define their midlife experiences.

Third, in a similar study, Degges-White and Myers (2006a) compared transitions, subjective age, wellness, and life satisfaction between lesbian and heterosexual women in midlife. Results including the following: experiencing physical signs of aging was the transition most frequently experienced by all groups; the second most common transition for lesbians was entry into a committed relationship; while entry into perimenopause was the second most common for heterosexuals; and lesbians with a subjective age less than or equal to their chronological age reported greater wellness, and Total Wellness significantly predicted their life satisfaction. Researchers discussed the unique challenges women face at midlife that require coping in order to maintain overall wellness.

Gill, Minton, and Myers (in press) explored the relationship among spirituality, religiosity, and wellness for poor, rural women. Following data analyses, researchers reported that spirituality, religiosity, and wellness were statistically related. In addition, religiosity and spirituality, specifically innerconnectedness, meaning and purpose, daily spiritual experiences, and private religious practices, accounted for 38% of the variance in Total Wellness. Other conclusions included the following: 1) there were no differences in spirituality by ethnicity, age, and educational level for these participants; 2) while African American women relied more on

spirituality, or meaning and purpose in life, to achieve wellness, Caucasian women relied more on private religious practices and innerconnectedness; and 3) wellness varied with age, with women 56 and older reporting higher levels of holistic wellness than younger women. The researchers identified and discussed specific portions of spirituality and religiosity that contributed to increased levels of wellness for poor, rural women.

Finally, Sinclair and Myers (2004) studied the relationship between objectified body consciousness and wellness in a group of college women. Results of data analyses indicated that body shame and body surveillance were negatively related to wellness. On the other hand, results indicated a statistically significant positive relationship between wellness and appearance control beliefs. Researchers provided implications for counselors working with college women. These include suggestions for utilizing feminist therapy in treatment, the need for body image therapy, the importance of women sharing experiences with other women in order to build better relationships with their bodies, and recommendations for future research with more diverse populations.

In summary, seven studies exist in which researchers focused on gender specific populations. Researchers in two studies investigated male wellness (Moorhead et al., 2008; Spurgeon & Myers, 2008), while investigators in five studies examined wellness in the female population (Booth, 2005; Degges-White & Myers, 2006b; Degges-White & Myers, 2006a; Gill, Minton, & Myers, in press; Sinclair & Myers, 2004). First, only two studies exist in which researchers focused on male wellness (Moorhead et al., 2008; Spurgeon & Myers, 2008). In the first study, Moorhead et al. (2008) explored the impact of a wellness-based intervention for a 13-year old boy suffering from Asperger's Disorder. Results indicated the participant responded positively in the areas of the Physical Self, Exercise, and Nutrition. In the second study,

Spurgeon and Myers' (2008) investigated relationships among racial identity, college type, and wellness. Researchers concluded that there were differences between students who attended PWIs and HBCUs on internalization racial identity attitudes, Physical Self wellness, and Social Self wellness.

While only two studies exist in which researchers focused on male participants (Moorhead et al., 2008; Spurgeon & Myers, 2008), five studies exist related to wellness in the female population (Booth, 2005; Degges-White & Myers, 2006b; Degges-White & Myers, 2006a; Gill, Minton, & Myers, in press; Sinclair & Myers, 2004). First, Booth (2005) explored relationships among career aspiration, multiple role planning attitudes, and wellness in African American and Caucasian undergraduate women. Booth concluded that wellness and multiple role planning did not predict choice of career or major but did predict career motivation. In addition, cultural differences influenced wellness, multiple role planning, and career motivation. Second, in their examination of transitions, wellness, and life satisfaction for midlife women, Degges-White and Myers (2006b), results of data analyses did not indicate a clear pattern relating expectations or timeliness to the type of transitions experienced. In addition, no relationship existed between expectedness and timeliness of transitions and life satisfaction and wellness. Third, in a similar study, Degges-White and Myers (2006a) compared transitions, subjective age, wellness, and life satisfaction between lesbian and heterosexual women in midlife. Results including the following: experiencing physical signs of aging was the transition most frequently experienced by all groups; the second most common transition for lesbians was entry into a committed relationship; entry into perimenopause was the second most common for heterosexuals; and lesbians with a subjective age less than or equal to their chronological age reported greater wellness, and total wellness significantly predicted their life satisfaction.

Fourth, Gill, Minton, and Myers (in press) explored relationships among spirituality, religiosity, and wellness for poor, rural women. Following data analyses, the researcher reported that spirituality, religiosity, and wellness were statistically related. In addition, religiosity and spirituality, accounted for 38% of the variance in Total Wellness. Other conclusions included the following: 1) there were no differences in spirituality by ethnicity, age, and educational level for these participants; 2) while African American women relied more on spirituality, or meaning and purpose in life, to achieve wellness, Caucasian women relied more on private religious practices and innerconnectedness; and 3) wellness varied with age, with women 56 and older reporting higher levels of holistic wellness than younger women. Finally, Sinclair and Myers (2004) studied the relationship between objectified body consciousness and wellness in a group of college women. Researchers concluded that body shame and body surveillance were negatively related to wellness. On the other hand, a statistically significant positive relationship existed between wellness and appearance control beliefs.

While researchers conducted five studies that focused solely on women, they investigated wellness in only college students (Booth, 2005; Sinclair & Myers, 2004) and adults (Degges-White & Myers, 2006a; Degges-White & Myers, 2006b; Gill, Minton, and Myers, in press). In addition, each of these researchers studied wellness in relationship to a variety of other variables as opposed to conducting detailed investigations about factors contributing to wellness with these individuals. Finally, none of these researchers studied wellness over time with this population. Next, I summarize this section of the literature review.

Summary

In this section, I organized studies based on subjects' gender. These sections included the following: 1) studies in which researchers included both males and females in their

investigations without reference to gender in data analyses; 2) studies in which researchers included males and females in their investigations and compared results by gender; and 3) studies in which investigations were gender specific.

First, nine studies exist in which researchers collectively analyzed data for both males and females without reference to gender (Deaner, 2006; Degges-White et al, 2003; Harwell, 1996; Marling, 2006; Phillips, 2005; Shurts, 2004; Smith, 2006; Tanigoshi, Kontos, & Remley, 2008; Villalba & Myers, 2008). While these researchers studied wellness of males and females in a variety of populations, none of the investigators analyzed data specifically for female participants.

Second, five studies exist in which researchers analyzed data about wellness and made comparisons by gender (Gibson and Myers, 2006; Myers and Degges-White, 2007; Myers & Mobley, 2004; Roach, 2005; Williams, 2007). While Roach (2005) concluded that gender was not significant in accounting for differences in the wellness levels of students, researchers in four studies concluded that wellness scores differed for males and females (Gibson and Myers, 2006; Myers and Degges-White, 2007; Myers & Mobley, 2004; Williams, 2007). Results varied among these studies with females scoring both higher and lower than males in certain areas. However, following these comparisons, no researchers conducted subsequent studies to explain these differences between genders. In addition, researchers focused on senior adult wellness in only one of these studies (Degges-White & Myers, 2007), and in no studies did researchers investigate wellness over the course of the life span.

Finally, seven studies exist in which researchers focused on gender specific populations. Researchers investigated wellness of males in two studies (Moorhead et al., 2008; Spurgeon & Myers, 2008), and investigators in five studies examined wellness in the female population

(Booth, 2005; Degges-White & Myers, 2006b; Degges-White & Myers, 2006a; Gill, Minton, & Myers, in press; Sinclair & Myers, 2004). While researchers conducted five studies that focused solely on women, they focused on wellness in college students (Booth, 2005; Sinclair & Myers, 2004) and adults (Degges-White & Myers, 2006a; Degges-White & Myers, 2006b; Gill, Minton, and Myers, in press). In addition, each of these researchers studied wellness in relationship to a variety of other variables as opposed to conducting detailed investigations about specific factors contributing to wellness for these individuals. Finally, none of these researchers studied wellness over time or over the course of the life span.

Following this review of the literature, I come to the following conclusions: nine studies exist in which researchers collectively analyzed data for both males and females without reference to gender (Deaner, 2006; Degges-White et al, 2003; Harwell, 1996; Marling, 2006; Phillips, 2005; Shurts, 2004; Smith, 2006; Tanigoshi, Kontos, & Remley, 2008; Villalba & Myers, 2008); only five studies exist in which researchers compare wellness for males and females (Gibson and Myers, 2006; Myers and Degges-White, 2007; Myers & Mobley, 2004; Roach, 2005; Williams, 2007); seven studies exist in which investigations were gender specific (Booth, 2005; Degges-White & Myers, 2006b; Degges-White & Myers, 2006a; Gill, Minton, & Myers, in press; Moorhead et al., 2008; Sinclair & Myers, 2004; Spurgeon & Myers, 2008); and only five studies exist in which researchers focused specifically on females (Booth, 2005; Degges-White & Myers, 2006b; Degges-White & Myers, 2006a; Gill, Minton, & Myers, in press; Sinclair & Myers, 2004). While five studies exist in which researchers focused solely on women, (Booth, 2005; Sinclair & Myers, 2004; Degges-White & Myers, 2006a; Degges-White & Myers, 2006b; Gill, Minton, and Myers, in press), no investigators explored wellness with

senior adult women. In addition, none of the investigators studied wellness across the life span for these individuals. In the next section, I review the literature by methodology.

Methodology

In this section, I organize the literature by quantitative and qualitative methodology. I divide the quantitative studies into three categories: 1) studies in which researchers made predictions about wellness; 2) studies in which researchers investigated relationships among wellness and other variables; and 3) studies in which researchers measured wellness over time. I end the section with a review of the qualitative literature on wellness.

Quantitative Research

In this section, I organize the literature by quantitative and qualitative methodology. I divide the quantitative studies into three categories: 1) studies in which researchers made predictions about wellness; 2) studies in which researchers investigated relationships among wellness and other variables; and 3) studies in which researchers measured wellness over time.

In the first group of studies, researchers investigated predictions about wellness related to other variables. Deaner (2006) studied whether early recollections predicted wellness for counselor education students, while Harwell (2006) investigated whether holistic wellness predicted teacher effectiveness.

In the second group of studies, researchers investigated relationships among wellness and other variables. This group of studies is by far the largest methodologically. In these investigations, researchers explored relationships among wellness and the following variables: career aspiration and multiple role planning attitudes in African American and Caucasian undergraduate women (Booth, 2005); transitions, subjective age, and life satisfaction in lesbian and heterosexual women at midlife (Degges-White & Myers, 2006a); transitions and life

satisfaction for midlife women (Degges-White & Myers, 2006b); perceived stress in headache patients (Degges-White, Myers, Adelman, & Pastoor, 2003); perceived stress and mattering in first-year Citadel cadets (Gibson & Myers, 2006); spirituality and religiosity in poor, rural women (Gill, Minton, & Myers, in press); demographic variables among practitioners in the profession of student affairs (Marling, 2006); perceived stress and mattering in an upscale retirement community (Myers & Degges-White, 2007); traditional and nontraditional undergraduate students (Myers & Mobley, 2004); religious behaviors in active members of a Nazarene Christian church (Phillips, 2005); marital messages received, marital attitudes, and relationship self-efficacy among never-married traditional-aged undergraduate students (Shurts, 2004); objectified body consciousness in college women (Sinclair & Myers, 2004); severity of disturbance and social desirability of entering master's-level counseling students (Smith, 2006); racial identity and college type in African American males college students (Spurgeon & Myers, 2008); athletic identity, sport commitment, time in sport, social support, and life satisfaction in college student-athletes (Williams, 2007).

In the final group of studies, four investigations exist in which researchers measured wellness over time. Moorhead et al., (2008), Tanigoshi, Kontos, & Remley (2008), and Villalba and Myers (2008) utilized pre-/post-test designs, while Roach (2005) employed a cross-sectional design. First, Moorhead et al., (2008) utilized a pre-test/post-test design to determine the effectiveness of wellness counseling with a 13 year-old male with Asperger's disorder. Results indicated an increase in overall Physical Self as well as the Second Order factors of Nutrition and Exercise; however, scores decreased in the area of Creative Self. Second, Tanigoshi et al. (2008) utilized a pre-test/post-test design in order to investigate the effectiveness of individual wellness counseling on the wellness of law enforcement officers. Results indicated that wellness

counseling significantly increased overall total wellness levels between pre-test and post-test measures, while levels of wellness for the control group remained relatively unchanged. Third, Villalba and Myers (2008) employed a pre-/post-test design to investigate the effectiveness of wellness-based classroom guidance in elementary school settings. Results indicated significant increases in wellness between pre- and post-test administrations for Total Wellness. Finally, Roach (2005) employed a cross-sectional design to investigate the influence of counselor education programs on counselor wellness. Results indicated no significant trends in levels of students' wellness as they progressed through their programs. However, students who reported that their program offered a course in wellness reported statistically significant higher levels of wellness.

In summary, researchers conducted 21 studies that quantitatively analyzed data about wellness. Researchers investigated predictions related to wellness (Deaner, 2006; Harwell, 2006) and relationships among wellness and other variables (Booth, 2005; Degges-White & Myers, 2006a; Degges-White & Myers, 2006b; Degges-White et al., 2003; Gibson & Myers, 2006; Gill, Minton, & Myers, in press; Marling, 2006; Myers & Degges-White, 2007; Myers & Mobley, 2004; Phillips, 2005; Shurts, 2004; Sinclair & Myers, 2004; Smith, 2006; Spurgeon & Myers, 2008; Williams, 2007). In the final group of studies, investigators measured wellness over time (Moorhead et al., 2008, Roach, 2005; Tanigoshi, Kontos, & Remley, 2008; Villalba & Myers, 2008).

While researchers investigated wellness over time in four studies (Moorhead et al., 2008; Roach, 2005; Tanigoshi, Kontos, & Remley, 2008; Villalba & Myers, 2008), the time span for these studies was two years or less. In addition, no researchers explored wellness over the entire life span. In the next section, I review the qualitative wellness literature.

Qualitative Research

In my review of the literature, I found no qualitative studies on wellness. Two researchers, however, included a qualitative component in their quantitative studies (Marling, 2006; Roach, 2005). In her study of wellness in the profession of student affairs, Marling (2006) administered the 5F-Wel (Myers & Sweeney, 1999) as well as a demographic questionnaire to participants. The researcher included four open-ended statements on the demographic questionnaire in order to solicit additional perspectives about wellness. The statements included the following: 1) Define what being “well” means to you. 2) List up to three examples that demonstrate your well-balanced lifestyle. 3) List up to three barriers to achieving balance in your life. 4) Describe how you attempt to combat these barriers. The researcher discovered seven themes through the process of data analysis. These were Physical Health, Psychological Health, Spiritual Health, Vocational/Professional Health, Social/Personal Health, Intellectual Health, and Balance. The researcher noted that these themes closely corresponded to the definitions of wellness provided in her study.

Roach (2005) also included a qualitative component in her quantitative study. In this cross-sectional design investigating the influence of counselor education programs on counselor wellness, participants completed the 5F-Wel (Myers & Sweeney, 1999) at the beginning, middle, and end of their counselor training program as well as a demographic questionnaire. The researcher included an open-ended question on the demographic questionnaire that asked students what they had learned, if anything, in their coursework that helped them develop knowledge and skills regarding personal wellness. The researcher concluded that while counselor education programs may not increase overall student wellness, wellness and personal development were emphasized in these programs.

In summary, researchers conducted two studies (Marling, 2006; Roach, 2005) in which a qualitative component provided additional information about quantitative wellness data. In her study of wellness in the profession of student affairs, Marling (2006) discovered seven themes through her analysis of four open-ended questions. The researcher noted that these themes closely corresponded to the definitions of wellness provided in her study. Next, Roach (2005) investigated the influence of counselor education programs on counselor wellness by including an open-ended question on a demographic questionnaire. Roach concluded that while counselor education programs may not increase overall student wellness, wellness and personal development were emphasized in these programs.

While researchers in two studies included qualitative components in their quantitative studies (Marling, 2006; Roach, 2005), no studies exist that are purely qualitative in nature. In addition, participants in these studies were either college students (Roach, 2005) or adults (Marling, 2006) with no specific reference to gender. Finally, in neither study did researchers explore wellness across the life span. Next, I provide a summary of this section.

Summary

In this section, I organized the literature by methodology. First, I reviewed 21 quantitative studies about wellness. I divided these studies into three categories: 1) studies in which researchers made predictions about wellness (Deaner, 2006; Harwell, 2006); 2) studies in which researchers investigated relationships among wellness and other variables (Booth, 2005; Degges-White & Myers, 2006a; Degges-White & Myers, 2006b; Degges-White et. al., 2003; Gibson & Myers, 2006; Gill, Minton, & Myers, in press; Marling, 2006; Myers & Degges-White, 2007; Myers & Mobley, 2004; Phillips, 2005; Shurts, 2004; Sinclair & Myers, 2004; Smith, 2006; Spurgeon & Myers, 2008; Williams, 2007); and 3) studies in which researchers

measured wellness over time (Moorhead et al., 2008; Roach, 2005; Tanigoshi, Kontos, & Remley, 2008; Villalba and Myers, 2008). Finally, I reviewed qualitative studies about wellness (Marling, 2006; Roach, 2005).

Following this review of the literature, I come to several conclusions. First, while 21 quantitative studies exist in which researchers examined wellness, no studies exist that are purely qualitative in nature. Second, although researchers in two quantitative studies included a qualitative component in their investigations, participants in these studies were either college students (Roach, 2005) or adults (Marling, 2006). In addition, researchers made no specific references to gender and did not explore wellness over the life span.

Chapter Summary

In this chapter, I reviewed the literature pertinent to women's wellness across the life span. I devoted the first section to life span development, its definition, models, and issues relevant to women. In the second section, I provided information about the history, definitions, and various models of wellness. In the final section, I reviewed the conceptual and empirical literature that utilizes the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness as a theoretical framework. I first reviewed the conceptual wellness literature. I then reviewed the empirical literature and organized it in three ways: 1) point in the developmental life span; 2) gender; and 3) methodology.

I devoted the first section of this review to life span development, its definitions, models, and issues relevant to women. Life span development is a process of expansion and growth over the duration of a person's life in which s/he works out the possibilities of that life (Merriam-Webster, 2008). While a number of theorists focused on the development of children (Freud, 1962; Piaget, 1953) and adults (Havighurst, 1972 ; Levinson, 1978; Levinson & Levinson, 1996;

Lowenthal et al., 1975), only two described life span development in its entirety (Erikson, 1950; McGoldrick & Carter, 2005). In addition, the majority of theorists did not propose models that take into account the unique life experiences of women (Gilligan, 1982; McGoldrick & Carter, 2005).

In the second section, I provided information about the history, definitions, and various models of wellness. The concept of wellness is deeply rooted in the fifth-century writings of Aristotle (Myers & Sweeney, 2005c). More recently, theorists from a variety of disciplines proposed multiple wellness frameworks (Ardell, 1977; Dunn, 1961; Hettler, 1984; Ryff & Keyes, 1995; Travis & Ryan, 1981/1988). Of importance to the current study is the view of wellness from the counseling/mental health field. According to this discipline, 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. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving (Myers, Sweeney, & Witmer, 2000, p. 252).

Theorists from the counseling/mental health field proposed the Wheel of Wellness (Myers, Sweeney, & Witmer, 2000; Sweeney & Witmer, 1991; Witmer & Sweeney, 1992) and the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) models of wellness. Data analyses on the Wheel did not support the hypothesized model (Hattie, Myers, & Sweeney, 2004; Myers & Sweeney, 2004; Myers & Sweeney, 2005a); however, theorists identified the Indivisible Self model as an evidence-based, theoretically grounded, holistic, interactive, strengths-based model that can serve as a framework for individuals to make intentional choices

that result in improved lifestyle and well-being across the life span (Myers & Sweeney, 2004; Myers & Sweeney, 2005a).

In the final section, I reviewed the conceptual and empirical literature in which researchers utilized the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness as a theoretical framework. I first reviewed the conceptual wellness literature and found two articles in which authors discussed the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness. These articles included a review of the wellness literature (Myers & Sweeney, 2008) and a proposal for the use of wellness-based interventions in group work in elementary schools (Villalba, 2008). In both articles, authors recommended further wellness research with various populations in order to promote well-being for individuals across the life span.

Next, I reviewed the empirical literature and organized it in three ways: 1) point in the developmental life span; 2) gender; and 3) methodology. Following a review based on point in the developmental life span, I come to the following conclusions: eleven studies exist in which researchers focused on college students (Booth, 2005; Deaner, 2006; Gibson & Myers, 2006; Harwell, 2006; Myers & Mobley, 2004; Roach, 2005; Shurts, 2004; Sinclair & Myers, 2004; Smith, 2006; Spurgeon and Myers, 2008; Williams, 2007) and seven studies exist in which researchers focused on adults (Degges-White & Myers, 2006a; Degges-White & Myers, 2006b; Degges-White et al., 2003; Gill, Minton, & Myers, in press; Marling, 2006; Phillips, 2005; Tanigoshi, Kontos, & Remley, 2008). However, only two studies exist in which researchers focused on either children (Villalba & Myers, 2008) or adolescents (Moorhead et al., 2008), and only one study exists in which the participants were senior adults (Myers & Degges-White, 2007). In addition, no studies exist in which researchers explored wellness across the life span.

Next, I reviewed the literature based on subjects' gender. Following this review, I come to the following conclusions: nine studies exist in which researchers included both males and females in their investigations without reference to gender (Deaner, 2006; Degges-White et al, 2003; Harwell, 1996; Marling, 2006; Phillips, 2005; Shurts, 2004; Smith, 2006; Tanigoshi, Kontos, & Remley, 2008; Villalba & Myers, 2008); five studies exist in which researchers compared wellness for males and females (Gibson and Myers, 2006; Myers and Degges-White, 2007; Myers & Mobley, 2004; Roach, 2005; Williams, 2007); and seven studies exist in which investigations were gender specific (Booth, 2005; Degges-White & Myers, 2006b; Degges-White & Myers, 2006a; Gill, Minton, & Myers, in press; Moorhead et al., 2008; Sinclair & Myers, 2004; Spurgeon & Myers, 2008). However, of the seven gender specific studies, researchers in only five studies focused specifically on female wellness (Booth, 2005; Sinclair & Myers, 2004; Degges-White & Myers, 2006a; Degges-White & Myers, 2006b; Gill, Minton, and Myers, in press). In addition, no investigators explored wellness with senior adult women.

Finally, I organized empirical studies by methodology. First, I reviewed 21 quantitative studies about wellness. I divided these studies into three categories: 1) studies in which researchers made predictions about wellness (Deaner, 2006; Harwell, 2006); 2) studies in which researchers investigated relationships among wellness and other variables (Booth, 2005; Degges-White & Myers, 2006a; Degges-White & Myers, 2006b; Degges-White et. al., 2003; Gibson & Myers, 2006; Gill, Minton, & Myers, in press; Marling, 2006; Myers & Degges-White, 2007; Myers & Mobley, 2004; Phillips, 2005; Shurts, 2004; Sinclair & Myers, 2004; Smith, 2006; Spurgeon & Myers, 2008; Williams, 2007); and 3) studies in which researchers measured wellness over time (Moorhead et al., 2008; Roach, 2005; Tanigoshi, Kontos, & Remley, 2008; Villalba and Myers, 2008).

Next, I reviewed qualitative studies on wellness. Following my review of the qualitative literature, I conclude that no studies exist that are purely qualitative in nature. In addition, although researchers in two quantitative studies included a qualitative component in their investigations, participants in these studies were either college students (Roach, 2005) or adults (Marling, 2006). Moreover, researchers made no specific references to gender, and no researchers studied wellness over the course of the life span.

A Gap in the Literature

Life span development can be described as a process of expansion and growth over the duration of a person's life in which s/he works out the possibilities of that life. The Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness is a holistic, strengths-based models that can serve as a framework for individuals to make intentional choices that result in improved lifestyle and well-being across the life span (Myers and Sweeney, 2004; Myers and Sweeney, 2005a). Multiple researchers conducted studies on wellness with a variety of populations; however, following a review of the literature on wellness, I came to the following conclusions: 1) no life span developmental frameworks exist that take into account the unique experiences of women; 2) only one study about wellness exists in which the subjects are senior adults; 3) there is a paucity of research on wellness in the female population; 4) no qualitative studies on wellness exist; and 5) no studies exist in which researchers study wellness over the course of the life span. Due to these gaps in the literature, I explored one woman's wellness across the life span utilizing qualitative methods. In addition, I studied a senior adult woman in order to gain a better understanding of factors contributing to wellness across the entire life span. In the next chapter, I describe the methodology for this study.

CHAPTER 3: METHODOLOGY

Chapter Introduction

The purpose of this qualitative study was to explore one senior adult woman's wellness across the life span. I utilized an oral history approach in order to achieve this aim. In this chapter, I describe the methodology for oral history design. I begin with a rationale and description of the oral history approach. I then transition into a detailed explanation of procedures for organizing and synthesizing oral history materials. Included in this explanation are details about the participant, procedures for data collection and analysis, and measures I took to ensure quality of the study. Finally, I end the chapter by describing the limitations and strengths of oral history design as well as my role in the research process.

Rationale for Methodology

Qualitative researchers formulate questions to investigate complex topics in context (Bogdan & Biklen, 2007). They attempt to make sense of or interpret phenomena in terms of meanings people bring to them (Denzin & Lincoln, 2005). One qualitative approach that lends itself to the interpretation of meanings individuals bring to their lives is narrative inquiry. This method involves "living and telling, reliving and retelling, the stories of the experiences that make up people's lives, both individual and social...narrative inquiry is stories lived and told" (Clandinin & Connelly, 2000, p. 20). The narrative approach is appropriate for describing and documenting everyday life stories, developing new research variables, and opening new lines of inquiry; asking individuals what they believe about their situations may be more profitable than asking them to complete predetermined questionnaires (Boss, 2002). There are a number of methods for conducting narrative inquiry including biography, autobiography, life history, and

oral history (Creswell, 2007). For the purpose of this study, I employed the oral history approach.

As described in Chapter One, oral history interviews are beneficial for opening new areas of inquiry, challenging accepted judgments and assumptions of historians, introducing new evidence from underrepresented populations, and bringing recognition to individuals who were previously ignored (Thompson, 2000). Oral history interviews are particularly valuable for uncovering unique perspectives of women and for generating new insights about their experiences of themselves in their worlds (Anderson & Jack, 1991). Until the 1990's, much of the work written about women was from a male perspective with male observation and interpretation (Gluck & Patai, 1991). Because of this, the simple act of women telling stories from women's points of view is revolutionary (Christ, 1986; Solinger, Fox, & Irani, 2008). We cannot hear and interpret what women value if we do not listen to women speak (Minister, 1991). Therefore, oral history is an appropriate method for exploring the unique experiences of women, for it challenges accepted judgments and assumptions, uncovers new perspectives, and generates new insights through the analysis of stories told from the female point of view. For the purpose of this study, I utilized an oral history approach in order to explore the unique experiences related to one woman's wellness throughout her life. This method is appropriate for the current study since it fills a gap in the literature for women's wellness across the life span as described in Chapter Two.

Research Questions

In order to investigate one woman's wellness across the life span, I posed the following research questions:

1. What stories does one woman tell about the events and experiences of her life?

- a. What stories does one woman tell about her birthplace and childhood?
 - b. What stories does one woman tell about her adolescence?
 - c. What stories does one woman tell about her young adulthood?
 - d. What stories does one woman tell about her adulthood?
 - e. What stories does one woman tell about her middle age?
 - f. What stories does one woman tell about her senior years?
2. What are the experiences of one woman's wellness across the life span as analyzed through the lens of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness?
- a. What experiences does one woman describe related to the Creative Self?
 - b. What experiences does one woman describe related to the Coping Self?
 - c. What experiences does one woman describe related to the Social Self?
 - d. What experiences does one woman describe related to the Essential Self?
 - e. What experiences does one woman describe related to the Physical Self?

To summarize, in this section, I provided a rationale for utilizing an oral history approach. I also provided the research questions that will guide the current investigation. In the next section, I describe oral history methodology.

Description of Oral History Design

Oral history is defined as “the recording of personal testimony delivered in oral form” (Yow, 2005, p. 3). While the term *life history*, frequently interchanged with *oral history* (Yow, 2005), describes an approach in which the intent is to capture individuals' interpretations of their own lives (Bogdan & Biklen, 2007), *oral history* is the term most frequently employed to refer to the recorded in-depth interview (Yow, 2005).

Since the beginning of time, individuals have continued the oral tradition of stories. Oral historical research became a scholarly enterprise only in the twentieth century when Nevins (1938) initiated the use of a clearly defined methodology for the purposes of recording and preserving memoirs. He proposed to enhance historical study by systematically listening to and recording stories of living Americans who led significant lives so that those who follow might have more complete knowledge of their historical participation. While the initial purpose of oral history was to gather narratives of significant individuals (Nevins, 1938), many of today's researchers gather life stories from underrepresented populations in order to give voice to those who are underprivileged or unheard (Thompson, 2000).

Oral history helps illustrate recurrent themes in an individual's existence (Bateson, 1989). The approach reveals details about daily life at home and work, illuminates dimensions of life within personal relationships and community, and reveals a psychological reality that is the foundation for ideals held and actions taken by individuals (Yow, 2005). "There is no better way to glean information on how the subject sees and interprets her experience than to ask in the context of the life review" (Yow, 2005, p. 14). Oral history connects the young and the old, the academic and outside world, and interpretations of history between different places, spheres, or phases of life (Thompson, 1994). Moreover, various aspects of individual testimony can be chronologically arranged to reveal development (Yow, 2005).

Asking the "perfect questions" to elicit total release of memory is challenging for even the most experienced interviewer; however, the goal for the oral historian is to say very little in order to obtain as much information as possible from narrators (Dennis, 2003). Patriarchal literature is complete with instructions about specific details of the interview such as setting the tone with the first substantive question (Sitton, Mehaffy, & Davis, 1983); however, an inflexible

interview technique may result in answers to questions at the expense of the telling of stories (Thompson, 2000). In contrast, another approach is feminist oral history. Feminist oral historians, in particular, stress the importance of maintaining a non-direct approach and suggest that the interview may begin with “Tell me your life story” (Munro, 1998, p. 10). Questions that follow may focus on certain events, but the primary goal is to keep the tone accommodating in order for narrators to tell of experiences most central to their lives (Gluck, 1979; Munro, 1998).

To summarize, in this section, I provided a definition of oral history, a brief review of the method’s beginnings, benefits of the method, and various techniques for questioning in oral history research. In the next section, I describe procedures for organizing and synthesizing oral history materials.

Organization and Synthesis of Oral History Materials

Denzin (1978) provided one of the first clear strategies for organizing and synthesizing life history research. He recommended the following steps: 1) select a problem to explore; 2) select subjects and the form the life history will take; 3) record events and experiences in the subjects’ lives pertaining to the problem; 4) obtain subjects’ interpretations of these events; 5) analyze the reports; 6) resolve validity; 7) generate and modify hypotheses; 8) organize and submit an initial draft of the life histories to subjects for their reactions; and 9) rework the report in order to present hypotheses and propositions as well as make conclusions about the relevance of theory and subsequent research. In this section, I provide details about each of these steps in relation to the current oral history project.

Select a Problem to Explore

The first step Denzin (1978) proposed is selecting a problem to explore. As stated in Chapter Two, a gap in the literature exists for wellness studies conducted with women, wellness

studies across the life span, and wellness studies that are qualitative in nature. As a result, I explored the problem of women's wellness across the life span using qualitative methods.

Select Subjects and the Form the Life History Will Take

The second step proposed by Denzin (1978) is selecting subjects and the form the life history will take. I selected one individual to participate in this study. I utilized a theory based sampling approach as part of the selection process. Theory based sampling is described as an approach in which the researcher finds examples of a theoretical construct in order to examine and elaborate on it (Miles & Huberman, 1994). I chose Florence as a participant because, according to my perceptions, she was a senior adult woman who epitomized the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness. The definition of wellness relevant to this model is as follows:

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. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving (Myers, Sweeney, & Witmer, 2000, p. 252).

I selected Florence because my perception was that the integration of her body, mind, and spirit helped her live a full life. According to my observations of her and interactions with her, she achieved the optimum state of health and well-being described in the definition of wellness and continued to do so as she progressed into her late years. I was confident this woman met the criteria for wellness because of my personal observations of her and interactions with her. I was fascinated with her good health, endurance, energy, and positive outlook on life and often hoped that I could age as successfully as she did. I also selected this woman because I had a previously

established relationship with her. As a result of this established relationship, I was not only professionally, but personally, interested in her life story. Now I introduce the participant.

Florence

Florence is an 87 year old mother of three. She was widowed at the age of 74 and lives independently in her home in a large town in east Tennessee. I provide further details about this woman and my relationship with her in the *Role of the Researcher* section later in this chapter.

Following selection of participants, Denzin (1978) recommended choosing the form the life history will take. For the purpose of this study, I utilized an oral history approach as defined by Yow (2005). According to this definition, oral history is “the recording of personal testimony delivered in oral form” (p. 3) and is the term most frequently employed to refer to the recorded in-depth interview (Yow, 2005).

Record Events and Experiences Pertaining to the Problem

Step three of Denzin’s (1978) guidelines for conducting life history research involves recording the events and experiences pertaining to the problem. Yow (2005) proposed a detailed procedure for recording these events and experiences, so in the current study, I combined Denzin’s guidelines with Yow’s procedures for conducting oral history interviews. I now describe the steps involved in this process. These include guidelines for both preparing for and conducting interviews.

Yow (2005) suggested guidelines for both preparing for and conducting oral history interviews. First, she proposed eight steps to follow when preparing for the interview project. These are: 1) conceptualize the research project; 2) compose the interview guide; 3) decide upon strategies for questioning; 4) consider kinds of words and phrases to avoid; 5) select narrators; 6) contact narrators; 7) schedule the interview; and 8) prepare the equipment.

Conceptualize the Research Project

As previously described, a gap in the literature exists for wellness studies conducted with women, wellness studies across the life span, and wellness studies that are qualitative in nature. As a result, I explored the problem of women's wellness across the life span using qualitative methods.

Compose the Interview Guide

In this section, I describe Yow's (2005) procedures for composing the interview guide. Yow stated that an interview guide is not a questionnaire or a fixed set of questions that limit both the narrator's answers and the interviewer's line of questioning. Instead, an interview guide is a plan that contains topics to pursue without limiting the narrator's freedom to explore other areas. Yow went on to say that while the plan is flexible and allows the narrator to follow an order that makes sense to him or her, the interviewer does not throw away the guide once the interview begins. Instead, adhering to the topics listed in the plan ensures that sought information is obtained. The core interview guide is composed of the topics every informant will encounter. As suggested by Yow (2005), I wrote the core headings on index cards to take to the interviews. This allowed me to glance at the cards at the end of a line of questioning while continuing to watch the narrator, respond to what she said, and listen carefully so I knew when to probe, follow up, challenge, or ask for clarification.

Yow (2005) provided different approaches for composing interview guides that cover life histories. These include proceeding chronologically by life course stage or topically by events such as marriage, parenting experiences, and hobbies. Since the aim of the current study was to investigate one woman's wellness across the life span, I composed the interview guide chronologically. Topics for the core interview guide in the current study included birthplace and

childhood, adolescence, young adulthood, the adult years, middle age, and the senior years. In the next section I describe strategies for questioning and words and phrases to avoid.

Select Strategies for Questioning and Consider Words and Phrases to Avoid

The next steps for preparing the interview are selecting strategies for questioning and considering words and phrases to avoid. When selecting interviewing strategies, Yow (2005) provided two possibilities for questioning: 1) starting with a broad question then progressing to focused questions that limit the scope of answers; and 2) starting with focused questions that progress to a final broad question. She also made distinctions between open-ended and closed-ended questions and described the strengths and limitations of each. For the purpose of this study, I began with broad, open-ended questions then progressed to focused, open-ended questions in order to gain specific details about the stories. Broad, open-ended questions allow narrators to answer in any way they wish and to follow their own thought processes or paths of association. Letting people talk about their experiences with as little structure as possible is a good way to view life through their eyes and to avoid interviewer bias (Rosenthal, 1979).

Selecting strategies for questioning is important when creating the interview guide, as is choosing words and phrases carefully so they do not have a negative impact on the interview. Slang and colloquialisms, words that indicate the narrator is unintelligent, and emotion-laden terms may influence the narrator to respond differently than intended; therefore, I scrutinized questions before asking them (Yow, 2005). I also conducted an interview with a non participant prior to data collection in order to test the questions in the interview guide.

As a result of Yow's suggestions, I created a list of broad, open-ended questions to include in the interview guide. They are as follows:

- 1) Tell me about your birthplace and your earliest recollections.
- 2) Tell me about your childhood.
- 3) Tell me what life was like for you as a teenager.
- 4) Tell me about your life as a young adult.
- 5) Tell me about the years you spent as an adult.
- 6) Tell me what life was like for you at middle age.
- 7) Tell me about the years you've spent growing old.

As the narrator shared stories from each life course, I followed up with open-ended probes and questions that led to specific details about the stories. Examples of these include:

- a) You mentioned _____. Tell me more about that.
- b) You mentioned _____. Can you provide an example of that?

At the end of stories told about each life stage, I also asked the following question:

- 1) What do you think contributed to your well-being during this time?

Interviews continued until the participant reported that her story was complete. I anticipated multiple meetings with the participant in order to obtain her full life history. At the conclusion of the interview process, I had collected three hours of interview data over the course of two days.

The interview guide is a beneficial way to provide direction in case narrators get “stuck” as they tell stories. By including only open-ended questions in the interview guide, narrators have leeway to share experiences that are meaningful for them. In addition, the use of open-ended questions helps to avoid words and phrases that may negatively impact the interview.

Select and Contact Narrators

I selected one senior adult woman to participate in the current study. I selected this woman because, according to my perceptions, she epitomized the concept wellness and because I had a previously established relationship with her as described earlier. I provide further details about this woman and my relationship with her in the *Role of the Researcher* section later in this chapter.

Once narrators are selected, the next step is making contact (Yow, 2005). I obtained IRB approval prior to completing this step. As part of the IRB approval process, I completed an informed consent form for the narrator to read and sign. In this form, I provided information about the following: 1) the benefits and risks of participation; 2) the voluntary nature of participation; 3) the right the narrator had to end participation at any time without penalty; 4) reasons for audio taping the interviews; and 5) my provision of a list of professionals providing psychological resources if warranted.

Once approval was obtained, I mailed a letter to the narrator informing her of the project and inviting her to participate. A copy of the letter I sent to the narrator is available in Appendix A. According to Yow, the letter includes a description of the project, the interviewer's training and interest in the project, and the importance of learning from individuals who have firsthand knowledge of the topic. In addition, I provided reasons for contacting this particular individual and asking for her help. I included a telephone number so she could call if she had questions. The letter concluded with a statement that the I would call. Several days after the letter was sent, I contacted the narrator by phone to ensure she was still interested in participating. I then set up meeting times for interviews to take place. I provide guidelines for scheduling interviews in the next section.

Scheduling the Interview and Preparing Equipment

Scheduling the interview and preparing the equipment are the final stages of preparation. Yow (2005) suggested scheduling interviews at the narrators' convenience. Since narrators' goodwill is necessary for the interviews to take place, interviewers are as accommodating as possible. For the purpose of this study, I did not schedule a set number of meetings so that the narrator could continue telling stories until she was finished. Before arriving at the scheduled day and time, I obtained and prepared the recording equipment. For the purpose of the current study, I used a microcassette recorder and 60-minute microcassette tapes. In addition, I took extra tapes and batteries in case those in the recorder ran out. I labeled each side of the tapes with the project title, narrator's name, interviewer's name, date, and place. When one side of the tape was used, I marked it quickly before turning it over. This ensured that I did not record over previously recorded interviews. Once tapes were full, I stored them in a secure box in my home in order to protect the identity of the participant.

In summary, preparing for the interview project involves eight steps. After conceptualizing the project, composing the interview guide, selecting strategies for questioning, considering words and phrases to avoid, selecting and contacting narrators, scheduling interviews, and preparing equipment, the interviewer is now ready to move forward with the oral history project. Next, I describe procedures for conducting interviews.

Yow (2005) provided seven steps for conducting the interview. These are: 1) the preliminary meeting; 2) beginning the interview; 3) building rapport; 4) avoidance of diminishing rapport; 5) using skill in questioning; 6) coping with troublesome situations; and 7) ending the interview.

The Preliminary Meeting

The preliminary meeting is a helpful way to begin the establishment of relationship between narrator and interviewer (Yow, 2005). During this brief visit, the interviewer briefly explains the project, shows enthusiasm about the interview, and engages in small talk. This sets up a non-threatening environment and demonstrates that the interviews can be a pleasant experience. Interviewer and narrator can also talk about the work that will be done as well decide upon a location that is private and noise-free. Because I interviewed a senior adult, I planned to meet with her in her home so she would not have to travel and so she would feel more at ease. Privacy during the interview is necessary so the narrator will not be influenced by a third party (Yow, 2005). As part of the preliminary meeting, I established the necessity of including only the interviewer and narrator in the room where interviews took place. In addition, I used the time in the preliminary meetings to have the narrator read and sign any and all related consent and release forms. A copy of the informed consent form is available in Appendix B. I discussed the contents of this form earlier in this chapter. A copy of the release form is available in Appendix C. By signing the release form, the narrator gave me permission to use the oral history in scholarly presentations and publications. In addition, she acknowledged that the completed dissertation would be available to the public through the John C. Hodges Library at the University of Tennessee.

Beginning the Interview

Yow (2005) stated that on the day of the first interview, it is beneficial to engage in small talk before taking out the recorder to reduce tension. The interviewer again explains the purpose of the project and assures the narrator that she is not obligated to answer all the questions. Yow went on to say that when recording begins, the interviewer states her name, the narrator's name,

the location of the interview, the date, and if the interviewer and narrator have a special relationship. Then it is necessary to ask for the narrator's oral consent in order to acknowledge she knows the conversation is being recorded. The interviewer begins with routine questions to help both parties ease into the interview (Yow, 2005).

Building Rapport and Avoidance of Diminishing Rapport

Yow (2005) explained that awareness of rapport is the next step in the interviewing process. Trust can be established by taking the time to ensure the narrator understands the project, reassuring the narrator that she is responding in helpful ways, listening carefully, and allowing the narrator to finish what she is saying. She also said that nonverbal responses, eye contact, and positive regard are important. Although these techniques will aid in winning the narrator's cooperation, the most important practice is empathy. The narrator is grateful for the interviewer's understanding of and sensitivity to feelings (Yow, 2005). While building rapport is beneficial to the interview process, diminishing rapport can be harmful. Lack of sensitivity and subtle communication of negative attitudes, either verbal or nonverbal, can harm the working relationship between interviewer and narrator. The narrator can sense disapproval, and interviewers can avoid showing judgment by controlling facial expressions and body language (Yow).

Using Skill in Questioning

While the interviewer follows an interview guide in order to obtain material about certain topics, using skill in questioning can open doors of possibility in stories (Yow, 2005). Skills utilized to enhance questioning are probes, follow-ups, clarification, what if questions, comparisons, and challenges. The use of these skills can elicit more information about stories, clarify details, identify wishes or aspirations, and lead to further exploration of topics (Yow,

2005). As I followed the interview guide described previously in this chapter, I utilized these techniques to add richness and depth to the stories told.

Coping with Troublesome Situations

Troublesome situations may arise during interviews such as topics that are difficult for narrators to discuss and questions that may be difficult for interviewers to ask. Yow (2005) recommended addressing these situations with listening and understanding as well as by engaging in self-reflection. In addition, the interviewer can detect potential trouble by paying attention to nonverbal behavior such as squirming, yawning, and glancing at a wristwatch. Narrators may recall emotional memories that bring them to tears. The interviewer can apologize for stumbling upon a painful topic and ask whether or not the narrator would like to go on (Yow, 2005). As stated earlier, I was prepared to provide a list of professional resources available to her in her local area if the narrator seemed particularly stressed by her recollections.

Ending the Interview

The final step in the interview process is ending the interview. The interviewer leaves the tape running until the very last minute and thanks the narrator for her time. The interviewer goes home and immediately writes thank you notes as well as composes field notes while they are fresh on her mind. Assessment of interviewing techniques can also provide opportunities for learning (Yow, 2005).

In summary, Yow (2005) outlined details for preparing for and conducting the interview. The eight components of preparation are: 1) conceptualize the research project; 2) compose the interview guide; 3) decide upon strategies for questioning; 4) consider kinds of words and phrases to avoid; 5) select narrators; 6) contact narrators; 7) schedule the interview; and 8) prepare the equipment. The seven components to consider during the interview process are: 1)

the preliminary meeting; 2) beginning the interview; 3) building rapport; 4) avoidance of diminishing rapport; 5) using skill in questioning; 6) coping with troublesome situations; and 7) ending the interview. This concludes the section on recording events and experiences pertaining to the problem. I now transition from Yow's (2005) procedures for data collection back to Denzin's (1978) guidelines for conducting life history research.

Obtain Subjects' Interpretations of These Events

The fourth step of Denzin's (1978) strategy is to obtain subjects' interpretations of the events and experiences they describe. As I gathered the narrator's stories, I explored her perceptions of the factors contributing to her own well-being during the events and experiences she described. In order to do this, I asked the following question at the end of stories told about each life stage:

- 1) What contributed to your well-being during this time?

In addition, at the conclusion of the oral history interviews, I asked the following question:

- 1) As you look back over your life, what contributed most to your overall well-being?

In asking these questions, I obtained the subject's interpretations of life events as suggested by Denzin (1978).

Analyze the Reports

The fifth step of Denzin's (1978) strategy for conducting life history research involves analyzing the reports. I completed this step with a two-phase process as described by Creswell (2004). He stated that after gathering stories and analyzing them for important elements, researchers rewrite the stories and place them in chronological sequence. First, I transcribed the interviews and re-storied the narrator's life as described by Creswell (2004). Second, I analyzed

the transcribed interviews according to Lieblich, Tuval-Mashiach, and Zilber's (1998) procedures for analyzing narrative materials. Next, I provide details about each of these phases.

First, I describe the steps involved in processing and analyzing the narrative materials of the life stories as outlined by Lieblich, Tuval-Mashiach, and Zilber (1998). The authors offered four approaches for analyzing the data: 1) the holistic-content perspective; 2) holistic analysis of form; 3) categorical-form analysis; and 4) categorical-content perspective. For the purpose of this study, I utilized the categorical-content perspective.

The categorical-content perspective is much like content analysis in which the text is broken into relatively small units then submitted to either descriptive or statistical treatment (Lieblich, Tuval-Mashiach, & Zilber, 1998). The method has many variations and is dependent upon the researcher's bias toward either quantitative or qualitative perspectives (Lieblich, Tuval-Mashiach, & Zilber). Since the current study is qualitative in nature, I submitted the units of text to descriptive treatment.

Lieblich, Tuval-Mashiach, and Zilber (1998) described the steps for conducting a categorical-content analysis. They are: 1) selection of the subtext; 2) definition of the content categories; 3) sorting the material into categories; and 4) drawing conclusions from the results. The first step, selection of the subtext, involves marking and assembling all the relevant sections of a text based on the research question. For the purpose of this study, I marked and assembled the subtext into "natural meaning units" as defined by Lee (1998). Lee described meaning units as portions of the text relating to identifiable themes or issues. The natural meaning units can consist of longer passages, portions of paragraphs, complete sentences, or sentence fragments. A meaning unit ends when there is a change in subject or topic (Lee, 1998). The selected sections are withdrawn from the total life story and treated independently (Lieblich, Tuval-Mashiach, &

Zilber, 1998). For the purpose of this study, I marked all the meaning units related to the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness.

I identified these meaning units by making five passes through the transcripts for the narrator. On each of the passes, I searched for and marked meaning units related to each of the five Second Order Factors of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model. I identified the Second Order factors by searching for references to their corresponding Third Order Factors. For example, on the first pass, I marked meaning units related to the Second Order factor of the Creative Self. I identified meaning units related to this factor by searching for references to Thinking, Emotions, Control, Work, and Positive Humor, all Third Order factors related to the Creative Self. I then made subsequent passes for the Coping Self, Social Self, Essential Self, and Physical Self factors.

The next step of analysis involves defining the content categories and sorting the material into the categories (Lieblich, Tuval-Mashiach, & Zilber, 1998). The categories are various perspectives or themes, whether words, sentences, or groups of sentences, that cut across selected subtexts and provide a means for classification. Content categories can be defined in two ways: 1) by identifying themes that emerge from the reading; or 2) by determining themes that are predefined by a theory (Lieblich, Tuval-Mashiach, & Zilber, 1998). Since theory is a guiding force in life history research (Denzin, 1978), I utilized the second approach. I assembled the marked units of text relevant to wellness into predefined categories determined by the five Second Order factors of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model. These categories were the Coping Self, Creative Self, Essential Self, Physical Self, and Social Self. I then sorted through the meaning units and assigned each one to its corresponding category. Following completion of this step, I presented outcomes of data

analysis and drew conclusions as detailed in the *Generate Hypotheses* section later in this chapter. Next, I describe the second phase of analyzing the reports.

The second phase of analyzing the reports involves re-storying narrators' lives. Creswell (2004) stated that after gathering stories and analyzing them for important elements, researchers rewrite the stories and place them in chronological sequence. This process is important because re-storying provides a causal link among ideas and offers information about interaction, continuity, and situation (Creswell, 2004). Moreover, various aspects of individual testimony can be chronologically arranged to reveal development (Yow, 2005). For the purpose of this study, I re-storied the narrator's life in chronological order and presented the completed oral history as part of the research findings. The final result was a co-constructed oral history narrative for the participant.

In summary, analyzing the reports is Denzin's (1978) fifth step in organizing and synthesizing life history materials. I completed this step with a two-phase process. First, I transcribed the interviews and analyzed them using a content-categorical approach described by Lieblich, Tuval-Mashiach, and Zilber (1998). I made five passes through the transcripts to identify meaning units related to wellness and sorted the meaning units into categories. The categories consisted of the predefined Second Order factors of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness. These categories were the Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. Finally, I re-storied each narrator's life in chronological order as suggested by Creswell (2004). Next I describe procedures for ensuring quality of the research design.

Resolve Validity

Denzin (1978) recommended the resolution of validity as the sixth step in life history research. In this section, I provide details about resolving validity by describing the quality of the research design. These include methods of reliability, validation, and evaluation of the research.

First, reliability in qualitative research can be addressed in several ways (Silverman, 2005). For the purposes of this study, I enhanced reliability by employing good quality tapes for recording; in addition, detailed transcriptions of interviews enhanced reliability by including crucial pauses and overlaps in the narratives that lended themselves to further interpretation of the texts (Silverman, 2005). Detailed transcriptions are vital since tampering with primary sources, even to the point of eliminating hesitations or moments of doubt, negates the authenticity of the document and decreases reliability (Henige, 1982). In addition, reliability in oral history refers to consistency between the stories told by narrators and the number of times the stories are told (Dennis, 2003); therefore I enhanced reliability with evidence from several interviews with the same individual. Finally, I addressed the reliability of the source at the end of every interview by asking the following questions regarding the informant: 1) Was she there? 2) Was she in a position to know? 3) Does she have a reputation for probity? and 4) Was she of sound mind at the time of the interview? (Harris, Cash, Hoover, & Ward, 1975).

Secondly, validation strategies in qualitative research are attempts to assess the “accuracy” of the findings (Creswell, 2007). While there is less emphasis on validation in narrative research, Creswell (2007) recommended using validation strategies regardless of the type of qualitative approach. For the purpose of this study, I employed three strategies for validation. The first strategy was clarifying researcher bias. Clarifying bias is essential so the

reader understands the researcher's position and any assumptions or biases that impact the inquiry (Merriam, 1988). As outlined by Merriam, I commented on past experiences, biases, orientations, and prejudices that likely shaped my interpretation and approach to the study. I clarified this bias through a pre-data collection interview (Thomas & Pollio, 2002) that provided me with descriptions of my own experiences with wellness. I enlisted the help of a colleague to conduct my own oral history interview, and I transcribed and analyzed the data in order to identify any "pre-understandings" (Thomas & Pollio, p. 33) that may have impacted my analysis of the narrator's transcripts. Findings of this pre-data collection interview are described in the *Role of the Researcher* section later in this chapter. I reviewed my "pre-understandings" regularly.

The second strategy I employed is rich, thick description (Lincoln & Guba, 1985; Merriam, 1988). Rich, thick description involves describing in detail the participants under study and allows readers to make decisions regarding transferability (Lincoln & Guba, 1985; Merriam, 1988). As part of this strategy, the writer describes the participants or setting under study with such detailed description that readers determine whether findings are transferable because of shared characteristics (Erlandson et al., 1993). In the re-storying of the narrator's oral history, I provided these detailed descriptions.

The third strategy I employed is member checking, or soliciting participants' views of the credibility of the findings and interpretations (Lincoln & Guba, 1985; Merriam, 1988). This technique is recommended in life history research (Denzin, 1978) and considered to be "the most critical technique for establishing credibility" (Lincoln & Guba, 1985, p. 314). Creswell (2007) suggested not taking transcripts or raw data back to participants; instead, he recommended that narrators review analyses consisting of themes or descriptions in order to obtain their views of

the analyses as well as missing information. Following Creswell's suggestions, I submitted two forms of analysis to the narrator in order to obtain her views and correct missing information. I presented her with the re-storied oral history narrative so she could judge the accuracy and credibility of the accounts. I presented her with the results of data analyses based on the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness to obtain her views about the accuracy of the findings.

Finally, it is important to evaluate the quality of the current study. While reliability and validity contribute to quality research, other criteria are also useful (Creswell, 2007). Characteristics of a "good" narrative study outlined by Creswell (2007) include a focus on one to three individuals, the collection of stories about significant issues related to the individuals' lives, a developed chronology connecting different phases or aspects of stories, the re-telling of participants' stories in persuasive, literary ways, and the report of themes built from stories to tell a broader analysis (Creswell, 2007).

In conclusion, reliability, validity, and evaluation are important factors to address in order to design a quality study. High-quality tapes, detailed transcripts, consistency of stories, and examinations of the reliability of the narrator enhanced reliability. Clarifying researcher bias, thick, rich description, and member checks enhanced validity. In addition, I evaluated my study based on the guidelines suggested by Creswell (2007) for a "good" narrative study.

Generate Hypotheses

The seventh step proposed by Denzin (1978) is to generate hypotheses. Denzin described a hypothesis, or proposition, as "a statement of relationship between two or more concepts" (p. 59). Propositions combine concepts in an explanatory manner and "become tentative statements concerning the occurrence and interrelationship of events in the empirical world" (p. 59). For

the purpose of this study, I generated and modified hypotheses, or propositions, about the interrelationship between wellness and life span development for women. I did so by investigating the concepts of women, wellness, and the life span in order to make tentative statements about the interrelationship between the three variables. In order to make these tentative statements, I presented outcomes from the study and drew conclusions based on these outcomes.

I previously described procedures for data analysis as suggested by Lieblich, Tuval-Mashiach, and Zilber (1998). These authors stated that the final stage of data analysis involves drawing conclusions from results. They described two ways of drawing conclusions. One method is to count, tabulate, order by frequency, or subject to statistical computations the units of subtext in each category. Another approach is to use the contents collected in each category to descriptively formulate a picture of the narrator's content universe. The authors stated that when planning content analysis, the most important factor is the concordance between the research goal and method; therefore, for the purpose of this study, I used the contents of each category to descriptively formulate a picture of wellness.

I formulated this picture in three ways. First, I presented the narrator's oral history by chronologically re-storying the events and experiences of her life. As part of this completed narrative, I descriptively created a picture of the participant's lived life by recounting the events and experiences that took place over the course of her life span. Second, I descriptively created a picture of wellness by analyzing the interviews through the lens of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness. Following analysis, I provided descriptions and examples of stories that related to each of the Second Order factors of the Indivisible Self model described in Chapter Two. Third, I identified themes that were central to

the participant's stories. By descriptively formulating these pictures, I generated hypotheses, or statements of relationship, between the concepts of wellness and life span development for one woman as recommended by Denzin (1978).

Organize and Submit Initial Drafts of Life Histories to Subjects for their Reactions

The eighth step proposed by Denzin (1978) is to submit initial drafts of the life histories to subjects for their reactions. At this point in the project, I organized and presented the narrator with initial drafts of her life history and the results of data analyses in order to obtain her feedback about the stories and the research findings. I then used the feedback to make any necessary revisions prior to completing the final report.

Rework the Report in Order to Present Hypotheses and Propositions as well as Make Conclusions about the Relevance of Theory and Subsequent Research

The final step of Denzin's (1978) strategy is to rework the report. This leads to the final presentation of hypotheses and propositions as well as conclusions regarding the relevance of theory and subsequent research. As part of this step, I revised initial drafts of the life history based on the narrator's feedback in order to complete an accurate final report. This final draft included the chronological life stories of the narrator and a report of the research findings. In addition, I made conclusions about the relevance of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness with the studied population, provided implications for counselors and counselor educators, and made recommendations for future research.

In summary, Denzin (1978) provided one of the first clear strategies for organizing and synthesizing life history research. He recommended the following steps: 1) select a problem to explore; 2) select subjects and the form the life history will take; 3) record events and

experiences in the subjects' lives pertaining to the problem; 4) obtain subjects' interpretations of these events; 5) analyze the reports; 6) resolve validity; 7) generate and modify hypotheses; 8) organize and submit an initial draft of the life histories to subjects for their reactions; and 9) rework the report in order to present hypotheses and propositions as well as make conclusions about the relevance of theory and subsequent research. In this section, I provided details about each of these steps in relation to the current oral history project. In the next section, I describe strengths and limitations of the oral history approach.

Limitations and Strengths of Oral History Design

In this section, I describe the limitations and strengths of oral history research.

Limitations

The oral history approach has several limitations. First, oral histories may result in pictures that are idiosyncratic, narrow, or ethnocentric (Yow, 2005). Because life stories are told from individual perspectives, views may be restricted or narrow. Second, the selected sample of narrators may be biased because only the articulate typically volunteer to participate (Yow, 2005). This could result in biased sampling that excludes individuals who are not comfortable telling their stories. Third, the in-depth life review is limited in that it presents retrospective evidence (Yow, 2005). The further back in time an interview goes, the more likely it is for distortions to be influenced by subsequent changes in norms and values which may unconsciously alter perceptions; in addition, reliance on memory over time becomes more salient, and recall can be hindered by conscious or unconscious repression (Thompson, 2000). Similarly, narrators may slant their stories to make them acceptable or interesting to the interviewer (Yow, 2005). The potential for the participant in the current study to slant her stories is of particular relevance since I have a personal relationship with her. She may have told

only “acceptable stories” in order to maintain her reputation with me. Fourth, interviewers carry personal expectations into interviews (Thompson, 2000) and into analysis and interpretation of the narratives (Yow, 2005). These personal expectations may influence outcomes of the study. Fifth, interviews may lead to distorted responses due to personal bias, anxiety, anger, politics, and simple lack of awareness as well as reactivity of the interviewee to the interviewer (Patton, 2001). Finally, the interviewee may give the interviewer what she wants to hear (Yin, 2003).

Strengths

While the oral history approach has a number of limitations, the method also has several strengths. The first is that individual reflections on personal experiences of history have great advantages (Yow, 2005). When researchers gather stories that capture individuals’ experiences, they uncover the multilayered contexts of those lives (Edel, 1984); therefore, while oral histories can potentially be idiosyncratic, they may contain references to larger society and shared realities (Yow, 2005). For example, Schragger (1983) discussed an excerpt from an oral history interview he conducted with a woman whose family immigrated to America in 1892. Schragger pointed out that while the story is from one person’s perspective, it contains references to her father, her family, the larger community, and to national and international events. He says, “A migration story can be both a very personal account and at the same time an incarnation of the peopling of an era, the exigencies of pioneering, and the aspirations of all who risk relocating to find a better life (Schragger, 1983, p. 80). Therefore, these stories offer the benefit of seeing into the complex world of others and may lead to insights and information that reach beyond narrow views (Yow, 2005).

Although gathering retrospective evidence can be a limitation to oral history design, it can also represent a strength of the approach. While individuals of all ages remember

selectively, research indicates that in general, nondepressed people in good health in their seventies, eighties, and nineties do not differ with young adults in their vividness of recall of details (Gillian, 1998); and while there is potential for narrators to slant stories as they are told, Yow (2005) stated that individuals tend to be more, rather than less, candid with the passage of time. The need to look at one's life honestly and to understand what happened in that life strongly competes with the need to look good (Yow, 2005).

Another strength of the oral history approach is that researchers can discover habitual thinking that results from the culture in which individuals live. "Deeper layers of our thinking may be revealed, indicating the centuries-long development of the culture in which we have our being. For this, oral history testimony is a research method par excellence" (Yow, 2005, p. 23).

A final strength of this approach is the development of trust and rapport over the course of the interview process. If "participants come to trust in the sincerity and the motivation of the interviewer, they may be prepared to share in-depth insights into their private and social worlds" (Holstein & Gubrium, 2003, p. 251). While the participant may have slanted stories to make them acceptable to me, I believe our previously established relationship led to an open, trusting exchange during the interview process. I also actively worked on building trust and rapport in the interview to facilitate an open, honest, safe environment in which the participant felt comfortable enough to share her stories without reservation.

In summary, oral history research has several limitations. These include the following: oral histories may result in pictures that are idiosyncratic, narrow, or ethnocentric (Yow, 2005); the sample may be biased (Yow, 2005); retrospective evidence may lead to distortions (Yow, 2005) or repressions (Thompson, 2000) of memory; interviewers carry personal expectations into interviews (Thompson, 2000) and into analysis and interpretation of the narratives (Yow, 2005);

interviews may lead to distorted responses (Patton, 2001); and the interviewee may give the interviewer what she wants to hear (Yin, 2003).

However, the method also has several strengths. These include: uncovering the multilayered contexts of individuals' lives (Edel, 1984); obtaining references to larger society and shared realities (Yow, 2005); the need for individuals tend to be more, rather than less, candid with the passage of time (Yow, 2005); the ability to discover habitual thinking that results from the culture in which individuals live (Yow, 2005); and the development of trust and rapport (Holstein & Gubrium, 2003). In the next section, I describe my role in the research process.

Role of the Researcher

In this section, I describe my role in the research process. I first describe the paradigm, or worldview, to which I subscribe. I then describe my values as they relate to the research. Next, I describe my relationship with the narrator. Finally, I present conclusions regarding my own life story interview in which I attempted to clarify researcher bias.

First, I describe the paradigm to which I subscribe. A paradigm, or worldview, is “a basic set of beliefs that guide action” (Guba, 1990, p. 17). The paradigm that guides my actions in the current study is social constructivism. Creswell (2007) provided an in-depth description of social constructivism. He said that in this worldview, individuals seek to understand the world in which they live and work. They develop varied and multiple subjective meanings of their experiences which are directed toward certain objects or things. According to Creswell (2007), these meanings lead researchers to look for complexity of views based on participants' perspectives. Meanings are formed through personal interactions and through historical and cultural norms operating in individuals' lives. In terms of practice, research questions are broad and general so participants can construct meanings of situations. Researchers ask open-ended

questions and listen carefully to what participants say or do in their life settings as well as pay attention to the context of these lives. The intent is to make sense of or interpret the meanings of others. Social constructivism is the driving force behind the current study. I believe that as I gather narratives, individuals will share life stories that have meaning to them. I, in turn, will analyze the stories in order to interpret their meanings.

Next, I describe my own values as they relate to the current study. I begin by saying that I am passionate about wellness. My journey toward this passion began as a child, although I did not know it at the time. I grew up in a home that emphasized wellness. I was involved in sports that kept me physically active, involved in a church that kept me spiritually active, involved with friends that kept me socially active, and I had parents who took care of my physical needs such as healthy foods and medical care. As I grew older, I continued to make healthy choices my parents modeled and taught me; but I had no awareness of formal models of wellness. It was not until I began my master's program that I learned about the model of wellness that I follow to this day. However, I did not learn about this model from my textbooks or professors; I learned about it at church. In 2002, I took part in a Bible study called *Jesus the One and Only* (Moore, 2000). In one section of the study, the author focused on Luke 2:52, a Bible verse in which Jesus was described as growing in wisdom, in stature, and in favor with God and men. The author suggested that growth in these areas referred to mental, physical, spiritual, and social growth. This was my first concrete example of holistic wellness. I have never forgotten those words and continue to strive today to grow in wisdom, stature, in favor with God, and in favor with men. I strongly believe in making decisions that lead to growth, balance, and overall well-being. I see the positive differences in my life that result from making these choices, and I have a passion to help others do the same.

Since beginning my doctoral program, I learned about the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness in the counseling/mental health literature. In my opinion, this evidenced-based model contains all the dimensions of the wellness plan to which I adhere plus expands upon them in numerous ways. I hope that as a counselor, counselor educator, and as a human being, I can show others the benefits of “living well” and making choices that contribute to optimal functioning.

Next, I describe my relationship with the narrator. Creswell (2007) says that the researcher attempts to lessen the distance between herself and the participants. In many ways, lessening this distance will not be a problem since I am already very familiar with the selected narrator. The selected narrator for this study is Florence. I have a close relationship with Florence because she is my own grandmother. We have a special bond. I visited her on a regular basis as a child, and she also visited my family often. I even lived with her for a year when I did my student teaching and subsequently obtained my first teaching job. She never had a daughter, and I am her only female grandchild, so I believe this contributes to our special relationship. I often heard stories about her life but have never officially recorded them. I am impressed by this woman that even in her senior years she is so “well”. Through personal observations of and interactions with this woman, I perceived that she met the criteria of an individual who was “well” based on the definition of wellness provided in this study. Through the integration of her body, mind, and spirit, she achieved an optimum state of health and well-being and continues to do so as she progresses into her late years. I am fascinated with her good health, endurance, energy, and positive outlook on life and have often hoped that I could age as successfully as she has.

Finally, I present conclusions regarding my pre-data collection interview in an attempt to clarify researcher bias. Clarifying bias is essential so the reader understands the researcher's position and any assumptions or biases that impact the inquiry (Merriam, 1988). As outlined by Merriam, I now comment on past experiences, biases, orientations, and prejudices that likely shaped my interpretation and approach to the study. As I went into the pre-data collection interview, I believed that the Second Order factor of the Essential Self would emerge as the most prevalent experience that contributed to my own well-being, particularly because it is such an important part of my identity. I was surprised to find that this factor was not a significant part of my well-being until I reached young adulthood. In addition, while I believe the Physical Self plays an important role in my well-being today, I barely mentioned it in the interview. On the other hand, I was surprised to see how many references I made to the Creative Self, Coping Self, and Social Self factors. I was particularly shocked that so many of the events and experiences I relayed pertained to the Social Self, mainly because I always considered myself to be extremely independent and somewhat of a loner. When I worked on the review and critiqued models of life span development in Chapter Two, I found myself thinking that I would not fall into the category of other women who claimed that relationship was a vital part of their development. Following the interview, I realized I was wrong in this aspect. The Social Self has been and continues to be a major contributor to my well-being.

In summary, this section contained details about my role in the research process. I first described the social constructivist paradigm to which I subscribe. I then described my values regarding the importance of wellness and my own personal journey toward wellness. Next, I provided information about my relationship with the selected narrator for the study. Finally, I

presented conclusions of my pre-data collection interview in order to clarify researcher bias. In the next section, I provide a summary of this chapter.

Chapter Summary

In this chapter, I described the methodology for oral history design. I began with a rationale and description of the oral history approach. I then transitioned into a detailed explanation of procedures for organizing and synthesizing life history materials. Included in this explanation were details about the participant, procedures for data collection and analysis, and measures I took to ensure quality of the study. Finally, I ended the chapter by describing the strengths and limitations of oral history design as well as my role in the research process. In Chapter Four, I present findings of the current study.

CHAPTER 4: FINDINGS

Chapter Introduction

In this chapter, I present findings for the current study. These findings resulted from qualitative data collection and analysis. I organize the findings by each of the research questions for the study. I then end the chapter with a section on the participant's interpretation of the experiences contributing most to her well-being during different phases across the life span and over the course of her entire life.

First, I present findings for Research Question One in which I explored the stories told by one woman about the events and experiences of her life. I conducted extensive in-depth interviews with one senior adult woman in order to gather her oral history. Creswell (2004) stated that after gathering stories and analyzing them for important elements, researchers rewrite the stories and place them in chronological sequence; therefore, I then re-storied the oral history in chronological order to present a complete narrative of the participant's life. This process is important because re-storying provides a causal link among ideas and offers information about interaction, continuity, and situation (Creswell, 2004).

Second, I present findings for Research Question Two in which I analyzed the experiences described by the participant through the lens of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness. I conducted this analysis through a two-step process. First, I identified meaning units of text related to wellness. As described in Chapter Three, meaning units are portions of the text relating to identifiable themes or issues (Lee, 1998). In order to explore experiences related to wellness, I identified meaning units related to the five Second Order factors of the Indivisible Self model of wellness. The Second Order factors are as follows: Creative Self, Coping Self, Social Self, Essential Self, and Physical

Self. Next, I assigned each meaning unit to its corresponding Second Order factor. The result of this analysis was a descriptive picture of wellness for this woman over the course of her life.

Finally, I end the chapter by presenting the participant's interpretations of the experiences she believed contributed most to her well-being over the course of her life. While this section is not directly related to either of the research questions, it fulfills the fourth step of Denzin's (1978) strategy for organizing and synthesizing life history research as described in Chapter Three.

Meet Florence

In this section, I present a narrative based on Research Question One in which I explored the stories told by one woman about the events and experiences of her life. I re-storied the narrative in chronological order. As a result, this section is organized chronologically by six life stages. These stages are: 1) childhood; 2) adolescence; 3) young adulthood; 4) adulthood; 5) middle age; and 6) senior adulthood. First, I begin with Florence's narrative about childhood.

Childhood

Florence Everett Jones was born in 1921 in the mountains of Asheville, North Carolina. Her parents were James and Nettie, and she had three siblings. Bessie, one of her sisters, was the oldest. Freddie, her brother, was the second child. Florence arrived next, and later, her younger sister Mary came into the world. Florence adored her home place. She recalled, "Where we lived was up on a hill. My daddy owned it, and ...we had lots of land, and we had neighbors that I could play with. And it was a good place to live and a good place to grow up."

Florence loved spending countless hours outside where she played in the grass with her brother, sisters, and friends. She said, "We played outside. We had a big yard and grass and...Where you drive up to the house was a big place. And we played there and played ball and

played mumbledy-peg and horseshoes and just everything. We played in that yard with lots of friends. And at night, after I got a big enough to play, you know, games, why they would come, and we'd play out in the yard. And...across the highway down at the foot of the hill was a big...railroad track, and then you had to go to the railroad track to get in the fenced place. But it was grassy spot, and we played ball down there and fished the river. Was on right past, you go through the grassland to the river, and we fished in the river, and we just had wonderful times. And Carrie and Wesley were my friends that lived down there...closer to the river than I lived. And one afternoon I was at Carrie's, and we decided we'd go over there fishing. And Wesley caught a big fish, and we screamed and hollered, so we scared our mothers to death. They thought one of us had fell in."

While Florence remembered these times fondly, she recalled one tragedy that occurred with her friends. She continued, "We had such a good time, and...down the road just about a quarter of a mile you turned up into the woods, and it was a big place called Bleacher Pond. And it was a huge deep, deep pond, and we'd slip off and go down there. They didn't like us to go down there cause they was always afraid we'd fall in and drown cause we's little, but we'd slip off and go down there, and we had good times down there. And...I remember...that Carrie and Lesley's first cousin got drowned in that place one afternoon. And he was down there, and he was with some friends, and...his boat turned over. And he...got drowned, but he was really young. And I always remembered that, and I stood there and watched them get him out of the water."

Florence went on to describe the friends and neighbors that lived around her. She said, "Well, Carrie and Lesley were the Foxes, but there was nine children in...that family, and...Lesley and Carrie were the youngest 'cause they were my age. But...they had a sister

Faye, and she always did all the cookin' for the family because she was older. And she was real good to us, always had somethin' good to eat... Then the Noahs, down, not on our land but on another man's land, was a rented house. But it was a real nice house, and the man that worked on the railroad, he and his family lived there for years. But they were from Walnut, North Carolina, and... he decided he'd go back and work on the railroad down there and take his family. They'd go back home. And they were always our friends right on until they died... And we'd go see them, and I'd go and stay a week or two with 'em in the summertime when school was out... and they were always good, and her family was so good to us. Good cooks, and lived out way out in the country... at Walnut. And I always enjoyed going there."

"And then after they moved out of that house, another family moved, the Claires. And Carolyn was my age, and we run around together all the time. And Alma was my sister Mary's age, and they run around. And then they had... three sons, which I was in school with one of 'em. We graduated together, and... they lived there for years. Years, in fact. That's where they lived when we graduated, and... they lived out there where my mother lived over across, they moved across the bridge into a house. And then they both died... I believe most of the ones I played with are dead except one. That Mary played with Alma, and she's still livin', and she lives in California... and that's who our friends were, but see, they had big families. They had a lot... in the family, and that makes a lot of difference when there's a lot of children."

Florence also described some of her extended family who lived close to home. She remembered, "Oh, and we had an aunt that lived over on the next hill from my mother, and they had a real nice place. And they just had one son, so he didn't have anybody, and he stayed with us. Well he's over there playing with us about all the time, eatin' with us and everything. Harold. He's only been dead about two years, two years he's been dead. And... everybody that

we played with up there, there's not a one of 'em that I know of that's left. They're all dead, everyone of 'em. Carolyn died...last spring now about a year ago. She died, and Harold died, well, a couple a years ago. And Aunt Pearl and Uncle Pete died. Well, Aunt Pearl died right after my mother died, but Uncle Pete died before my daddy died. So everybody we grew up with up there, they're gone. And they sold the home place after my sister died. My oldest sister died, and she lived there. She got pretty sick, and her son took her over to his house to take care of her, and she lived about six months after she went over there. And so, all I have left up there is Mary, my youngest sister, and two nephews. My brother had...one son Freddie, and Bessie, my oldest sister, had one son Billy...All of my people are dead in Asheville, and that's where I lived till I married, and...it was a good livin'."

Florence went on to explain the things that made her childhood a "good livin'". She said, "Well, we had a good school to go to. My daddy had a good job. He worked for the National Casket Company 42 years. And... you just learn to do things. You...weren't lazy and you just enjoyed livin'." Florence also talked at length about her parents. She recalled, "My mother was a good mother. She always cooked, and when we would go to school...in the fall, she would have a big pot of corn on the cob or somethin' waitin' on us to have a snack. We always eat supper after five, about six o'clock cause my daddy would always get home. And we'd eat supper about six o'clock, and she always had such a good supper and kept everything clean and kept our clothes clean, and she kept the house clean, and she did all the work. She was a good mother. That's all I can say...Till the day she died she was a good mother...They never drank or anything like that, you know." Of her father, she went on to say, "He was a good daddy. He never drank...On Sunday he'd get that big Bible, and he'd always read that big Bible, and he'd make us listen. And he was a good daddy, and he provided good for us, and stayed at home."

Florence stressed the importance of her parents in helping her have a good life. She said, “They were really good to us, now. They corrected us if we did somethin’ wrong...We got a little poppin’. But they were good to us, they were...Took us to town, always give us a little money to spend when we went to town to buy what we wanted. Just a little bit, but it was money. Took us to church. We knew when church time come, we’s goin’ to church...Let us go play with our friends but give us a certain time to come home, and we had to come home at that time. I mean, you...just worked like your mother told you to. Done what your mother told you to...And you knew if your mother and daddy said, ‘No,’ they meant, ‘No.’ And if they said, ‘Yes,’ then you had to do what they told you to do because you knew they were right, you did.”

Florence continued to tell stories about her home life. She stated, “Well, always on the Fourth of July we had rice puddin’, and she had... an electric stove and all, but she kept her cook stove cause she had a big kitchen. And she always cooked that rice puddin’ in that cook stove, and it would be delicious. Never eat a puddin’ like that. And I taught David how to make it, and David makes it now...Well, that’s my mother’s recipe... and she made it. She made a cake. If she made pies, she didn’t make one on Saturday. She’d always make cakes and pies for Sunday. And we’d have two or three kinds of pie and a cake, and she didn’t care how many people we brought home from church with us...Our friends, she’d feed ‘em every one and not say a word. I mean, you don’t see people like that no more, do you?...They’d want to know somebody’s comin’, but she’d, when we’d come in, she’d have that table set, and ever who we had she’d set them a place, too. And she had a big kitchen, and she always had a table for the family that we used when nobody wasn’t there, and she would set it.

“And...she made good...baked chicken, delicious baked chicken. And...we always had...our own meat house, and she always, ham, plenty of ham cause they grew their own pigs

and killed their own pigs. On Thanksgivin' Day was always pig killin' time, and...that night that they killed the pigs...She always had...liver and...tender loin. I believe it was tender loin and that liver. That's what we had that night for supper cause she always cooked it the day that...they killed the pigs. And...Grandpa and Uncle Carl and Uncle Ott, they all come to help take care of the pigs. And that day when they left, it was in the meat house, and everything was taken care of."

In addition to her parents, Florence was close with her siblings. She described her brother and each of her sisters. Bessie, her oldest sister, had many struggles with her husband. Florence witnessed a crisis involving this man during her childhood. She described, "Well my oldest sister Bessie married this boyfriend she's had for years, but he was in the service. But every time he'd come home, he was there you know, so he come home one time, and she married him. And then he decided he'd get out of the service,...but he wasn't such a nice fella. He stayed intoxicated more than he could walk around...So one day, they had Billy, and he could walk a little, but he couldn't walk real good, you know? He's just a little less than a year old, and his daddy was kinda mean to him. Take and make him walk and do that when he'd be drinkin'. And when Bessie would know that he was drinkin' real heavy, she'd ask me to come stay two or three days with her to take care of Billy. And I went over there, and we were out there, she had a really high back porch, and she was standin' out there. It was long, and she was ironing, and Billy and I were on the end of the porch playin'...And I was about eight years old, I guess, or nine, and see, I helped take care of him while she did her work. And I loved that. He's good.

"And we seen...Edward comin' up the driveway, up to the house. And I said, 'Bessie, there comes Edward.' She said, 'Oh, my.' She said, 'You watch Billy,' cause she knew he was

drinkin' ...cause when he left, he didn't go to work. When he came back, ...he was drinkin'. He just didn't work. My daddy got him that job up there at the National Casket Company, and that's where he got a job. Well, when he come up the steps, before he come up the steps, he stopped out in the outhouse. It wasn't an outhouse, it was ...where they keep their tools and things, and he picked up the ax. And Bessie never said a word, but she said, 'You take care of Billy.' He started up the steps, and she said, 'Edward, where you going with that ax?' And he said, 'I'll show you'. And he had went by the downtown to pay on the furniture, and he wasn't payin' the regular fee that he's supposed to pay. He's just payin' a little bit cause he had spent all his money on whiskey. And ...he went on in the house, and he went to choppin' the furniture up. He chopped the furniture up ...cause the man told him, 'I'm comin' tomorrow and pick up the furniture.' So Bessie just let him chop.

“And finally, she got me and Billy, and we went down the road that's in front of her house. And up on the hill we went to this family's house. They said, 'Come up here.' We went up there, and then when he got through, he knew that they'd called the police on him, so ...we left that woman where we went up there. She took us home to my daddy's, and ...that's how her marriage ended, because they got him, because he did beat the furniture up. But when he got out of that trouble, ...he went back into service and he served his time. And he died right over here at this hospital in Johnson City, but he ...was retired ...Billy lived and still livin', but he only saw his daddy two times after she separated. That's all he ever saw of his daddy.”

Florence continued to remember events related to this incident. She said, “Well, they didn't get a divorce. Then he went way off out toward Texas somewhere, Louisiana somewhere, and married some woman out there. And the church minister who was the Catholic priest, they sent ...word to him in Asheville. They wanted him to go, they had found out because Bessie

finally, after all those years, put in for a Bill to receive a little money. All the time his daddy was in service he had never received anything. My daddy had kept him, and that's how they sent that priest to the house, to check on the marriage. And Bessie told him that she was married to Edward, and Billy was their son, but she'd never collected, and she'd lived, my daddy had kept him up for years. And then he had to pay the government back. He got in trouble, and he had to pay the government back that money that he'd paid that second son. See, he had a son by that woman he married, and so that was the end of him. He never did bother her no more."

Fred was Florence's older brother. She said, "Well, Fred...was the second. He was under Bessie, between Bessie and I, and...we were in the same grade at school...When he got...out of school, he went to work down at the Farmers Federation. Farmers Federation was a big thing in Asheville, and...the big one over all was in Asheville. But they had one down at our house down there across the road, and he went to work down there, and finally he was made manager down there. And he worked there for years and years, and...that was the kinda work he liked. And he...worked there...till they sold...out...Then he went to work...for another farm place in Asheville, and he worked there, and they sent him somewhere else. He would go down and check on them, but he didn't stay down there a good many miles from Asheville. But...that was his work."

Florence also described her younger sister Mary. She recalled, "Mary, my sister, she graduated, and she...took a nurse's course, and she nursed twenty-four years at St. Joseph's Hospital. And...when retired,...they kept callin' her wantin' her to come out to work for them. And she told them that's the reason she retired, cause she was tired where she would like to stay home a little while. They told her, come out and talk to them and said, 'If you wanna work a day a week, we'll work you a day a week, whatever you want to work.' She was a good nurse, and

they knew it. And...when she worked at St. Joseph's,...she doted out all the medicines, and...she'd give everybody their medicine. Then she'd go back to see if she could do anything to help them. She was their good nurse.

“In fact, she lived close to a doctor, and he got sick, and he didn't want anybody to do anything for him but her. And...she would go and give him his medicine, but she still worked and kinda looked to see if he needed anything cause his wife was in one end of the building sick where he lived, see, and he was in the other sick. And while she was doin' that, his son was a doctor that lived out of town, lived in another state. And he called her one day and asked her would she care to go up and check on his daddy, that he couldn't get his daddy on the phone, and he believed somethin' must be wrong. And she went up there, and she found him dead, and she called the son back and told him that she found his daddy dead.

“And...then she worked ten years at that place. When she went out there, she told them she didn't wanna work, but that she would work two days a week. And that's what she worked. And finally...Jack died with a heart attack, and she finally went to work. She works all the time...She quit cause she was going to work. She went to work at six o'clock in the morning, and...she lived in Asheville. She had street behind her and a street in front, but if it was gonna be a bad morning the next morning and she had to leave so early, she'd...park out in front of their driveway. And she didn't have a driveway at the front, but she had steps, but she could get out down there quicker better than she could up there high on the hill. She lived on that mountain, Sunset Mountain there in Asheville, right in Asheville, and...that morning she was goin' to work, and she lacked two steps of bein' to the bottom of the steps, and she fell. It was slick and sleety, and she hit the side of the wall, cement wall that held the steps, and she thought she'd broken three ribs. And she went on to the hospital, and they doctored her and told her she

had broken three ribs, but when the ribs got better, she was still in so much pain, and they examined her, and it was her rotary cuff instead of her ribs that had hurt so bad.

“In two months time after she fell, she had a knot on that shoulder that was so big, now this is the truth, she came to see me, and she had a knot sitting up on that...shoulder as big as a baseball, only it was under the skin. And...two weeks after she was here she went back and they operated, and they told her that when she fell, she injured her rotary cuff, and that’s why they had to operate. And then the next summer up at her same house where she lived, she fell and hurt the other one. And in two weeks they operated on it, so she has never worked any more. But she would like to have worked on at...that place she was workin’.”

While Florence recalled fond memories of her brother and sisters, she also recalled one difficult time that involved them. She said, “Well, the one thing that I remember, it was bad. When I was about nine years old, and it was in the summer, and Bessie and my mother...went over in the woods behind the house to pick blackberries cause they’s ripe. Fred was up on the hill... workin’ in the tobacco, and Mary and I were down there at the house. But Mary had got my mother’s good shoes and was out there in the yard a wearin’ them around, and I’s tryin’ to get ‘em off of her. She was a screamin’. Fred threw a rock. He didn’t mean to hit me, but he’s tryin’ to make her hush screamin’ and me quit. Well...he didn’t know what we’s doin’, and the rock hit me. You know where it hit me?...You see, you notice my nose bein’ with...a big scar in there? Wow, it liked to got me. It was really awful, and the blood...The man in the service station down there at the foot of the hill in Craggy, he called the casket company and told my daddy to come home quick. He went up there and got him in the car. Brought him home, and...they took me to the doctor, and the doctor, well, they took me to the hospital and he had to

sew this up. It was so, and the bone was cut all...See that? Can you see that? I look pretty good to have all that, don't I?

“But...when I was young, my mother, every time she'd look at me, she'd just about cry cause she thought it I'd never get over it. But the doctor told her that...it would wear off, the worst part,...after I got grown, and you'd hardly notice it. And that's the truth, isn't it? But it was awful when it was first done, and they didn't know if I'd ever get over it or not. It was so bad, it was. He had picked up one of those old glade rocks...Well,...there was a whole big patch up there where he was in the garden, and that's what he picked up. And see,...it cuts. That glass cut off, fell off in there, and they had to clean all that out, see. And...that was the worst thing that ever happened in my childhood. We didn't mean for none of it to happen.”

While Florence told stories about some hard times she and her family experienced, she also talked about the struggles the entire community faced during the Great Depression. She recalled, “Well, I was little...when I was in school. I was little. I don't know how old I was, but I was old enough to know that nobody had any money and didn't go and buy anything. You bought what you needed, and I know my daddy and Uncle Pete were the onliest two men up there where we lived that had a job. Everybody else had to go and pick up their commodities every week that the government give 'em, and most children didn't have no shoes. And, hey,...back then you had one pair of shoes, and if somethin' happened to the soles, your daddy, my daddy, would put a new sole on my shoes. And where do you ever see that, now? You don't never see anything like that...”

“But I can remember that...Mr. Fox lived that road that come up to our house. He lived on the other side of the road up on that hill...And he lost his job and all the money he had in the bank, and he had nine children, and they didn't have anything. Nobody had anything...My

daddy worked and got a payday cause he worked at the National Casket Company. They had to have that. And Uncle Pete...was the assistant superintendent of the Carolina Power and Light Company. And you had to have caskets, and you had to have power, and that's why they had a job, now. That's the truth. If it hadn't been for that, they wouldn't a had a job, either. Nobody had jobs."

Florence continued, "That road that goes down in front of our house and on down to that...mill village on down in there, it's about a mile or more to the mill village... Those men that work on and built that road now, this is during the Depression, there wasn't a road. There's an old rock road down beside the river bed. It run along there, but they had moved it up and blasted and made good place for a good road. And they worked three days a week, and they made a dollar a day. Now you tell me where would you feed a family on three dollars a week? How could you now?...Huh, three dollars won't even fix a meal, will it, let alone a week. But now, that's what they'd do. They'd go to...where the commodities were given out and they'd get in line and get their food in the bags that was given you. See, it would be like...cornmeal and sugar. And you only got so much."

Florence also talked about individuals who came to her house for food. Florence's mother often shared what they had with others. Florence recalled, "It was Aunt Cindy's...time to come. Well, they all come the same day, but not sometimes. They'd meet there, but most of the time they'd one at a time. And...they'd come and get their milk and butter. And mother, mother'd give them the bag of food to take home with 'em. And Aunt Cindy said to her when she come that day, 'Nettie, do you have any a cup of coffee you could give me?' She said, 'I haven't had any coffee to drink all week.' And she hadn't. And my mother always had coffee on the stove, and she said, 'You come on. I'll go get you some coffee.' And she gave her some

coffee and give her somethin' to eat...But that was just one time...Many times...they'd ask for somethin' when they'd come...cause my mother always had chicken and she always had her own meat. She had her meat house, and she had her cow, and she had the milk and butter, and she'd share. And...my mother was a good woman, and that's the reason everybody liked her."

Florence's mother also enlisted the help of her children in helping others. She said, "We had food, and we could help other people...We knew that she did, and daddy, my daddy never ever said anything to her about it...During that time,...Grandma Jones didn't, see, the old people didn't draw money, there wasn't nothin' to draw, and... Roosevelt's the one that started that, wasn't he?...But on Friday night when I got home, me and Mary, we knew we was goin' to Grandma's. Lot of times I'd go by myself, but Mary usually went with me, little Mary. And...we went... to take groceries to her to do her the next week...My mother would have...it bagged and ready to go, everything for her to have next week to eat. That's what she had. She kept her up."

To summarize, in this section, I described Florence's experiences from childhood. She talked about playing outside with her friends and the love and care of her parents. She described her neighbors, her brothers and sisters, crises including the death of a friend and a physical injury, and struggles during the Great Depression. I noted several themes in the stories Florence told about childhood. These included themes of relationships, activity, enjoyment and pleasure, and helping. In the next section, I recount stories about Florence's adolescence.

Adolescence

Florence said, "Well, when I was little, it was just regular classes. They promoted you and told you what teacher you'd go to. And...when you got to the 8th grade you went to high school." She continued, "I went to Woodson School, and I had good teachers. And when I was

in... high school, they told you what you had to take. You didn't tell them what you wanted to take...I was shocked when I found out that they didn't require that here...When I got through high school, there I was ready for college cause I took the courses that I needed because school made us take 'em. And when I was in the second, well, lack two years bein' through,...I had to take a foreign language. And...I had to take Latin because I hadn't had it. They made me take it. They wouldn't let me have Spanish. They taught me Latin.

“The Latin teacher was Ms. Pierce. She was a wonderful teacher, and she was, well, she was my homeroom teacher when I was a senior. But...she was a good teacher. I loved her, and...I made good on Latin. I mad A's on Latin. And...she was a, just one of the best teachers you ever had. And after I got married, she'd got Mary one day , and she said, 'I want you to tell me about Florence and what kind of a husband she's got,' cause I had went to South Carolina to live. And she said, 'I can't visit her,' but she said, 'I want to know.' And she was...beautiful. She had no children, but she's married. She lives in Asheville, and...she was my favorite teacher, Ms. Pierce.”

Florence talked more about the courses she took in high school. She explained, “When I went to school, they told me next year what I had to take and...you take it...we took... math. Half a year we took algebra...and...the other half of that year was algebra, and the next whole year was algebra. The next year was geometry, and the next year was physics...And...English you had English every year... and history. You'd go from one thing to another. And science. You'd go from science to biology and biology to...What's after that?...Anyway, you went every year. You knew what you was gonna take next year. There wasn't no question.”

Florence's spent much of her teenage years at church. When describing her parents, she said, “When...I grew up, when I was first little, they went to the Episcopal Church cause that's

where they belonged. And after we got in our teens, all...us children, we joined the Baptist Church.” She continued, “Well, we went to that Episcopal Church all the time, and you couldn’t say a word...You didn’t do a thing in there. You just sat straight. And I went there for years cause that’s where my daddy and mother went, and it was nice. I liked it. But after Bessie and Fred went to the Baptist Church, they went to Victory Baptist Church, and then Mary and myself went, and that’s where I was baptized. That’s where I went to church, but I...wasn’t a little bitty girl. I was old enough to know what I’s doin’, and I liked that church alright, but I was always just Baptist after that.”

Florence described the time she spent with friends as an adolescent. She said, “Well we didn’t do then like you do now. We didn’t go anywhere...We’d go to church, and if a boy liked us, he could walk us home, but that was it...I guess I was...a junior before I ever had a boyfriend...Harry...was my boyfriend, and he had a twin brother Herbert...And he had already asked this girl to go with him to the prom and he...told me, he said, ‘I can’t go with you to the prom, but Herbert wants to take you.’...So I went with Herbert...And when I was in school, that’s who my friends were...Harry and Herbert.”

Florence also spoke at length about a tragedy that occurred during her adolescence. She described, “When I when I was in high school, me and Fred, I believe we was in the ninth grade...our house burned. And we stayed at school all day, and our house burned, well, by twelve o’clock. It was burned, or a little after twelve, and we didn’t know it had burned. Nobody had mentioned a house burnin’. I don’t guess they knew it. Anyway we walked...home all the way from school, you know, where the school was at. We went through Jonestown and down through them woods to home, and when we round that curve where we could see the

house, well, there wasn't no house there. There wasn't nothin' but smoke and a lot of people standin' around.

“...And our mother, she had been in the bed. She...had...the changes workin' on her, and she had...a really hard time. And she had washed that morning and put some clothes on the clothes line. And when she got through, we had this part bulldog and he was mean. He would bite anybody that come to that house. He would bite 'em unless, my mother had to keep him chained or with her, and when...she'd get through, sometimes she'd have the chain on him and she'd take him through the woods and go to Bessie's house. And he loved to go through that. And that day, though she's sick, and when she got her clothes on the clothesline, she had to lay down. And she went to the house and took him in with her, and she got on the bed. He needn't get on the bed, but she's layin' on the bed. She'd been in the bed a while, and he woke her up. And he's tryin' to get her up. She thought he was tryin' to get her up to go to Bessie's, and she told him to get off the bed, that she couldn't go. Well, she said she no more than laid back down, and he got on top of her and was pullin' on her, pullin' on her, on the pillow, and she said, 'I raised up all the way off the bed, and when I did, I could hear the poppin. And I got up to see what it was. He went with me, and the dining room was ready to fall.'

“And she said she had to run through the house, outta that house, the kitchen, the dining room, and then the living room was on that side of the house, the bathroom, the bedroom, and the bedroom and the porch were all the way across the front. But you could go out both sides out the bedroom or out the living room to get on the porch, and she run through the bedroom. And while she's runnin' from the dining from the bedroom, she grabbed Mary's doll and...what was on that bed, Mary's doll and somethin'...the pillow I believe...and run through the living room. The table was in the middle of the floor...round table, and it had the family Bible...She grabbed

the piano stool and the Bible and carried it out as she went, and that's all they got out of the house. The piano stool, the Bible, and Mary's doll, and whatever pillow or little cushion or somethin'... And she went out the front, and... the fellow that owned the store down there, ... the service station, somebody comin' across the bridge had seen the fire, and they stopped and told him he oughta go help cause there's a fire. That house is on fire, and everybody was at the store, and he run up there, but they couldn't. They may have been the ones that got the piano stool out, but they couldn't get nothin' out on account of the fire was so bad. My mother did, well, if it hadn't been for the dog, she'd a burnt up. And... what happened a month before, our refrigerator, somethin' had happened to the motor, and when they come, they brought a new refrigerator, but they didn't bring the right thing to plug in. And they told my mother, said, 'We have to order one.'... We musta used the old one or somethin'. Said, ... 'It'll be alright till we get this in, and as soon as it comes in, we'll come and put it on for you. But your refrigerator will work.' And that's where the fire started from, was the new refrigerator.

“And... everything we had was gone except what few clothes she'd put on the line that day. That's all we had, and daddy, the Depression, you know, the banks had done closed. But daddy had put all... his money, and put in that desk. He didn't have no money in the bank when the banks started closing. He... got his out before they closed, and... all he had, everything he had, burnt up, money and all had burnt up in the house. And... we didn't have nothin' either. And... the people... that lived in that area, all of 'em gave us... food, gave all kinds of food to us. And they give us sheets and blankets and pots and things that you needed to housekeep. And the Farmers Federation down there, well they had a upstairs, and the man that was manager then, he had a room up there that he'd go and lay down. And he'd change his clothes up there, take a bath, but they had a bathroom and a kitchen and three... bedrooms, that's what it had. Well, one

of 'em was the living room, and... he told daddy, said, 'Just bring your stuff down here, and go up there. You can live up there till you get your house built back.'

"Well, we did. That's where we lived upstairs and had plenty to eat...cause they had give us everything in the world. Even the school had made up and give us food...all kinds of food. And we moved there in December. We moved right in. We stayed with Aunt Pearl and the Foxes one or two nights after the house burnt, and then they had the Farmers Federation ready for us, the beds and everything...We went up there, and that's where we stayed, and we moved back into our house the second day of May. Can you believe that? That house that burnt down, the...National Casket Company required every man that worked there to give a day's work on that house cause they could build caskets...They could build anything. And...they paid 'em their day's work, but they had to work that day at...my daddy's. And one of the men that was a boss there at the National Casket Company with daddy, him and dad and Mr. Buckner, they built that house. They framed, they drew the plans and everything, and that's how that house got built. And we moved back in it the second day of May. That was wonderful, wasn't it?"

Despite this tragedy, Florence continued to thrive during her adolescence. She especially enjoyed the time she spent singing. She said, "I always sung in the choir wherever I went to church...When we grew up, my sister was a pianist, and she taught music...At night...children and grown people, they would come to our house, and we would sing. That's what we did for pastime. We didn't get out and frolic in the streets with all that kinda thing. We sung, and we loved it, and some of our best friends were really good singers. All my life I grew up singing. Now, I took music, but I didn't take long like Bessie...But we had a piano, and we played the

piano, and my mother would go in there and play. She had tunes that she'd play. I don't reckon she ever had music that she knew how to play.

“Even when I was in high school...I used to sing in this trio. Bessie and Cloda and me, and we went everywhere. Wellman Gosnell, he was one of the leadin' singers at that time, and he took us everywhere...He was Bessie's age, in fact. He married Bessie's friend Sarah Barger. He was always a good musician, played every kind of instrument you ever, piano and everything. And sung, oh, he could out sing everybody when he used to sing with The Stamps quartet. Bessie, my oldest sister, always played the organ, and she played the organ at the church until she got disabled. She was still the organist at the church when she got disabled.

“Goin' to church and singin' is about all I did...That's about all I did, that's the truth. And I looked forward to...when...I was goin'. I looked forward to it, and... sometimes Wellman picked us up. It's accordin' to...how far we's goin' what time he'd pick us up, and he was responsible to get us there and get us back...I liked to sing. Loved that and loved to go and loved the people I was with...Just everything...cause they were good people. They were good friends...Then after we got out of singing, after they got married and we quit singin', I run around with...Clara married Wilmer, but Clara had... two sisters, Betty and Florence, that I run around with, and...she was Florence, too...I run around with her, and she married this guy that I knew real well, and after she married...she got pregnant, and she had that baby and died. Florence died. And Betty, I never did run around with her a lot, she was younger than we were...And then...those later years, I never did see her. I don't know who she even married to tell you the truth. And don't know whether she's even livin' now or not. She was livin' the last account I had, but they...lived across the river from where we lived, and that's who we went to

church with and run around with all the time. Bessie run around with Clara, and I run around with Florence and Betty.”

Florence graduated from high school and obtained her first job. She recalled, “When I graduated from high school, I got me a job. I wasn’t old enough to work, and daddy had to sign for me to go to work. But I went to work...and I was glad I could work. My daddy thought I should go to school...but I thought I should get me a job and work...So, I did alright.” She worked everyday except Sunday and “didn’t have no time hardly for anything else.” Florence said, “Newberry’s was the only job I ever asked for in my life.” She described the way she acquired the job. She said, “I worked at J.J. Newberry’s, Newberry’s in Asheville, and...when I first went to work,...my daddy signed for me to go to work...I went with my friend Carrie. We went up there and put our application in, and our families didn’t know it. And they hired both of us, but they kept me on after Christmas. They kept me on, and I worked six months in the counter that sold dishes and that hardware. And then they gave me the job that came open...the head of the candy department. And they gave me that department, and that’s where I worked till I married.”

Florence described her transportation to and from work. She said, “I liked to work, and...the bus would run down there to where we lived, and I’d catch the bus and go to work in the morning. Catch the bus to come home at night. And when it would be dark, you know...how the time changes and it gets dark...my daddy’d always meet me at the bus. Yeah, he’d always see that I got home alright. And...on Saturday night when I worked till nine, if I didn’t have somebody that was gonna pick me...he’d come pick up. He’s sure I was gonna make it home ok.”

Florence spent a great deal of her free time at church. She worked every day except Sunday, and on Sunday, she was at church. She described, "I didn't really have a lot of boyfriends cause we went to church on Sunday and Sunday night... We were a good ways from the church. We finally...left Victory Church and went to Richland because this...man, he was goin' with my girlfriend, but he was...a good song director, and he wanted Bessie to come and play the piano. And that's...the reason we left Victory and went to Richland...And he was a good music director. In fact, he married Hazel, my friend that I worked with, and they spent their honeymoon at the house right out there...They come here and stayed a week with me, but...I went up there. I was there when they got married Sunday afternoon at their church. And we left and come down here, and he stayed a week. He went to church out here with me."

In summary, in this section, I re-told stories from Florence's adolescence. These stories included memories of school, time spent at church, and her first boyfriend. In addition, she talked about the loss of her home in the fire, her love of singing, and her first job. I noted several themes in Florence's narrative about adolescence. These included relationships, faith, triumph in the midst of tragedy, helping, enjoyment, work, and activity. In the next section, I provide a narrative of Florence's young adulthood.

Young Adulthood

While Florence worked at Newberry's, she met Wesley, the man who became her husband. She recalled, "I sang in the choir at Richland. There was a big choir, and we's singin', and Mary had said...'I'm gonna bring Claude's brother to meet you...They're gonna come some time and meet you.' And we's up there in that choir singin'. In come... Claude and Mary and Wesley, and...two or three more come in. They'd brought Wesley up to meet me, and that's where I met him, at Richland Baptist Church. After church was over, they told him who I

was...I's Mary's sister, and we just got to goin' together and married. And we went together about a year-and-a-, well, about-a-year and several months."

Florence described the time she and Wesley spent dating. She explained, "Well, I worked all the time. See, I was workin', and...when I'd get off, he'd meet me. If I worked...Saturday...every other Saturday night I had to work till nine o'clock, he'd meet me. But every other Saturday I'd get off at seven, and he'd meet me." They would "go to the movies. That was about all there was to do. There wasn't much. Young people just didn't do things like they do now. Come home and go see somebody, that's about all...But the movies just about every Saturday night. That's all there was to do, go to the movies...I never went to dances and things like that. You just did what ordinary people do." She continued, "You know, back then there wasn't much money, and people didn't spend a lot of money going places. There's no place to go. It was a whole lot different than what...it is now. Whole lot better off, I'll tell you."

After dating a while, Florence said, "We just decided we was gonna get married, and Wesley come up to my house to ask my mother if it's alright one day when I was workin'." Her mother agreed, and Wesley's sister Alma and brother-in-law M.L. "decided that we'd go down to their house and get married with their preacher. And that's what we did cause then you didn't have, there wasn't many people had big weddings...They didn't have enough money." The day before the wedding arrived. Wesley worked second shift, and Florence worked all day on Friday. She said, "Wesley and Alma and M.L. picked me up and took me to South Carolina to Alma's house, and on Saturday we got married in a church down there at her house. We went to her pastor and...that's where we were married, at his house" Florence continued, "We went to Greenville on Friday night, spent the night with Alma and M.L., and married on Saturday. And

then in two weeks we moved to Spartanburg. I never had lived in South Carolina, and I didn't like South Carolina, oh Lord, have mercy."

Florence described the move to her new home in South Carolina and subsequent moves to Marshall, North Carolina, and Kingsport, TN. When talking about the move to South Carolina, she said, "We had some good friends, they were Mr. and Mrs. Locke's friends, but they took us and kept us till we go our house down there and moved into it. That's Clyde and Hazel Hill, and...they were nice to us, they were real nice to us. They didn't have any children...He had a mother that lived with 'em, and she had a car. They'd take us places...They were real nice to us, but I just didn't like South Carolina. When you got your house, see, you didn't have a bathroom in the house. You had outside toilets. I'd never been used to nothin' like that. We always had a bathroom in, and our toilet, and...I didn't like that at all.

"But...the one thing about that place I liked is they had a swimming pool out at Silver Lake. And that's where we'd go to go swimmin' that summer...We moved there in, I guess the last of February, but in spring we went to Silver Lake to swim. And then we lived there till the next February, and we moved back to North Carolina. Wesley's daddy was at Marshall and wanted Wesley to come to work there at that place, and I went and we lived there a year, I guess." Next, Florence described the way she and Wesley came to live in Kingsport, TN. She said, "And then...he knew this man that was over this mill out here, that Bill Steele. They were friends when he grew up...and...he wanted Wesley to come, wanted...Mr. Locke to come and look at this plant and be the assistant superintendent. So he asked Wesley to come with him one weekend in February, and Wesley come down here with him, and they come back on Sunday. And that man, Mr. Locke was gonna take the job, and that Mr. Steele offered Wesley a job. Told him he'd give him two weeks to let him know if he'd take the job.

“Well, he come home, and he told me...’I’ve got two weeks’...The thing about it is that we had been here the summer before. We come over here, we came with...Wesley’s cousin that lived at Traveler’s Rest...Alma and M.L. and his cousin and his wife and Wesley and I came one weekend, and we went to see that man that lived over here...their friend that was from Asheville. Said he’d come down here and got a job...We went over to his house and he took Wesley and M.L. and their cousin out here cause they worked seven, they worked six days a week and they were workin’, and he took ‘em through the plant. And...it was so nice out there, well, like it is now, grass and all that buildings. And Wesley come out and he said, ‘there’s one thing about it. I hope someday I work here at this plant.’ He did. He’d said, ‘I’m goin’, if I ever, I’m gonna work here at this plant.’ And... that’s the first time we’d ever been here. Didn’t know the place was here. And how come to come here was because that man that they all knew lived over on...East Sevier. Anyway, we went to Gate City, and that’s where we ate lunch, at Gate City, before we come to this man’s house. We went all around lookin’ around and...M.L. come here and took that...cloth room out there...W.L. was that fella’s name at Traveler’s Rest. He never did come. But Wesley and M.L. did, and... Wesley always wanted to live here. And when we got here and we got that house out here, we lived with Clyde and Trudy Robinette three months cause Wesley was expectin’ to be drafted. And he said we’d just keep our house in North Carolina and leave the furniture there cause Wesley was expectin’ to be drafted in the service.

“Well he got in. He got deferred. We decided after three months we’d move, and we moved to Daddy’s, and tomorrow he got his papers. That’s the truth. And the plant out here sent, and they got him a deferment a year, so we’s here a year. And at that time Cooter was born. Well, he had been...He was five weeks old when Wesley got his papers. After that year was up he got his papers, and he had to leave, and when he was five weeks old we got this

Wilson boy down here and John Barden to drive us to Asheville, and I took my...wallet. And they come on back that night, those young boys, cause they's our friends. And...we got up the next mornin', John Barden and Eddie Wilson and me. And Harold and I took Wesley to Marshall to catch the bus. That's where the draftees had to meet, at Marshall. That's where he had signed up, and...he went to the service and was gone two years. And of course, I kept my house here and I'd come back and forth, and I'd stay out here a while and then I'd go...with my mother and daddy.

“See, I didn't have no expense. I didn't have to buy no food or nothin'...They kept us up, and...I stayed mostly in Asheville...cause I could stay free...And when I'd come home, Daddy would bring me or Bessie or some of 'em would bring me on the bus and see that I got here alright. And when I got ready to go back, they'd come and get me. And the Bardens, John,...now he was the son, But Mr. and Mrs. Barden was always good to us. They lived here. They lived out there across the street two houses...the other side of Cis's, and they had Phyllis and John, but when they'd go to South Carolina, they'd let me go and take Cooter. Cause... they went, and they'd stop at my mother's. They liked to stop at my mother's, and...they took me a many a time over there to Asheville. Leave me and come back and get me, bring me back home...I kept my house furniture,...and when Wesley come home, he'd come back to the same house, and that was a good thing, wasn't it? Tell me what other company would leave you in the house two years? But that's what I did. I stayed right out there two years.”

Florence talked about the way she coped while her husband served during World War II. She mentioned her family as important source of support. She recalled, “Well, they were all good to me, and when I stayed home, well Mary'd come and get Cooter. Of course, we called him Walker. We didn't call him Cooter then...After she worked at S&W and all them people up

there got to know him,...she took him up there and feed him and take him all over town cause she knew everybody. And...Daddy'd, on Sundays when he was off, he'd...say, 'Get that boy cleaned up. I'm gonna take him somewhere.' He'd take him down there and get him on the bus and ride into Asheville and ride him to Weaverville. It was the same bus line, and he'd ride him two or three hours then bring him home. And when I was here, well, we'd go to church, and...we went to church up there, too, with Bessie."

When Florence was not with her family in Asheville, she spent time adjusting to life in Kingsport. She recalled, "Well I liked the people, and I liked it cause it's friendly. That first three weeks I lived here, I liked to die. Couldn't drink the water, the awfulest water you ever tried to drink in your life was in that spicket. It's good now. You couldn't drink it. You just couldn't drink it, that's the truth. And I, oh, law, I thought I'd die. And finally I got to drinkin', and I got used to it. It was awful. It was the awfulest water I ever tasted, but the people were so nice. And we started goin' to church with...Clyde and Trudy,...would go to church with them. And then we joined the church out here, and... Clyde's daddy was a minister, Methodist minister, and they all went to the Methodist church. And he was brought up in the Methodist church, except Trudy had got him to goin' out here to this one cause it was close. And so, after we joined, he joined, and...both of them were members out there...We liked the people, and we met Edna and Emma, and that's where we met them is in the church. And Emma worked...She kept books for some coal yard downtown in the office. And Edna, Emma now, Emma worked at post,...and Edna worked downtown, and that's who we run around with all the time for years. We run around with them. That's the truth."

Florence enjoyed the company of friends in Kingsport, but she also had the support of extended family who lived there while her husband was at war. She explained, "I had Alma and

M.L. here,...and they were so good to me...And my Cooter would watch for M.L. to come home. He'd come home everyday for lunch. He'd watch for him to walk up the street, and he'd cross the street and go home with him for lunch. And Alma was really good to him. They were good to him as if he was theirs. And they had little Alma.”

She continued to talk about the support of friends in Kingsport. She said, “Edna and Emma lived in that house right there where Cis lived, and they were my friends cause their husbands was gone, too. But they were sisters, and Edna had a car, and she'd take us everywhere. We went with Edna and Emma, and at night a lot of times, we'd walk down that street all the way to Five Points. There's a drug store down there, and we'd walk there and get ice cream. That's where you got ice cream. You didn't have ice cream parlors then. And...they were our friends, and we went with 'em all the time when Wesley's gone. They had a niece that lived there with 'em, a young girl, June, and she stayed with me every night so I wouldn't have to stay by myself.”

Florence went on to talk about Wesley's return and the growth of their family. She said, “Well, when Wesley came back from the war, the first thing Walker said to him was, ‘Come on, let's play ball.’ Dana,...Emma's husband, he'd done come home out of the service, and he'd come out there and get Walker and play ball with him. And...that's what Walker liked. He played ball all his life. He liked ball and used to be a pitcher...But you just remember things like that, with people that was good to you...Try to help you out if you needed...And then I, after Walker, I got pregnant with David, and after David, then a long time after David, had Mike. And so I stayed home and sent them to school cause I never intended for my children to not have no mama at home and to tell 'em what to do cause I'd always had one, and I knew what it was like.

“...Wesley and Alma and them never did have a mother at home. She always, she had to work. He made plenty of money, but he spent it, blowed it...She’s the one that kept the children up, but she had to work every day she lived, and them girls had to do the cooking. Ilene and Dot cooked when they was just little bitty things. They’d cook all the meal. Ilene was the head cook, and Dot learned to cook, and Alma, of course, married young. And...they had Arletha, and see Mike would go over there, and, oh, law, he was the king of the roost over there. And M.L. had a hour for lunch, and...then he’d go back to work, and then I’d go get Mike or he’d come home if M.L. went to work. Anyway, they were always good to us...Our neighbors around here were really good to us...We had good neighbors, and at night they didn’t sit in the house and watch television all the time. They all got up and down the streets sittin’ out in their yards, and anywhere you went you was talked to an act like you was a person. They was real good to you. That means a lot, you know that?”

Florence remembered this time of her life fondly. She said, well, I’m just always happy. I mean, there wasn’t nothin’ to be sad about...Wesley was good to me, and his parents were good to us, and my parents were good to us, all the time helpin’ us out...You know, you don’t think about it then, but you think about the things that they give you, and if they just give you a little food to take home with you,... that’s good times, you know? Good things happen to you.”

While Florence’s children were young, she stayed at home and worked as a full-time wife and mother. She said, “Well, when they were in school over here, they all left about the same time. While they were eating their breakfast, we had our daily Bible reading every morning, and they liked, they got used to that...They went to Lincoln School, then they went to Robinson School, and then they went to Dobyns-Bennett, and that’s where they all finished school.”

Florence described the way she spent her time at home. She said, “Well, I cooked their

breakfast, their dinner. That Walker, I'd give him money to buy his lunch. Do you think he'd spend that money to buy lunch? Why no. He walked home and kept that money right in there in a jar in the closet, every penny...When he went to Robinson, them people up there, they liked him...Everybody liked Walker, and...if they seen him, they'd ask him had he eat, and they'd give him something to eat, and he wouldn't spend his money. And he'd come home and walk home from Robinson. He'd walk...Now Mike and David would spend their money...I'd give them lunch money, you know. They'd spend their money, but Cooter never would spend his money, never would. Always kept it in a jar. I remember that."

She went on to say, "I cooked, cleaned this house everyday, run the vacuum everyday I lived, run this vacuum everyday I lived. And...on Sunday,...it's hard to believe, we'd get up, and I'd get up early and start my dinner for Sunday dinner. What I hadn't cooked on Saturday, I finished it before we went to church. And when we went to church on Sunday morning, to Sunday school,...we didn't wait...Dinner was done. I cooked breakfast, Mike and I washed the dishes. He dried 'em, and I washed 'em. Cooter run the vacuum, David made the beds, that was Sunday morning...I didn't have to tell 'em to get up from the table and what to do. They got up from the table and got their job done, and then they got their self ready...They knew what we did. And...on Sunday afternoon in the summer time, they'd go out to the park and play most of the time, and we'd ride 'em most of the Sundays. We'd take 'em to Bristol, get 'em ice cream or somethin'. But they always played in the park when we wasn't takin' 'em somewhere... In the wintertime it was so bad to be out in the cold, it was bad, used to have awful winters. Here I'd sit in there in the living room and read a book...They'd sit and listen to the books be read to them....Well, they did. I read a many a book on Sunday afternoons. What I didn't finish I'd

finish it the next Sunday. I waited till they was here, and we'd read the book, and that's the way we passed our time on."

Florence continued to talk about her children. She said, "Through the week when they'd get home, they'd play in the street. All the children played ball. They played ball, and up on that circle they had a place up there,...especially after Marshall Beck come. After he come, he cut all the shrubbery down, made a ball park out of it for the children to play. Till he left it was a ball park, but after he left, they put trees back out there, and...they used to play in the streets. See,...we let 'em play in the street, and everybody knew they played in the street, and you didn't see fast cars going up and down the street. If they was playin' ball, they went around, and...this was a good place to bring children up. We've got lawyers and doctors and everything that come off this street. They, the children, worked for it, didn't they?"

During this time, Florence continued to make church an important part of her life. However, she not only attended regularly but volunteered there as well. She said, "When we moved here and went to this church out here, been in this church ever since, I came and I worked thirty years in the beginner department with children. And I was over 'em for a good many years, and...I really liked that, I really enjoyed that." She went on to say, "I always enjoyed the children...See, I worked in the beginner department before I ever had my first child, and they grew up in...that church, and then that Sunday school...I always liked children, workin' with children. That was my favorite thing, it really was." After her own children were born, she made church a priority for them. She stated, "When I married and had my children, my children had to go to church because that's what I was always used to. And when Sunday comes, they knew where they'd be. They knew it would be church,...and on Sunday night, they knew it

would be church, and on Wednesday night, they knew it would be church. They grew up like that and that's... what counts... That's the most important thing."

To summarize, in this section, I provided a narrative of Florence's young adulthood. During this time of her life, she met and married her husband, moved several times, and coped with her husband's deployment during World War II. Florence also told stories about joining her local church, having three children, working at home, and participating in leisure and volunteer activities. In Florence's narrative of young adulthood I noted several themes. These were love and marriage, transition, activity, enjoyment, helping, faith, and relationships. In the next section, I provide an account of Florence's adulthood.

Adulthood

Florence stayed home with her children until her youngest son Mike was in fifth grade. It was at this time that Florence went to work. She said, "Well, I went to work mainly to help school the boys." The church offered her a position as director of the kindergarten. Florence said, "When I went to work out here,...I directed the first kindergarten outside the city schools. Well, the city schools didn't even have kindergarten...The churches,...that's all the kindergarten you had. And the Junior League of Kingsport had this big thing...They made money by sellin' tickets, and they had this big cabaret or somethin' over at the auditorium three nights. And all the money they took in was thousands of dollars. They spent that, and they started that school for underprivileged children, and they selected me as director at that school...And I had never worked. Mike was in the fifth grade, and I thought, 'Well I, he's old enough, and I'll be home when he gets home.' Well, I told 'em I'd take it, and I took my training and went to ETSU, and I went to the churches here and seen what they did, and some months I did that,... getting ready. And in the fall when school started, we took the children. They come and enrolled, and...we

started in the fall and went just like regular school. And, oh, it was good. It was good. I really enjoyed that”.

One reason Florence took the job was due to her oldest son beginning college. She explained, “We knew that Wesley never could afford all their schoolin’,” so “I went to work,...and when I would get a payday, it went to the bank in his name cause I give it to him to go to school on. And...he was careful what he spent,...and...they learned that that’s what’s goin’ to school. And I might keep just a few dollars,...but that’s all cause Wesley kept us up. He bought the groceries and he bought everything that the house needed and kept us up cause I hadn’t been doin’ it. And that’s the reason I went to school, is to school them boys. And then, when I took that director’s job of that kindergarten, I went to State...that summer.”

Florence trained at East Tennessee State University to prepare for her new job as kindergarten director. She attended during the same time as her oldest son Walker. She recalled his schooling and subsequent job opportunities. She said, “I went over there. If anybody woulda ever told me that they were gonna offer Cooter that job they offered him. See, you may not know this, but they...told him that the kindergarten was really the big thing, that it was gonna be the on comin’ thing in schools, and they wanted him to take the classes that he would need to be over the kindergarten. And he did. They gave him an office, and he...worked on his...master’s degree. That’s after he got his...bachelor’s...Well, you see, if anybody woulda ever told me...that he would be the one they’d select to take that...When he graduated, he went to Washington and taught kindergarten till the first of the year, and they moved him to Morristown because he was gonna be the man over east Tennessee area. There’s three men in Tennessee that got it. middle Tennessee, west Tennessee and east Tennessee, and Cooter was the one at East Tennessee that got the job. And see,...his first job was with the children over the schools that

had the kindergarten. That's what his first job was, and then...he went to Sneedville,...and he moved to Morristown cause it was centrally located, but he went to Sneedville on that first job...And then he went with the government, and from the government he went to Walters State with that government job...and from that government job he went to Walters State's Vice President and ended up here. He's had a good life, too, hasn't he?"

Florence enjoyed her work as kindergarten director, but she did not stay there long. She explained how she made the move to her next job. She said, "That job at Newberry's was the only job I ever asked for in my life. All these other jobs I had, they asked me, that's the truth...I was under a three year contract, and Marshall Beck was the manager out here at the plant. He and Dottie,...Dottie was my good friend...came one night...after I got home and said, 'We've got a offer...for you to come to work out at the J.P. Stephen's.' Said, 'Like for you to be the receptionist.' And I said, 'Well, I can't.' At that time I was just goin' to ETSU in June. I always went to ETSU. I said, 'I've got to finish over there,' and I said, 'I've got another year of contract with the city, with the school system.' He said, '...I'll tell you what. If...you'll come to work out there,' they...always closed down the week of the Fourth,...'if...you'll come to work out there and work that whole month...and decide, if you like that job, it'll be yours. And then you'll have time to write to...send a resignation to the city that your not gonna work the...last year.' Said, "That'll be fine. It'll be good with the city and with you, too. You won't be hurtin' nobody.' So I agreed and I went out there.

"And...I went to work. I went out there that last week after I come home from ETSU and put my application in, and they run me down to the doctor's office and all that. I had...insurance, and I was on a salary. If I worked, if I didn't work, I got paid anyway. And I thought, 'I'd be silly to go back for another year over at that school.' Cause then, Head Start was

supposed to start that next year, and in fact, Head Start asked me to come work for them that next year. But I told 'em I had a good job and that I wanted to keep it cause I had such good benefits,...and I did...I worked that month, and I made my mind that I was gonna keep that job. Cause...back then, if you had insurance, hospitalization and all, you was lucky...I was salaried, and then they started this thing. If...you put 4% of your earnings in every month, ever when you got paid, every two weeks, they would put 4% and then they added more, 6%, and then the last year I worked they added 10%, and to Wesley, too. And that's how we had that money that we got our annuity with that I still draw. We still got money in there from the annuity. That's where it come from, because...they were good to us.

“Well, I never did see a day that I didn't want to go to work, and the people were so nice, and...I did a lot of things besides just be the receptionist. They asked me would I do this employee store one day a week, so I was over it for a long time...I'd order things from different J. P. Stephens' companies to sell in the store, and oh, Lord, the first people to come and buy towels...We didn't make towels, but they'd send me these big loads of towels, and every week you'd see those people carry bags of towels, a big grocery bag of towels...for five dollars. The towels would be so cheap. Where could you find a towel now for five dollars? Anyway, wash cloths and dish towels, and...I'd go to Greenville to the store down there and buy clothes. Suits, jumpsuits and all, everything that people wore, and put in a store here. And see, we sold it dirt cheap, and on Wednesday that store would be packed, every Wednesday. And all day long we'd run the store. I was also the mail clerk, and I also did some cards, it was duties for overseers and people like that to do weekly or daily. But every week I'd put them out, and then they'd fill 'em back, and I'd check where they had done the work. And anything in the office, any changes made, curtains or whatever. I had to select 'em, get people to do it, and I just enjoyed doin' what

I did. And I did the decorations for the windows out there in the office. I kept them up, and I just liked to do that. It was a good job.”

Florence recalled the person who cared for her son Mike during the afternoons she was at work. She described, “When I took that job at J.P. Stephens, when he’d come in,...he went to the club house. Katherine Penland was out there. She was director out there then...And that’s another job I had before I left for J.P. Stephens...I was director of that. I didn’t stay out there, but anything that went on out there, I knew, I let it happen. Like,...I let the building out for people to have parties and all that kinda stuff...I knew who was there and when and how long they’d be there. Katherine was there all day long. That’s her job completely. She used to have the job I had, and she went to the community building, and she was a teacher, too. And she taught Mike and those children that would come out there. Mike learned many a thing from her,...and...if I wanted Mike, I called the club house if I’s workin’. And I’d call to see if he was out there, alright. And when I’d come home from work, then he’d be ready to come home. But...that’s the way they did it.”

Florence and her family enjoyed the place they lived. At one point, though, her husband had another job opportunity in South Carolina. She recalled, “One time...Wesley’s goin’ to South Carolina. Bein’ sent to South Carolina to Anderson to look at a job. Well, we went down to Alma’s one weekend. The mill was sendin’ him Saturday. He had this interview. He had to go to Anderson to look at their plant there, and they was gonna offer him a job there. Well, they offered him the job, and he went, and on Sunday we got in the car to come home. Cooter said to his daddy, ‘Now, Daddy, you can go to South Carolina if you want to, but me and David and Mike’s stayin’ right up here where we’re gonna graduate at Dobyys-Bennett. And mother’s gonna stay here with us, and you’ll have to go by yourself down there.’ Really, is what he said.

That was the last thought that Wesley had about goin' to South Carolina...He didn't really like to think about goin' back anyway. He liked here, and I was glad that he did. But after Cooter said that, that fixed him right up. Even if he was gonna have a better job, he didn't want it. And Cooter graduated, and David graduated, Mike graduated, and they did good."

Another event that stood out in Florence's mind during this time of her life involved the J.P. Steven's clubhouse. She said, "I stayed so busy,...but I liked what I did, and I liked the jobs that they give me out there...I tell you one thing that stood out in my mind, though, is...anything that went on at the clubhouse. I had it, and one day...Jordan insurance people, Mr. Jordan, called me. He said, 'Ms. Locke, uh, would you please meet me at the clubhouse? I want to appraise the clubhouse...They're thinkin' about selling to Calvary Baptist Church,...and I have to get in.' I said... 'Hold just a minute,' and I called Jack Crum and I said, 'Do you know anything about the clubhouse gonna be sold?' He said, 'No, how'd you know?' And I told him what had happened.

"So I went on, and I was out there all afternoon with him, and he looked at everything and set the price for the building....Well they hadn't said nothin' to Jack about it and he was the one that was over the buildin'. It was his. It belonged here...I said, 'You're gonna have to talk to Jack Crum because he is the one that's actually over this buildin', and 'right now,' I said, 'he doesn't have anywhere to take his people from the plant for their meetings.' I said, 'That'll have to come before they sell this buildin'.' So Jack got busy, and he built out there where I had the store. He made that into the buildin' where they had their meetings before they sold the buildin'...

"Dave and Gloria Worthington come up to see me, and he was out there at the plant. When he come back he told me, he said, "Now, Florence, you contact your preacher and tell him

to go see Jack Crum.’...Dave was the Vice President,... so on Sunday I told...Preacher,... “You go tomorrow to see Jack Crum. Call him and tell him you want to see him.’ I said, “They’re ready to sell the building. He said, “Good.” So he called him Monday mornin’...He went out there to see him, and Jack offered him the building...Preacher Coats, he told me, he said, ‘Florence, you’ll never believe it...Jack Crum offered me the building. Said I’d get first choice.’...So, after it went through, do you know what he told me?...It was appraised for way on up there. They...offered it to John Coats for \$25,000. That’s what that church got that buildin’ and that land for, and...that was really nice, wasn’t it?...But that’s the way the church got the building, and he was thrilled to death.

“And Jack,...he wasn’t left out. He had him a place out there where they had the meeting...at the building where I used to have the store. And...it was a really nice building, and he was ready for it, see. And the church went into the building, and we had a good man and woman. He worked at the bank downtown. They were members of our church, and...they had a son that worked at Eastman’s, and the three of them redid that clubhouse for the church after they bought it. They put new carpet, they put new flooring down, they put new paint, they put everything new in...Wasn’t that nice?...Made John Coats really happy too, and...they use... that all the time, now. The church uses all the time. They’ve got Sunday school classes over there and everything, and it’s nice. And this mill out here is nice, and that place that they built, well, it was already built, but they redid it for the employees to have their meeting. It’s nice,...and that other building out there, it’s really nice...And their yard grass and stuff is kept up, and the parking lot. Everything is kept up good, too. It’s really nice.”

Florence also told stories about some of her leisure activities in Kingsport. She spent a great deal of time with her friends Edna and Emma. She described, “Well, we’d go to the movie,

and we'd take them up to my mothers. We'd go...downtown to the ice cream place. Walk down there. We wouldn't ride, we'd walk. And...we played ball. Edna and Emma played ball, too, and Wesley and me we'd play ball with J.P. Steven's. "Softball, I played ball every summer. That softball, they had a team, and they'd beat us and do everything for us. And at the end of the year, we were the winners. We'd beat over at Eastman,...and they took us downtown to the Holiday Inn and gave us the big dinner. Yeah, they did. And...the Bordens owned it then, and one of 'em come in here. Went down there with us to the dinner. That's what we did.

"...We was busy all the time. And see, the ball park is out right out here, and they kept it up so nice. And we'd walk through the park if we was gonna play games out here, but if we was gonna play somewhere else, Edna would drive her car. And...Doug Peppers had a car, and he would drive his car. He was the manager of the team, and so we was all the time a goin', all the time. We even played over at the auditorium, and we played at the Eastman, and we played Eastman at auditorium one time, though, cause we were the top winners, Eastman and Stephens. But it was the...ball teams...from...like Eastman and J.P. Stephens and downtown...That's who played ball."

Florence remembered one particular game day that she will not forget. She said, "We even went to play ball the day that Roosevelt died...Edna, this is who drove, well, we was out at the Mason Dixon...That building is out there. Well, Mason Dixon had a ball field out there where where Food City and all is...That was ball field,...all that was ball fields...Now up there where Dot and Carl lives, those brick houses right in that section, they built them after. Used to be the golf course over there, but they put those brick houses there. And...Edna or Emma one drove out there to tell us that it just come on the radio that Roosevelt had died. And of course, he was our President, and everybody like Roosevelt cause he's the one that brought us out of the

Depression cause nobody had anything. And he's the one that brought us out of the Depression, he is."

In addition to her leisure activities, Florence described her relationship with her husband. She said, "He was just good. He always...drawed his checks, and I never asked him to do this. He would bring that check to me....He would bring it out here, and I'd go to the bank. When I went to work,...he knew I got a break at three o'clock, and I always got paid when he got paid. Salaried people got paid different from regular people. He would bring that cause he'd know I was goin' to the bank. And he would bring his check to me, and I'd know exactly what to put in the bank to run us this household. We got paid every two weeks, and I would take it...He got so much out of his check, all he ever got that...would do him, and I got so much...to run this household on, and the rest went to our children to go to school, that's the truth, now. That's the way we did it. And he never said, 'watch your spendin',' up to the day he died. When I went to the store, he didn't ask me what I spent and what I paid for it and why I paid so much for it. He just left all that up to me all of his life. I run his business. If...if I had a died first, he wouldn't have known how to write a check.

"...And he saved his money...Any money...like silver dollars and things, he'd have a place he'd put 'em, and he'd say every once in a while, he'd get 'em out and count 'em. And I just let him do what he wanted to do. He let me do what I wanted to do. We just always got along. He was always good to me. I remember right before he died,... somebody was in here, Cis I believe, and he told her, he said, 'I never do ask her what she spends. She knows what she has to have.'...Yeah, he did. That's what makes a good life...Trusting people...It's people that you have to live with, you know? So many...wives and husbands don't trust each other, do they?...We had a lot of good friends,...and they were the same way."

Florence talked a great deal about friends such as these, the good neighbors she had in Kingsport. She said, “Phyllis over here,...she came several years later...And Cis next door who’s in the nursing home, been there for five years, she was one of the best neighbors I ever had. And she’s 97 years old, but...when I worked a lot of days,...I always came home for lunch. And when I would drive up, she would have me somethin’ out there, soup or somethin’ a waitin’ on me. Lot of nights that I always got off at five, she’d have me a banana pudding and she’d have all kinds of good things...And if the boys or Wesley went huntin’, squirrel huntin’, she’d make squirrel dumplins. She and I would have squirrel dumplins for our supper...She was always so good to me, and now when I go out on the street, I hardly see anyone that I know. Suella Bledsoe over there in the plant,... she’s really good to me. And every once in a while she brings me somethin’ good... she’ll even go buy me somethin’ and bring it. And she calls and checks on me to see how I’m feelin’. And Stella next door,...she worked out there.”

It was during this time that Florence’s father died. She talked about his death in great detail. She said, “Well, my daddy worked every day he lived. Worked the day he died. Got home at five o’clock. He was over all the machinery at the National Casket Company...He come home that day, and...the day he died, he worked all day. And my mother always had supper ready and on the table cause he’d come home at five o’clock...In our kitchen, on one end of it was like a sun parlor. It was all windows, but it was...the...first day of spring in March, and he sat down, and...my mother poured, always poured him a cup of coffee.

“And he pushed the window up and laid his head over in the window, and she said, ‘Uh, Jim, it’s not warm enough for you to have the window up. You better pull it back down.’ And he said, ‘Oh.’ He said, ‘I don’t feel good.’ And he got up from the table and walked through the house, and she grabbed a glass and give him some kinda medicine, I don’t know what...kind,

and give it to him. She said, "That's the last of the medicine. I'll have to run down the hill to the store and get you some." He said, "... 'There's no need for you to go cause I won't need it.' And she took the glass back to the kitchen and come back to the sun parlor where he was layin'. He'd went out there and stood in front of the door and then laid down on the couch, and she found him dead. Well, he wasn't on the couch. Was on his knees in front of the couch. And he was dead... Fifteen minutes after he got home he was dead."

Florence faced another crisis during her adult years. She remembered that in 1971, her husband "went to Tuskegee, Alabama, with these three guys from here. They went on a huntin' trip, and they'd been there, and it was...the day after Thanksgivin'. They went out that day down there, and when the sun started goin' down, they decided to go in. And they's on their way from huntin' back to...where they'd left their car, and...one of the guys with Wesley didn't see him out there where he was at. And he was huntin' quail...He didn't see Wesley but saw the quail, and it flew, and he shot and he hit Wesley. And that was the day after Thanksgivin'. And...they had to take him to the hospital, and they called here...He lost an eye, in I believe his left side...He had pellets in the back of that eye. He never could see any more out of that eye. And he had...one lung collapsed on the same side that the eye and that arm and that side was just pellets. You could see 'em under there. They were in there, but they didn't take 'em all out. They...got a few, but...they left behind the ones they said they couldn't take, the ones out from behind the eye. And that meant he was blind in that eye.

"Anyway, he was really seriously ill, and...Cooter and I went down there. They called us Friday night, and we left early Saturday mornin'...or early Sunday mornin', I believe was when we left. We had to get ready, and...he had to get ready, and I had to get ready and get money...cause we didn't keep money around here extra. And we went, and it took us all day

until night to get there. We drove all day...to...Tuskegee and to the hospital. We went in, and to our surprise our good friends that used to live here, the Ragsdales, he and her were there with Wesley, and they'd been there, well, about half the day I think. And...Wesley was there eighteen days, how long he was there before they'd leave him come back here.”

Florence discussed the support she received from the employees of the hospital. She said, “Well, I just went back and forth to the hospital. I stayed at the hospital, in fact. They put a bed in the room where he was at, and I slept in that bed... I hardly ever left the hospital for anything. They were really good to me there...And the doctors were so nice. Everybody was just so nice. And...the woman that was the doctor's nurse in his office, she would come and take me...when I needed to get my hair done or somethin' like that or buy something that I needed. She would always come and take me, and they were just really good to me. They really were. And that doctor's name was Dr. Stillery...They were just good people down there.”

Florence continued, “I stayed there, and we come back here, and he was here... well he...wasn't able to go back to work till early spring. He was off several months...When we were there they wouldn't let him leave there until they were sure he had an appointment with the eye clinic in Johnson City, that...eye hospital. And so, that was all taken care of, and he had an appointment to go over there as soon as he got home and to see his doctor and all that...And that's what he did. That's what I did. And...that was in '71, and...he was under doctor's care for a long time. And we had to go to Johnson City to the eye hospital when he went to the doctor, and that was the most serious thing. And of course he had the doctor here downtown, Dr. Cox was his doctor, and he doctored him, too, because, see, he had that lung that was, it had gotten better, but...it collapsed when he was shot. And so, he really did have a rough time. And we...didn't go or do anything there for a long time cause we couldn't.

“We both were off a long time. Well, we were off as long as I was...down in Tuskegee, and then I believe the first week I come home...I was here stayin’ and takin’ care of Wesley. Gloria Worthington, my good friend,...she would come, and she was a nurse, too, but she didn’t nurse. She stayed home her boys. And...she would come here and just stay with Wesley and take care of him while I was gone. They were really good to us. Have always been good...She’s always been a good friend, and...he was always good. We thought a lot of them. Still do...Then Wesley got where he went back to work and we got where we could go.”

As the years passed, Florence’s mother grew older and more feeble. She began to stay with her daughters during the winter months. Florence said, “When she’d come here to see me and Wesley, she’d come when she’d close her house after she got so old. She closed her house and go live around with us a month or two. She used to stay here about two to three months before she’d go to Mary’s or Bessie’s. She’d go to Mary’s first, and then she’d go to Bessie’s, and then Bessie would go out there and take care of her and get her things she needed...when she’s at her house. But...when she’d be here at our house, she never complained...All she ever complained about was that her legs hurt so bad and her feet. And...she’d always cook us, she’d have our supper cooked when we’d come home from work. And, law, Wesley thought the world of her. He thought there wasn’t nobody in the world like her. There wasn’t.

“And she’d make things that we liked,...but she stayed here by herself all day long, and she’d lay in there on the den. Then I had the den...in the dining room. She’d lay on that couch, sleep, and during the afternoon take her a nap. And...one time, she’s here now, this is how bad she hurt her legs, but she had arthritis so bad. It hurt so bad. She wanted a new pair of shoes, but she didn’t feel like goin’ to try ‘em on. And I put her in the car and took her downtown outside

of Penney's and parked the car and went in and told the girl what I was doin'. And she let me take the shoes to the car and try 'em on my mom, and I went back and paid for 'em. Sure did.

"She'd stay, she'd come when she'd close her house in October, and she'd always stay till Christmas or after Christmas,...sometimes January. She'd stay that long with us. And she liked to stay here. She liked these boys. These boys liked her to be here, and they liked soup beans, and she'd cook good soup beans. Best soup beans you ever eat. She'd cook 'em. She'd make boiled custard and things that they liked. That's what she'd fix... Yeah, spent a lot of time."

In summary, in this section, I provided an account of Florence's adulthood. During this time of her life, Florence went to work to pay for her children to attend college. She described her love of working with children and then her enjoyment of working as a receptionist. Other stories involved her husband's job offer in another state and the sale of the club house to her church. In addition, Florence described leisure activities, the good relationship she had with her husband, her good neighbors, the death of her father, her husband's hunting accident, and the times her mother visited during old age. As I re-storied Florence's account of her adulthood, I noted themes of work, finances, activity, competence, enjoyment, crisis and loss, relationships, and helping. In the next section, I recount stories Florence told about middle age.

Middle Age

Florence and her husband worked many years at the plant. Eventually, they decided to retire. Florence recalled, "Wesley said he was gonna retire when he was 62, so the mill, the plant, wanted to retire him. And so I said, 'Well, if you're gonna retire, I'll go ahead and retire.'... They retired him early and let him draw his pay that last year... They paid him on his salary that first year he was off, and... when I retired, I was 62, and I could draw, and so that's

what we did. And...he went down to Cooter's and made the garden every year...He couldn't hardly stay away from down there out there in that garden, and he loved that. And...I'd go down there part of the time. I was down there,...but most of the time I would wait till the weekend and go and come home Sunday nights...or somethin' like that. Anyway, and he'd come home, too, and we did a lot of travelin'. And he liked to fish, and we always went in the fall over to Topsail Island...and stayed a week, and he fished when he was over there. We just liked to go, and we went. And he liked to fish and to hunt and do things like that,...so that's what...we did. When we weren't goin', he was fishin' or huntin' or doin' somethin' around here." She also said, "Well, that's really all we did...We...traveled a lot, and...we'd go home. Wesley'd go see his mother. She lived in South Carolina. And I grew up in Asheville, North Carolina and we'd go up there. And...we...had friends lived here and there, and we'd go see them, and...we just enjoyed it"

As time passed, Florence's mother approached death. Florence continued to talk about the kind of woman her mother was, even in old age. She remembered, "When...my daddy died, he's still Episcopal. But my mother,...the last year she lived, she went where Fred went to church. And Freddy, that preacher came to see her all the time. He said he loved to come to see her because she made him happy. When he left he was happier than when he got there, and he didn't make her happy. She made him happy cause she could remember everything. She was ninety years old cause she could remember everything and talk to him...And...he said it was a pleasure to come. And he told this at the funeral. He said, 'It was a real pleasure when I went to see her.' And...my Aunt Eva lived with her for years cause Uncle Joe died a long time before Aunt Eva. And Aunt Eva didn't have a home. They rented their house, so she kept Aunt Eva until she died...Aunt Eva died about a year and a half or two years before my mother. And Aunt

Pearl lived over on the next hill. That's their sister. And my mother died in...August, and my Aunt Pearl lived about six months after she died...And that only left Aunt Mary, and Aunt Mary lived another year or two before she died."

In summary, in this section, I recounted stories Florence told about middle age. During this time of her life, she retired from her job and enjoyed traveling, gardening, and fishing with her husband. In addition, she described her mother as she approached death. In Florence's narrative of middle age, I noted themes of transition, enjoyment, activity, and loss. In the next section, I provide a narrative of Florence's senior adulthood.

Senior Adulthood

As Florence transitioned into her senior years, her husband became very ill due to complications of the shooting accident years before. She said, "Well,...ever since he got his lung shot, see, he'd had problems. And that's what led up to...when he got real bad. And...we's thinking that he maybe had pneumonia. He'd had it three times that summer. And so Debbie and Mike came over here on Sunday morning and took him to the emergency room...about eleven o'clock. And they put him in the hospital, and he stayed over there five-and-a-half weeks. And, well, I knew that it was bad, and they'd told us that it would get bad. It would get worse, and it had gotten worse...When they let him come home, the doctor told me he would do well if he lived five years. That's what they told me."

Florence continued, "He was still under the doctor's care every so often. He had to go and be checked...Dr. Cox died. Dr. Francis was his doctor, and he told...him he finally had to get on oxygen. And it was his time to go to the doctor for a check up, and the doctor come in and told me after he checked Wesley, he said, 'Now, Florence,' said, 'I think it's time you need to tell the boys how serious this is.' He said, 'Wesley is getting worse all the time,' and said,

‘one day soon,...you may find him just gone.’ He said, ‘I want you tell your boys how serious it is, cause...it’s gonna be a surprise to all of you. And...about three weeks from that day is when he died right here in this house.

“Well, they said that he had already lived longer than they ever thought he would...about the last five years he’d been off and on...oxygen, and we kept oxygen here in the house...Then...when doctor told me that, he said, ‘He’s already lived, been here five years. I’d a thought five years ago he wouldn’t last much longer. But...now I have to tell you that I’m really sure that he’s not gonna last long.’ And he lasted three weeks. But see, I knew he was getting bad, but you never are ready for anything like that.

“...That day...I went to get my hair done. It was Thursday, and I told Cis the night before...to come over and see about him and see if he was alright while I was gone. And there’s the...supermarket over there where I got my hair done in that mall, and I always went in there. And I didn’t get by on my groceries, but I’d pick milk and bread and things that I needed, and I went in there, and they didn’t have any milk. The milk man hadn’t come, and I called home, and Cis was here with Wesley. They was just laughin’ and a talkin’. And...they had give out a really hard rain was comin’ by night and a stormin’ like, and I told Wesley, I said, ‘Wesley,’ I said, ‘they didn’t have any milk over there at Food Country.’ And I said, ‘I have to get us some milk.’ He said, ‘Well, while you’re dressed, why don’t you just go on out here to the Oakwood and get some milk,’ and said, ‘I’m alright.’ And I said, ‘Okay.’” And Cis says, ‘Well, I’d like to go with you cause I’m out of money, and I need to get a check cashed.’ And the bank was right there close to the supermarket, so I told her, ‘Okay.’

“Well, we went, and I got my milk,...and I took her to the bank, and she got her money. And I said, ‘Do you care if we run up to Kentucky Fried Chicken and get Wesley some chicken

planks?’ I said, ‘He told me last night that I hadn’t bought any in a good while, and he surely likes them. And...not chicken planks, but chicken wings,’...they’re so good. And every little bit I’d...go up there and get a dinner...and whatever we wanted. So Cis said, ‘No,’ and, ‘I’d like to get some, too.’ So we went up there, and Cis drove...to the window, and I got some chicken, and she got what she wanted, and we come on. She’d come through, and she’d told him, she said, ‘I’ve got to go home now. I’m goin’ to go on out the front door.’ And she went out the front door, and when she did, he got up out of this chair, not this chair, but one just like it,...and I said, ‘What are you fixin’ to do? And he said, ‘I’ve got to go to the bathroom.’ And he stopped and started getting down in the floor, but he said, ‘I can’t make it.’

“And he had got so the last little while, every time he’d start for the bathroom, the pain would be so bad that he would have to lay in the floor. And he’d tell us not to bother him, just give him his medicine and just leave him alone, that when it wore off he’d get up. And he told Gary Martin that, and he told several that would be in here when he’d start to the bathroom, just let him alone. He said, ‘I’ll be alright.’ Well, I looked at him, and he said to me, ‘Florence, go check my oxygen. I musta got it caught in the chair cause,’ said, ‘I can’t breathe.’ Well, I looked. I went to the tank...I had it sittin’ in the dining room, come on through and round this chair. I said, ‘Wesley, your oxygen tube is free.’ I said, ‘It’s workin’.’ He says, ‘I can’t breathe.’ And I looked at him, and, oh, I could tell that he was dyin’. I could tell it by his eyes. He looked awful.

“And I run to the phone and called the life savin’ crew, and then I hung up. And that time a day it’s hard to get Mike at the store. He’s always goin’ out to get what they needed, but he answered the phone. I said, ‘Come quick, Mike. It’s your daddy. Somethin’s wrong, bad wrong.’ And he beat the life savin’ crew here, and he picked his daddy up and held him in his

arms, and he drew two breaths and stopped. And that's the last. And the life savin' crew come in...right behind Mike, and they tried to revive him, and they worked with him 45 minutes and never could. They said, 'We're gonna take him to the hospital. They might could revive him with the machine they've got.' So we all went to the hospital, and...he never did.

"They come in that room where they had...the family waiting, and they said, 'Now, you can make a choice. You can just let him go on, or you can let...us keep him on the machine.' But said, 'We don't think it will be no more than 24 hours till he'll be completely, he'll be, there won't be no way,' but said, 'We'll do what you ask us.' And Walker said, 'Well, he has a living will, and he didn't want on any machines.' And said, 'If that's all he can live, just overnight, just let him go on.' And they said, 'Well, you can go in.' And said, 'He's unconscious,' but said, 'You can talk to him. He'll know you're talkin'.' And we went in and did talk to him, but we didn't say nothin' about he was dyin'...We just talked to him for just a few minutes, and then...they put us out. And in just a little while they come and told us that he was gone, that we could call the funeral.

"...So,...after he died, why I just stayed on here. Cooter had took that job as President out at out at the college, and he was stayin' at least three nights a week with me, sometimes four. And, so,... I just stayed home...When he could be here, he stayed. And when he had to go home or to Nashville, he had to go...And we've done that all these years since. And now he's getting ready to retire, and here I am an old, old, old woman. But I's old age now, and I've got where I'm not able hardly for anything, but I thank the Lord cause He sure has took care of me and been good to me, hadn't He? Sure has."

Florence described Wesley's final days and the way she coped with the loss of her husband. She described, "Well, I knew how bad he had been, and I was havin' to help him get

ready for bed at night. Help him change his clothes, everything...I tried to get him to come downstairs and take this room down here so he wouldn't have to climb the steps, but he'd say, 'No,' every time. 'Well,...about two or three months, at least two months before he died, he told me one morning, he said at the breakfast table,...'Now you can fix that room back there for me cause,' said, 'I seen last night I liked to not got up the steps.' Says, 'I can't go up no more.' Said, 'I'm gonna have to stay down here. So I fixed it that night. I was puttin' him in the bed, changin' his clothes, and he said to me, 'Florence,' he said, 'I don't think I'm gonna last long.' He said, 'I've got where the medicine don't do me no good at all.' And he had, and I knew that, cause when he'd lay down in the floor and take his medicine, he'd say, 'Don't bother me till I get, I'll get over this.'

“But after he told me that night, I just knew that it couldn't be long, cause he had never give up, but that told me that he was givin' up. And then the next day is when he passed away...He had...always been sitting on the carport every afternoon. He'd go out there and sit. He liked that. But for the last two weeks, he hadn't been out to look at his garden or see his dogs or sit on the carport, and I knew then he was bad, and of course, he was. And that's the way it was...I was just seein' how bad he was, and I knew that he'd lived a long time,...a good many years in that condition, before he got so bad. And then he lived for five after he got real bad, and...I just knew that he couldn't get better...And I just knew it was better for him to be gone on where he could rest and not be suffering like he was suffering, cause he really was suffering. And that's what I know...got me through, cause I had been with him all the time and knew how bad he was.”

After the death of her husband, Florence lived independently. She talked about her pension and the way of life she maintained because of it. She explained, “Listen, where could I

ever had that? I draw all that every month I live...When Wesley retired, instead of takin' all of his out, all that they would give us a month, his pension, he left one hundred in. And if he left one hundred in,...if he passed away before I did, I could draw his...insurance, his pension. And that's how I live now. I buy my groceries and things off of when I get that money. I don't put my Social Security in it...They send it to the bank, and I pay bills. But that money that I get from the pension, I live on it every month. I buy my groceries and things that I have to have during the month. That's how I have it, and wasn't that nice. And...I thank J.P. Stephens for offerin' me the job. Many a time I thanked him, cause where would I a got all that?"

Florence's went on to talk about the wise decisions she and Wesley made with their finances. Florence said, "That's what helps me the most...Of course I made that money while I was workin', and I had it, but when I got old and retired, I had it. And...I know that Mr. Worthington was Vice President down there, and... my good friends. And they come to see me one week, and he asked me if my annuity was still out with J. P. Stephens or had I drawn it out. I told him, 'No', that...I left it in there...a year or two. But I said, 'I decided I'd draw it out and put in annuities....And he said, 'You did the right thing...And I did do, and Wesley did, the right thing, cause a lot of the men like him that was on salary when they retired, they drew all their money. How I know this, cause Gladys Jones told Cis if when Bill retired, if he'd a left that one hundred in there, she could live good now. But, see, she didn't have nothing to live on cause she didn't draw his pension. He took it all out."

When Florence talked about growing old, she said, "Well, the only thing that I can say about bein' as old as I am, that I've lived on this street all these years ever since I was young, and the people were so nice. But all the people I knew on this street is gone...They're all gone now." She went on to say, " It's just...people down here have sold these homes, and new people

live in 'em. And...like I say, Stella lives on one side, and she has cancer, and she has to take treatments. And Cis is in a nursing home. Suella lives across the street up there two houses, and she's really good. And Stella over there,...she's been there. She hadn't been there all these years, but...I remember when she moved in. But it was a long time after I lived on this street. And there's just no one left on the street. It's different. It's just a new world. This place is a new world...And when I go to church, it's been a good while since I've been able to go, but everybody's new...The old people that I knew, they're all gone. It just makes me, it's sad. I... miss 'em, but, you know, everybody has a day comin', don't they?...But I'm thankful. I've been blessed. I've been blessed for many years right here."

Florence talked about the people who provide support in her old age. She said, "Since I've been...down, those boys and girls, see they're up forty, fifty years old, they send me cards all the time. That's who I get my cards from, is boys and girls I had in Sunday school when they was four and five years old." She also mentioned other people who lived on the block as well. She stated, "There were some boys...and...girls lived right over there. And those boys and their wives, now their wives never knew me, but they've learned me since bein' married to those boys. And they've always been so good to me...You don't forget people, do you, that's good to you? And...across the street over there on the corner, Louise Phulps lived over there, and see, she grew up...She's a teenager then. She grew up, married, she never did have any children, but she made a teacher...Doc Wright was my teacher in Sunday school till I quit,...and Louise always substituted for him. She's one of the best teachers you ever had. She took courses. She didn't go to Carson Newman, but she took courses, home courses. She's a wonderful teacher. In fact, all that big pile of stuff there is what she teaches the ladies, and she has some of the ladies' groups, and she teaches at her home on Tuesday every month.....Kate Livesay sent them over

here to me...Louise had talked to her on the phone, and she said she was gonna start sendin' 'em to me...So we still get good teachin'."

When reflecting on old age, Florence said, "Well, I just, I'm not able to do a lot of work, and I have to see things get dirty. And I used to wouldn't have never sat still until it was done. And I don't cook much anymore. I used to love to cook, but I'm not able, and I just do what I can. All my neighbors are dead and gone. I always had good neighbors. They were always so nice. And I've got Stella next door, and Suella brings me food. I thank the good Lord for my children and a good home. My children call me, they come over. I often wonder what people without children do when they grow old. I read the Bible every day. I always learn something new. I enjoy it and look forward to bein' with my Lord."

To summarize, in this section, I provided a narrative of Florence's senior adulthood. During this time of her life, Florence coped with her husband's extended illness and death. In addition, she described the pension she received to help her live, the neighbors on her street who continue to help her, and her inability to do the things she once did. In addition, she described her gratitude for her children and her enjoyment of reading the Bible. In the stories Florence told about her senior adult years, I noted themes of loss, coping, relationships, faith, finances, and helping. Next, I summarize this section.

Summary

In this section, I presented findings to Research Question One in the form of a chronological narrative. I explored the stories told by one woman about the events and experiences of her life. I conducted extensive in-depth interviews with this senior adult woman in order to gather her oral history. Creswell (2004) stated that after gathering stories and analyzing them for important elements, researchers rewrite the stories and place them in

chronological sequence; therefore, I then re-storied the oral history in chronological order to present a complete narrative of the participant's life. I organized the findings chronologically by six life stages. These stages were: 1) childhood; 2) adolescence; 3) young adulthood; 4) adulthood; 5) middle age; and 6) senior adulthood. At the conclusion of each stage, I included my own summary of what Florence talked about and what I noted about the stories she told. In the next section, I present findings to Research Question Two by analyzing the narrative through the lens of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness.

Narrative Analyzed through the Lens of the Indivisible Self Model of Wellness

In this section, I present findings for Research Question Two in which I analyzed the experiences described by the participant through the lens of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness. As described in Chapter Two, theorists who developed the model identified one higher order factor to which all other components of wellness were statistically related (Myers & Sweeney, 2004; Myers & Sweeney, 2005a). This higher order factor is called The Indivisible Self and is defined as “a measure of one's general well-being or total wellness” (Myers and Sweeney, 2005a, p. 33). The Indivisible Self consists of five Second Order factors. These are the Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. Each Second Order factor consists of several Third Order factors, with a total of seventeen Third Order factors. The Creative Self is composed of Thinking, Emotions, Control, Work, and Positive Humor. The Coping Self consists of Leisure, Stress Management, Self-Worth, and Realistic Beliefs. The Social Self is comprised of Friendship and Love. The Essential Self is composed of Spirituality, Gender Identity, Cultural Identity, and Self-Care. Finally, the Physical Self consists of Nutrition and Exercise.

I investigated the narrator's experiences as they related to the five Second Order factors of the model. I identified meaning units related to wellness and assigned them to their corresponding Second Order factors. The result of this analysis was a descriptive picture of wellness for this woman over the course of her life. I now present these findings. I organize the section by the five Second Order factors of the model. These are the Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. I begin with a description of the narrator's experiences related to the Creative Self.

Creative Self

The Creative Self is defined as "the combination of attributes that each of us forms to make a unique place among others in our social interactions and to interpret our world" (Myers & Sweeney, 2005a, p.33). It is comprised of four Third Order Factors that are not so prominent: Thinking, Emotions, Control, Work, and Positive Humor. The Creative Self was a recurrent theme for Florence throughout her life story, particularly in the Third Order factor of Work. This is evident in statements such as "I liked to work" and "I stayed so busy, you know, but I liked what I did and I liked the jobs that they give me out there".

When speaking of her childhood and adolescence, Florence stated, "you just worked like your mother told you to" and "you just learned...to do things, you weren't lazy". One of the ways in which Florence referenced the Creative Self during this time was in her work as a student. At one point, she stated:

We went to Woodson School. When I was little it was just regular classes, you know, and they promoted you...In high school they told you what you had to take. I had to take a foreign language, and I had to take Latin because I hadn't had it. I made good on Latin. I made A's.

Following graduation, Florence obtained her first job at J.J Newberry's, a local department store. She said:

When I graduated from high school, I got me a job. I wasn't old enough to work, and Daddy had to sign for me to go to work, but I went to work and I worked...and I was glad I could work. You know, my daddy thought I should go to school but I thought I should get me a job and work, and so, I did alright.

Florence continued by describing her job at Newberry's.

They kept me on after Christmas. They kept me on, and I worked six months in the counter that sold dishes...and then they gave me the job that came open...the head of the candy department. And they gave me that department, and that's where I worked till I married.

Following her marriage, Florence and her husband moved to Tennessee. At that point, she became a stay-at-home wife and mother. In this role, Florence continued to work, although in a different way. She said:

I cooked, cleaned this house everyday, run the vacuum every day I lived. Run this vacuum every day I lived. And, uh, on Sunday...it's hard to believe we'd get up, and I'd get up early and start my dinner for Sunday dinner. What I hadn't cooked on Saturday I finished it before we went to church...Dinner was done before I cooked breakfast.

During this time as a homemaker, Florence volunteered to work with kindergartners in her church. When her youngest child was in fifth grade, she transitioned to full-time employment and became director of the program. The theme of the Creative Self continued when Florence spoke of this position. She said:

I worked thirty years in the beginner department with children, and I was over ‘em for a good many years, and...I really liked that, I really enjoyed that...I always enjoyed the children...and I always liked workin’ with children. That was my favorite thing. It really was.

After thirty years at the kindergarten, a good friend offered Florence a job as a receptionist at J.P. Stephens, the local cotton mill. I asked her what it was that she enjoyed about working there. She replied, “Well, I never did see a day that I didn’t want to go to work...I did a lot of things besides just be the receptionist”. She went on to say that she was over the employee store, functioned as the mail clerk, completed cards that contained duties for overseers, made decisions about office décor, and was responsible for decorating the office windows. She said, “I just enjoyed doin’ what I did...I just liked to do that. It was a good job”.

Even as a senior citizen, Florence talked about missing work. She said, “I’m not able to do a lot of work, and I have to see things get dirty. And I used to wouldn’t have never sat still until it was done.”

To summarize, in this section, I described the participant’s experiences related to the Creative Self. The majority of these stories revolved around the Second Order factor of Work. Several themes were central to Florence’s stories. First, for Florence, it was important that she was not lazy. Work was a way for her to be productive and accomplish things. Second, she enjoyed her work as well as gained confidence and self-efficacy from learning to do things. Finally, she also believed work was her duty and a responsibility. In the next section, I describe Florence’s experiences related to the Coping Self.

Coping Self

The Coping Self is defined as “the combination of elements that regulate our responses to life events and provide a means for transcending their negative effects” (Myers & Sweeney, 2005a, p. 33). It is comprised of four Third Order Factors: Leisure, Stress Management, Self-worth, and Realistic Beliefs. The Coping Self was also a recurrent theme in Florence’s life story, particularly in the area of Leisure. Her earliest recollections involved countless hours of playing. She described the following:

We played outside. We had a big yard and grass and...our mother let us play. Where you drive up to the house was a big place and we played there and played ball and played mumbledy-peg and horseshoes and just everything. We played in that yard...We played ball down there and fished the river...and we just had wonderful times.

As a teenager, Florence enjoyed singing in the choir. She stated:

I always sung in the choir whenever I went to church...My sister was a pianist and she taught music and at night children and grown people, they would come to our house and we would sing. That’s what we did for pastime. We didn’t get out and frolic in the streets and that kinda thing. We sung and we loved it.

Florence continued to make references to the Coping Self when she described going on dates with Wesley, the man who would become her husband. She said they would “go to the movies. That was about all there was to do there...the movies just about every Saturday night... I never went to dances and things like that. You just did what ordinary people do.” After their marriage, she and Wesley moved to South Carolina. When speaking of South Carolina, she stated, I didn’t like that at all...but the one thing about that place I liked is they had a swimming

pool out at Silver Lake and that's where we'd go to go swimmin' that summer." Once she had children, leisure time included taking them to Bristol to get ice cream, playing ball with them in the park, and reading books to them. She said, "I read many a book on Sunday afternoons. What I didn't finish I'd finish it the next Sunday. I waited till they was here and we'd read the book and that's the way we passed our time".

Florence also enjoyed leisure time with friends at this point in her life. She said, "Well, we'd go to the movie and we'd take them up to my mother's and we'd...go downtown to the ice cream place, walk down there. We didn't ride, we'd walk...And we played ball, too. I asked Florence about the kind of ball she played. She responded:

Softball. I played ball every summer...They had a team and they'd beat us and do everything for us. And at the end of the year we were the winners. We'd beat over at Eastman and...they took us downtown to the Holiday Inn and gave us the big dinner...We was busy all the time and see, the ball park is right out here...so we was all the time a goin'.

Once she and her husband reached retirement age, they engaged in other forms of leisure activities. She stated:

He went down to Cooter's and made the garden every year. He couldn't hardly stay away from down there, out there in that garden, and he loved that. And I'd go down there part of the time...Most of the time I would wait till the weekend and go and come home Sunday nights, you know, or somethin' like that.

Anyway, and he'd come home, too, and we did a lot of travelin', and he liked to fish, and we always went in the fall over to Topsail Island and stayed a week, and he fished when he was over there. We just liked to go and we went.

In addition to these activities, they would “travel a lot” when they visited his mother, her mother, and close friends. Florence said, “we’d go see them...and we just enjoyed it.”

Evidence of the Coping Self was evident not only in the area of leisure but in the area of Realistic Beliefs. When Florence told the story of her husband’s death, I asked what helped her get through that experience. She replied:

Well, I was just seein’ how bad he was, and I knew that he’d lived a long time, uh, a good many years in that condition before he got so bad. And then he lived for five after he got real bad...I just knew that he couldn’t get better, and I just knew it was better for him to be gone on where he could rest and not be suffering like he was suffering `cause he really was suffering...and that’s what got me through `cause I had been with him all the time and knew how bad he was.

In addition to using Realistic Beliefs to cope with her husband’s death, Florence also referenced Realistic Beliefs in her discussion of old age. She commented, “Well, I’m not able to do a lot of work, and I have to see things get dirty. And I used to wouldn’t have never sat still until it was done. And I don’t cook much anymore. I used to love to cook, but I’m not able, and I just do what I can”.

In summary, this section contained a description of Florence’s experiences related to the Coping Self. The majority of these experiences related to Leisure, while some related to Realistic Beliefs that she used to cope with losses in a positive way. Central to Florence’s stories were themes of fun, fellowship, activity, and exercise. In the next section, I describe her experiences related to the Social Self.

Social Self

The Social Self, defined as “social support through connections with others in our friendships and intimate relationships, including family ties” (Myers & Sweeney, 2005a, p. 33), is composed of two Third Order Factors: Friendship and Love. The Social Self was a dominant theme in Florence’s life history in the areas of both Friendship and Love.

Family played an important role in the development of Florence’s Social Self. Florence talked at length about her siblings Bessie, Freddie, and Mary. Bessie was the oldest sister; Freddie, Florence’s only brother, was born next; and Mary was the youngest sister. When describing her family, she said, “All I have left up there is Mary my youngest sister and two nephews. My brother had...one son...and Bessie, my oldest sister, had one son...All of my people are dead in Asheville, and that’s where I lived till I married, and...it was a good livin’”. She also described several aunts who used to live in the area including her Aunt Eva, Aunt Pearl, and Aunt Mary. In addition, she mentioned her grandpa, Uncle Carl, and Uncle Ott who all came to her house to help take care of the pigs.

Florence also talked a great deal about her parents and spoke very highly of them. Of her father James she said:

My daddy had a good job. He worked for the National Casket Company 42 years...My daddy worked every day he lived. Worked the day he died. Got home at five o’clock. He was over all the machinery at the National Casket Company...and he was a good daddy. He never drank...on Sunday he’d get that big Bible and he’d always read that big Bible. And he’d make us listen, and he was a good daddy. And he provided good for us and stayed at home.

During the Depression, Florence recalled that most children didn't have shoes, and those that did had only one pair. She said, If somehin' happed to the soles...my daddy would put a new sole on my shoes. And where do you ever see that now? You don't never see anything like that." Florence also spoke about the concern her father had for her as a teenager. She remembered riding the bus to and from her job at Newberry's and stated:

When it would be dark...my daddy'd always meet me at the bus. Yeah, he'd always see that I got home alright. And, uh, on Saturday night when I worked till nine, if I didn't have somebody that was gonna pick me up, he'd...come pick up. He was sure I was gonna make it home O.K.

She also had fond memories of her mother Nettie. She relayed the following:

My mother was a good mother. She always cooked ...and kept everything clean and kept our clothes clean. And she kept the house clean, and she did all the work. She was a good mother. That's all I can say. Till the day she died she was a good mother. I never, they never drank or anything like that, you know...And that preacher came to see her all the time. He said he loved to come to see her because she made him happy. When he left he was happier than when he got there. And he didn't make her happy. She made him happy.

Florence continued to tell stories about her mother and the support she provided. She recalled:

She didn't care how many people we brought home from church with us. Uh, our friends, she'd feed 'em every one and not say a word. I mean, you don't see people like that no more, do you? Uh, they want to know somebody's comin', but she'd, when we'd come in, she'd have that table set and ever who we had she'd

set them a place, too. And she had a big kitchen and she always had a table for the family that we used when nobody wasn't there, and she would set it.

Even after Florence's mother grew old, she continued to be a source of support. Florence stated:

My mother was a good woman, and that's the reason everybody liked her. You know that? Everybody liked her. And when she'd come here to see me and Wesley, she'd come when she'd close her house after she got so old. She closed her house and go live around with us a month or two...When she'd be here at our house she'd always cook us, she'd have our supper cooked when we'd come home from work...and she'd make things that we liked.

Florence also spoke quite often about how good both her parents and Wesley's parents treated them. She said:

His parents were good to us, and my parents were good to us all the time helpin' us out, you know, doin', you know. You don't think about it then, but you think about the things that they give you, and if they just give you a little food to take home with you...that's good times, you know. Good things happen to you.

Florence's family was also instrumental to her well-being when her husband served in World War II. She said:

He went to the service and was gone two years, and of course, I kept my house here. And I'd come back and forth, and I'd stay out here a while and then I'd go, when I stayed with my mother and daddy, see, I didn't have no expense. I didn't have to buy no food or nothin'. They kept us up and...I stayed mostly in Asheville...cause I could stay free. And when I'd come home, daddy would

bring me or Bessie or some of 'em would bring me on the bus and see that I got here alright.

In addition to providing for physical needs, Florence's family helped her with the care of her son. She told the following story:

Mary'd come and get Cooter...She worked at S&W, and all them people up there got to know him. And she took him up there and feed him and take him all over town cause she knew everybody. And, uh, Daddy'd, on Sundays when he was off, he'd get him on the bus and ride into Asheville...He'd ride him two or three hours then bring him home.

When she spent time at her home in east Tennessee, family again helped care for her son.

This time it was her brother- and sister-in-law who offered assistance. Florence stated:

Well, I had Alma and M.L. here when I was here, and they were so good to me...My Cooter would watch for M.L. to come home. He'd come home everyday for lunch. He'd watch for him to walk up the street, and he'd cross the street and go home with him for lunch. And Alma was really good to him. You know, they were good to him as if he was theirs.

While Florence told many stories about friends and family, she also spoke at length about her husband Wesley. She said:

I met him at Richland Baptist Church. After church was over they told him who I was...and we just got to goin' together... And we went together about a year-and-a- , well, about a year and several months...When I'd get off he'd meet me...Every other Saturday night I had to work till nine o'clock. He'd meet me. But every other Saturday I'd get off at seven, and he'd meet me...Well, we just

decided we was gonna get married, and Wesley come up to my house to ask my mother if it's alright one day when I was workin'. Then...I worked all day on Friday, and...Wesley and Alma and M.L. picked me up and took me to South Carolina to Alma's house. And on Saturday we got married.

She continued, "Wesley was good to me...Wesley kept us up. He bought the groceries, and he bought everything that the house needed and kept us up". She went on to say:

I had a good husband...He was just good. He always drawed his checks...He would bring his check to me, and I'd know exactly what to put in the bank to run us this household...He never said watch your spendin' up to the day he died...He just left all that up to me all of his life...And I just let him do what he wanted to do. He let me do what I wanted to do. We just always got along. He was always good to me...That's what makes a good life...trusting people...It's people you have to live with, you know?...So many wives and husbands don't trust each other, do they?

Florence's children were also an important part of the development of her Social Self.

She said:

After Walker, I got pregnant with David, and after David, then a long time after David, had Mike. And so I stayed home and sent them to school cause I never intended for my children to not have no mama at home and to tell 'em what to do cause I'd always had one and I know what it was like.

While Florence worked as a homemaker for many years, her children were sources of support in that role. Florence told the following story about their chores:

Mike and I washed the dishes. He dried 'em, and I washed 'em. Cooter run the vacuum, David made the beds. That was Sunday morning...I didn't have to tell 'em to get up from the table and what to do. They got up from the table and got their job done, and then they got their self ready. You know what I mean? They knew what we did.

While Florence told these stories about her children during their childhood, she did not mention them at great length again until she talked about the death of her husband. She said:

It's hard to get Mike at the store. He's always goin' out to get what they needed.

But he answered the phone. I said come quick, Mike. It's your daddy.

Somehin's wrong, bad wrong. And he beat the life savin' crew here...We all went to the hospital...Walker said, 'Well, he has a living will and he didn't want on any machines...just let him go on'...We went in and did talk to him...we talked to him for just a few minutes...then...he was gone.

After her husband died, Florence's, the social support of her son helped her cope with the loss...when he began to stay with her several nights a week. She reported:

why, I just stayed on here. Cooter had took that job as President out at, out at the college, and he was stayin' at least three nights a week with me, sometimes four.

And, uh, so that's how I just stayed home, he stayed...when he could be here, he stayed. And when he had to go home or to Nashville, he had to go. And we've done that all these years since.

Florence's children continue to be a source of support in her old age. She said, "I thank the good Lord for my children and for a good home. They call me, come over...I often wonder what people without children do when they grow old.

While Florence received social support from her family, she also enjoyed the support of friends. In the area of friendship, her earliest recollections involved the neighbors with whom she played, lots of friends, and other families who lived nearby. She spoke of Carrie and Wesley, her friends who lived close to the river. She talked about the Noah family and said, “They were always our friends right on until they died... We’d go see them and I’d go and stay a week or two with ‘em in the summertime when school was out...and they were always good...were so good to us”. When the Noah family moved, the Claires took over the home. Florence said that Carolyn, one of the Claire daughters, “was my age, and we run around together all the time.” Later on in school, Florence’s friends were Harry and Herbert. She said, I “guess I was a junior before I ever had a boyfriend...Harry was my boyfriend, and he had a twin brother Herbert...and when I was in school, that’s who my friends were.”

Florence also made references to the Social Self when she spoke of the support of community friends. For example, she spoke of her Latin teacher Ms. Pierce. She stated:

Ms. Pierce, she was a wonderful teacher, and she was, well, she was my homeroom teacher when I was a senior. But, uh, she was a good teacher. I loved her...She was just one of the best teachers you ever had, and after I got married she’d got Mary one day and she said, ‘I want you to tell me about Florence and what kind of a husband she’s got’, cause I had went down to South Carolina to live. And she said, ‘I can’t visit her, but...I want to know’...She was my favorite teacher, Ms. Pierce.

Friends who lived in the community also offered social support to Florence and her family when her house burned down as a teenager. She stated:

The people that lived in that area, all of 'em gave us food, gave all kinds of food to us, and they give us sheets and blankets and pots and things that you needed to housekeep. And the Farmer's Federation down there...

well, they had an upstairs, and the man that was manager then, he had a room up there...and he told daddy, said, 'just bring your stuff down here and go up there. You can live up there till you get your house built back.' Well, we did. That's where we lived...The National Casket Company required every man that worked there to give a day's work on that house cause they could build caskets, you know, they could build anything, and uh, they paid 'em their day's work, but they had to work that day at my daddy's . And one of the men that was a boss there...him and dad and Mr. Buckner, they built that house. They framed. They drew the plans and everything, and that's how that house got built, and we moved back in it the second day of May. That was wonderful, wasn't it?

After she married, Florence enjoyed the help of friends during her short stay in South Carolina. She said:

We had some good friends...they took us and kept us till we go our house down there and moved into it. That's Clyde and Hazel Hill. And, uh, they were nice to us. They were real nice to us. They didn't have any children...he had a mother that lived with 'em, and she had a car. They'd take us places, you know. They were real nice to us."

Florence continued to make references to the Social Self when she described her adult life in east Tennessee. I asked what she liked about living in her town. She replied:

Well, I liked the people, and I like it cause it's friendly...people were so nice...We liked the people, and we met Edna and Emma...and that's who we run around with all the time for years. We run around with them. That's the truth. She went on to say that some "boys and girls lived right over there, and those boys and their wives, now their wives never knew me, but they've learned me since being married to those boys. And they've always been so good to me, uh, you know, you don't forget people, do you, that's good to you."

When she spoke about her job at the cotton mill, Florence stated, "the people were so nice". She also described Katherine, the director of the club house, who watched children, including Florence's son Mike, after school. Florence said:

She was a teacher, too, and she taught Mike and those children that would come out there. Mike learned many a thing from her now, that's the truth...and if I wanted Mike, I called the club house if I's workin'. And I'd call to see if he was out there, alright, you know. And when I'd come home form work, then he'd be ready to come home.

Another event depicting the importance of the Social Self occurred when Florence's husband was shot during a hunting accident in Alabama. She and her son drove all day and all night to get there. Florence stated, "We go to Tuskegee and to the hospital. We went in and to our surprise our good friends that used to live here, the Ragsdales, he and her were there with Wesley, and they'd been there, well, about half the day I think." When asked what contributed to her well-being at that time, Florence replied:

Well, I just went back and forth to the hospital. I stayed at the hospital. In fact, they put a bed in the room where he was at, and I slept in that bed. I hardly ever

left the hospital for anything. They were really good to me there...And the doctors were so nice. Everybody was just so nice. And, uh, the secretary, the woman that was the doctor's nurse in his office, she would come and take me, uh, when I needed to get my hair done or something like that or buy something that I needed. She would always come and take me and they were just really good to me. They really were. And that doctor's name was Dr. Stillery.

Even after her husband was released from the hospital, friends were an instrumental part of Florence's well-being. She spoke of her good friends the Worthingtons. Gloria was a nurse and came to stay at the house with Wesley while Florence was gone. Florence said, "They were really good to us, have always been good, you know. She's always been a good friend, and uh, and he was always good. We thought a lot of them. Still do."

Florence's neighbors were a source of support when her husband served in World War II. She relayed the following story:

Edna and Emma lived in that house right there where Cis lived, and they were my friends cause their husbands was gone, too. But they were sisters, and Edna had a car, and she'd take us everywhere. We went with Edna and Emma, and at night a lot of times we'd walk down that street all the way to Five Points...and get ice cream...They were our friends, and we went with them all the time, and , uh, while Wesley was gone. They had a niece that lived there with 'em, a young girl June, and she stayed with me every night so I wouldn't have to stay by myself.

When asked about growing old, Florence again mentioned the friends on her street. She stated, "The only thing that I can say about bein' as old as I am is that I've lived on this street all

these years ever since I was young, and the people were so nice. But all the people I knew on this street is gone". She talked about her neighbors and the friendship they shared. She said:

Our neighbors around here were really good to us, too, uh, we had good neighbors. And at night they didn't sit in the house and watch television all the time. They all got up and down the streets sittin' out in their yards and anywhere you went you was talked to an act like you was a person. They was real good to you. That means a lot, you know that?

She also spoke fondly of her neighbor Cis who is now 97 years old and lives in a nursing home. She recalled:

Cis...was one of the best neighbors I ever had...I always came home for lunch, and when I would drive up she would have me somethin' out there, soup or something' a waitin' on me. A lot of nights that I always got off at five, she'd have me a banana pudding and she'd have all kinds of good things, you know. And if the boys or Wesley went huntin', squirrel huntin', she'd make squirrel dumplings. She and I would have squirrel dumplings for our supper. Uh, she was always so good to me.

One source of support for Florence during her senior adult years were men and women she taught in the Sunday school beginner department years ago. She said:

You won't believe...those boys and girls. See, they're up forty, fifty years old. They send me cards all the time. That's who I get my cards from is boys and girls I had in Sunday school when they was four and five years old.

To summarize, in this section, I described the participant's experiences related to the Social Self. Florence shared numerous stories related to this factor. These stories included

experiences related to family and friends. Central to the stories were themes of fun, emotional and physical support during times of need, kindness and care, and connection. In the next section, I describe Florence's experiences related to the Essential Self.

Essential Self

The Essential Self, "our essential meaning-making processed in relation to life, self, and others" (Myers & Sweeney, 2005a, p. 33), is comprised of Spirituality, Gender Identity, Cultural Identity, and Self-Care. Florence referenced the Essential Self several times in her oral history, particularly in the area of Spirituality.

Florence talked about how much she enjoyed Sundays when her daddy would "get that big Bible and...read that big Bible...and make us listen". She also mentioned her church attendance and membership quite often. For example, when speaking of her parents, she said:

When I was first little, they went to the Episcopal Church, cause that's where they belonged. And after we got in our teens, all...us children, we joined the Baptist Church...We went to that Episcopal Church all the time, and you couldn't say a word...didn't do a thing in there. You just sat straight, and I went there for years cause that's where my daddy and mother went. And it was nice. I liked it. But after Bessie and Fred went to the Baptist Church, they went to Victory Baptist Church, and then Mary and myself went. And that's where I was baptized.

That's where I went to church...I was always just Baptist after that.

During her teenage years, Florence spent the majority of her free time at church. She said, "Goin' to church and singin' is about all I did...That's about all I did, that's the truth. And I looked forward to...when...I was goin. I looked forward to it." Florence even met her husband at church when she was singing in the choir. She said, "We's up there in that choir

singin'. In come...Claude and Mary and Wesley, and...two or three more come in. They'd brought Wesley up to met me, and that's where I met him, at Richland Baptist Church.

After marrying and moving to east Tennessee, Florence continued to value the importance of her church membership. She said, "When we moved here and went to this church out here, been in this church ever since I came". She continued:

We started goin' to church with...Clyde and Trudy,...would go to church with them. And then we joined the church out here...We liked the people, and we met Edna and Emma, and that's where we met them is in the church.

Florence continued to attend church while her husband was away at war, both in Kingsport and when she stayed with her family in Asheville. She recalled, "When I was here, well, we'd go to church, and...we went to church up there, too, with Bessie."

Florence passed her religious values on to her children. She recalled:

My children had to go to church because that's what I was always used to. And when Sunday comes, they knew where they'd be. They knew it would be church, you know. And on Sunday night, they knew it would be church. And on Wednesday night, they knew it would be church. They grew up like that, and that's, that's what counts. That's the most important thing.

In addition, Florence continued in her father's tradition of reading the Bible to her children. She said, "While they were eating their breakfast, we had our daily Bible reading every morning, and they liked that."

As an adult, Florence continued to make church an important part of her life. However, she not only attended regularly but volunteered there as well. She said, "When we moved here

and went to this church out here, been in this church ever since, I came and I worked thirty years in the beginner department with children.”

When her husband died, the Essential Self played an important role in Florence’s ability to cope with her husband’s death, particularly her belief in life after death. She described, “I just know it was better for him to be gone on where he could rest and not be suffering like he was suffering...And that’s what I know got me through.” The importance of the Essential Self was also evident when Florence described her ability to continue learning about the Bible when she could not attend Sunday school. She said, “Louise Phulps...She’s one of the best teachers you ever had...All that big pile of stuff there is what she teaches the ladies...She said she was gonna start sendin’ ‘em to me. So we still get good teachin’.”

As she reflected on growing old, Florence stated the importance of her spiritual life. She said, “I thank the Lord, cause He sure has took care of me and been good to me, hadn’t He. Sure has”. She also said, I read the Bible every day. I always learn something new. I enjoy it and look forward to bein’ with my Lord.”

Florence also described experiences relating to the Essential Self in the area of Self-care. She spoke of the decision she and Wesley made to save money for their future. When speaking of their jobs at the cotton mill, she said:

They started this thing for salaried people. If you put 4% of your earnings in every month ever when you got paid every two weeks, they would put 4%. And then they added more, 6%. Then the last year I worked, they added 10%...that’s how we had that money that we got our annuity with that I still draw. And we still got money in there...and that’s how I live now.

In summary, in this section, I described the participant's experiences related to the Essential Self. The majority of these stories involved Spirituality, while one involved Self-Care. Themes that were central to these stories included a sense of connectedness, leisure, contributing to the lives of others, a sense of tradition, meaning and purpose for life, and a source of learning and growth. In the next section, I describe the participant's experiences related to the Physical Self.

Physical Self

The Physical Self, or "the biological and physiological processes that comprise the physical aspects of our development and functioning" (Myers & Sweeney, 2005a, p. 33), consists of two components: Nutrition and Exercise. Florence described experiences related to the Physical Self, mainly in the area of Nutrition. She mentioned that when she visited her friends Wesley and Carrie, their older sister Faye cooked for them. Florence said, "She always did all the cooking for the family because she was older. And she was real good to us. Always had somethin' good to eat."

When describing her mother, Florence talked at length about the food she prepared. She stated:

My mother was a good mother. She always cooked. And when we would go to school in the summer, in the fall, she would have a big pot of corn on the cob or somethin' waitin' on us to have a snack. We always eat supper after five, about six o'clock...and she always had such a good supper.

When I asked Florence to give me an example of the good food her mother cooked, she responded:

Well, always on the Fourth of July, we had rice puddin' ...and she always cooked that rice puddin' in that cook stove. And it would be delicious. Never eat a puddin' like that...She made a cake. If she made pies, she didn't make one on Saturday. She always made cakes and pies for Sunday. We'd have two or three kind of pie and a cake...She made good chicken, baked chicken, delicious baked chicken. And, uh, we always had, uh, our own meat house, and she always, ham, plenty of ham, cause they grew their own pigs and killed their own pigs. On Thanksgivin' Day was always pig killin' time. And, uh, that night that they killed the pigs...she always had liver and...tenderloin...My mother always had coffee on the stove and somethin' to eat...had chicken. And she always had her own meat. She had her meat house, and she had her cow, and she had the milk and butter...She'd cook good soup beans. Best soup beans you ever eat. She'd make boiled custard and things.

Florence's well-being continued even during the Depression. As she continued to describe experiences related to the Physical Self, she said, "We had food, and we could help other people". Florence also mentioned how food contributed to her well-being when her house burned down as a child. She recalled, "We...had plenty to eat, uh, cause they had give us everything in the world. Even the school had made up and give us food, uh, all kinds of food." She continued to talk about the importance of food during her senior adult years. She said, "That money that I get from the pension, I live on it every month. I buy my groceries and things that I have to have during the month."

In summary, in this section, I described Florence's experiences related to the Physical Self. Florence's stories related to this factor involved the area of Nutrition. Central to these

stories were the themes of love and care, having physical needs met, and a source of enjoyment and pleasure.

Summary

In this section, I analyzed the participant's life story through the lens of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness. More specifically, I identified meaning units related to wellness and assigned them to each of the Second Order factors of the model. These factors were the Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. Florence depicted multiple stories associated with each factor. Central to Florence's stories were themes of productivity, self-efficacy, responsibility, fun, fellowship, activity, emotional and physical support, kindness and care, connection, contribution, tradition, meaning and purpose, learning and growth, love and care, meeting of physical needs, and enjoyment and pleasure. In the next section, I provide Florence's interpretation of the experiences contributing to her well-being during different phases of her life and over the entire course of her life.

Participant's Interpretation of Experiences Contributing Most to Well-being

In this section, I present the participant's interpretations of the experiences she believed contributed most to her well-being over the course of her life. While this section is not directly related to either of the research questions, it fulfills the fourth step of Denzin's (1978) strategy for organizing and synthesizing life history research as described in Chapter Three. Denzin (1978) recommended obtaining subjects' interpretations of the events and experiences they described. As I gathered the narrator's stories, I explored her perceptions of the factors contributing to her own well-being during the events and experiences she depicted. In order to do this, at the end of stories told about each life stage, I asked the following question:

- 1) What contributed to your well-being during this time?

In addition, at the conclusion of the oral history interviews, I asked the following question:

- 1) As you look back over your life, what contributed most to your overall well-being?

Florence perceived several different experiences that contributed to her well-being over the course of her life. These experiences fell into three different categories: the Coping Self, Social Self, and Essential Self.

First, Florence's wellness during her adolescent years was enhanced by experiences related to the Coping Self, particularly in the area of Leisure. When I asked about the experiences she believed to contribute to her well-being during that time, Florence said:

Well, goin' to church and singin' is about all I did. That's about all I did, that's the truth. And I looked forward to it, you know. When I knew I was goin', I looked forward it...I liked to sing, loved that, and loved to go and loved the people.

Second, Florence believed that experiences related to the Social Self contributed most to her well-being during three other developmental phases. These phases included childhood, young adulthood, and adulthood. When asked to reflect on the experiences contributing most to her well-being during childhood, she responded:

How we had to grow up. You know, we had to grow up. You know...you didn't do everything you wanted. You did what your mother wanted you to do and your daddy. They were good to us but they taught us the right things. I think that's the, we were taught and brought up right and taught to go to church and taught to do the things that we's supposed to do.

When I asked Florence about the experiences contributing most to her well-being during young adulthood, she responded with a similar answer. She reflected:

The way I grew up, I think. The way I grew up at home. cause I was never unhappy, and Wesley's always good to me, always good to me...Just things that you're taught, that your parent's taught you when you grew up...How you grow up as a child means everything to your adulthood...They were really good to us, now. They corrected us if we did somethin' wrong...we got a little poppin'. But they were good to us, they were. Uh, took us to town, always give us a little money to spend when we went to town to buy what we wanted. Just a little bit, but it was money. Took us to church. We knew when church time come, we's goin' to church. Uh, let us go play with our friends but give us a certain time to come home. And we had to come home at that time. I mean, you...just worked like your mother told you to, done what your mother told you to...and you knew if your mother and daddy said, 'No,' they meant 'No'. And if they said, 'Yes,' they, you had to do what they told you to do because you knew they were right, you did.

Florence also perceived that social support contributed most to her well-being as an adult. When asked to reflect on experiences contributing most to her well-being at that time of her life, she said, "Cause I had a good husband". She went on to describe the way Wesley worked and gave his paycheck to her so she could take care of bills and household expenses. She described:

We got paid every two weeks, and I would take it and...he got so much out of his check, all he ever got that would do him. And I got so much, you know, to run this household on. And the rest went to our children to go to school, that's the

truth, now. That's the way we did it. And we just, uh, he never said, 'Watch your spendin'' up till the day he died. When I went to the store, he didn't ask me what I spent and what I paid for it and why I paid so much for it. He just left all that up to me all of his life...And I just let him do what he wanted to do. He let me do what I wanted to do...We just always got along. He was always good to me.

Third, when Florence reflected on middle age and growing old, she perceived her experiences related to the Essential Self to be the most important contributors to her well-being. When asked to reflect on the experiences contributing most to her well-being during middle age, she responded by saying, "Church. You think you know everything, but you don't, and you learn that there." When asked about senior adulthood, she said the biggest contributor to her well-being was "knowing the Lord". She continued by saying, "I read the Bible every day. I always learn something new. I look forward to it. My time is short now, and that's what I look forward to, just bein' with my Lord."

At the end of the interview process, I asked Florence to think about her entire life and to describe what she thought contributed most to her well-being over the course of her life. Florence again answered by making references to the Social Self. She replied, "The way I grew up. My raisin'. Your parents taught you, they cared. Taught you to make good choices. It was different than it is now".

Summary

In this section, I provided Florence's interpretation of the experiences contributing most to her well-being during different stages of life and over the course of her entire life. Florence believed experiences related to the Coping Self, Social Self, and Essential Self contributed most to her well-being. These involved leisure time with friends as an adolescent, the support of

family and friends as a child, young adult, and adult, and her spiritual life during middle age and senior adulthood. In the next section, I provide a summary of the chapter.

Chapter Summary

In this chapter, I presented findings for the current study. These findings resulted from qualitative data collection and analysis. I organized the findings by each of the research questions for the study. I then ended the chapter with a section on the participant's interpretation of the experiences contributing most to her well-being during different phases across the life span and over the course of her entire life.

First, I presented findings for Research Question One in which I explored the stories told by one woman about the events and experiences of her life. I presented the findings in the form of a chronological narrative. I conducted extensive in-depth interviews with this senior adult woman in order to gather her oral history. I then re-storied the oral history in chronological order to present a complete narrative of the participant's life. I organized the findings chronologically by six life stages. These stages were: 1) childhood; 2) adolescence; 3) young adulthood; 4) adulthood; 5) middle age; and 6) senior adulthood. The participant shared multiple stories from various life stages including experiences with family, friends, marriage, children, work, leisure, and spirituality. As I re-storied Florence's experiences chronologically, I noted several themes that were consistent over the course of her life. These included themes of relationship, activity, enjoyment and pleasure, helping, and faith.

Second, I presented findings for Research Question Two in which I analyzed the experiences described by the participant through the lens of The Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness. I conducted this analysis through a two-step process. First, I identified meaning units of text related to wellness. Next, I assigned

each meaning unit to its corresponding Second Order factor of the model. These factors were the Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. The result of this analysis was a descriptive picture of wellness for this woman over the course of her life. Each of the Second Order factors contained multiple stories associated with it. Central to the stories were themes of productivity, self-efficacy, responsibility, fun, fellowship, activity, emotional and physical support, kindness and care, connection, contribution, tradition, meaning and purpose, learning and growth, love and care, meeting of physical needs, and enjoyment and pleasure.

Finally, I ended the chapter by presenting the participant's interpretations of the experiences she believed contributed most to her well-being over the course of her life. While this section is not directly related to either of the research questions, it fulfilled the fourth step of Denzin's (1978) strategy for organizing and synthesizing life history research as described in Chapter Three. At the end of stories told about each life stage, I asked Florence to tell me about the experiences she believed contributed most to her well-being during that time of her life. She replied by describing experiences related to the Coping Self, Social Self, and Essential Self. These involved leisure time with friends as an adolescent, the support of family and friends as a child, young adult, and adult, and her spiritual life during middle age and senior adulthood. I also asked Florence to tell me about the experience she believed contributed most to her well-being over the entire course of her life. She responded by describing experiences related to the Social Self, particularly the love and support of her parents. In Chapter Five, I provide an in-depth discussion of these findings.

CHAPTER 5: DISCUSSION

Chapter Introduction

The Indivisible Self as a Theoretical Lens

In this study, I used the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness as a theoretical lens to analyze the experiences that contributed to the well-being of one senior adult woman over the course of her life. I conducted in-depth interviews with the participant to gather her oral history. In Chapter Four, I re-storied the interview data chronologically in order to present a narrative of this woman's life and noted salient features of each life phase. I then analyzed the initial interview data through a content-categorical approach, with the categories consisting of the five Second Order factors of the model, as described in Chapter Four. These factors are the Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. I noted themes present in each of the Second Order factors. From this analysis, I described a picture of wellness for the participant.

Organization of the Chapter

The five Second Order factors of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness structured my method of analyzing the data, as described in Chapter Four. I used Florence's narrative to augment my discussion. This chapter includes a discussion of the most salient thematic material found in the analysis of the data and a discussion of ways in which this data reflects concepts from the Indivisible Self model of wellness. I organize the chapter into sections according to the five themes I identified as central to the participant's experiences. In each of these sections, I will summarize my findings, describe how my findings are related to the previous literature on wellness, and describe any differences between my findings and the previous literature on wellness. I end the chapter with brief

discussions of Florence's perception of the experiences contributing most to her well-being, the implicit themes that emerged during the research process, and the findings as they relate to models of life span development.

Salient Thematic Material and Relevant Aspects

Introduction

In the data collected for this study, the participant provided detailed descriptions of the experiences contributing to her well-being. I identified meaning units of text related to wellness and assigned them to their corresponding categories. The categories consisted of the five Second Order factors of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness. As a result, I provided a descriptive picture of wellness for this woman over the course of her life. Following this analysis, I identified five themes that were central to Florence's stories, reflected in the narrative of her life and the analysis of the Second Order factors present in her narrative. These themes consisted of the following: Pleasure, Faith, Activity, Relationships, and Helping. In this section, I discuss the most salient thematic material found in the analysis of the data and a discussion of ways in which this data reflects concepts from the wellness literature and the Indivisible Self model of wellness. In each of these sections, I will summarize my findings, describe how my findings relate to the previous literature on wellness, and describe any differences between my findings and the previous literature on wellness. I begin with the theme of Pleasure.

Pleasure ("You just enjoyed livin'")

In her narrative, Florence described many experiences related to pleasure, fun, and enjoyment. Some of the memories she recounted as enjoyable involved leisure activities such as

playing, singing, traveling, and reading the Bible. In addition, Florence told stories about her enjoyment of work and eating good food.

Florence described many leisure activities that gave her pleasure. When she recalled playing as a child, Florence said, “We played in that yard with lots of friends. And at night, after I got a big enough to play, you know, games, why they would come, and we’d play out in the yard... We played ball down there and fished the river, and we just had wonderful times”. As a teenager, she enjoyed singing. She recalled, “At night, children and grown people, they would come to our house and we would sing... We sung and we loved it.” She continued, “Goin’ to church and singin’ is about all I did... That’s about all I did, that’s the truth. And I looked forward to... when... I was goin’ ... I liked to sing. Loved that and loved to go.”

After her marriage, Florence and Wesley moved to South Carolina. One of the ways she had fun there was by swimming. She said, “One thing about that place I liked is they had a swimming pool out at Silver Lake and that’s where we’d go to go swimmin’ that summer.” Once she had children, Florence’s leisure time included taking them to Bristol to get ice cream, playing ball with them in the park, and reading books to them. Florence also enjoyed leisure time with friends. She said, “Well, we’d go to the movie, and we’d take them up to my mother’s and we’d... go downtown to the ice cream place. ... And we played ball, too.” I asked Florence about the kind of ball she played. She said, “Softball. I played ball every summer”.

As she grew older, Florence enjoyed leisure pursuits such as traveling and reading the Bible. Following retirement, she and her husband traveled. She said:

He went down to Cooter’s and made the garden every year... And I’d go down there part of the time... Most of the time I would wait till the weekend and go and come home Sunday nights, you know, or somethin’ like that. Anyway, and he’d

come home, too, and we did a lot of travelin', and he liked to fish, and we always went in the fall over to Topsail Island and stayed a week.

In addition to these activities, they would “travel a lot” when they visited his mother, her mother, and close friends. Florence said, “we’d go see them...and we just enjoyed it.” Florence also received pleasure from reading her Bible. She stated, “I read the Bible every day. I always learn something new. I enjoy it”.

The pleasure Florence received from these leisure activities enhanced her well-being over the course of her life. This is in keeping with the literature on the benefits of leisure. Leisure pursuits, including physical, intellectual, social, volunteer, and creative, have positive effects on perceived wellness and self-esteem as well as increase emotional well-being (Myers & Sweeney, 2005d). Some of the leisure activities people enjoy include hobbies, reading, travel, games, and sports (Weiten, Lloyd, Dunn, & Hammer, 2009). These pursuits, in balance with work and relationships, lead to a more rewarding and healthy lifestyle (Weiten, et. al., 2009). In one study, Pearson (1998) concluded that leisure satisfaction was a significant predictor of psychological health. In another study, engaging in leisure activities to reduce stress led to higher levels of coping effectiveness and perceived stress reduction (Iwasaki, 2003). In addition, among older adults, the pursuit of leisure activities is associated with improved physical and cognitive functioning, increased happiness, and greater longevity (Menec, 2003).

While Florence considered multiple leisure activities as enjoyable, she also received pleasure from her work. When she went to work as kindergarten director, she said, “And, oh, it was good. It was good. I really enjoyed that.” After describing the multiple duties she performed as receptionist at the J.P. Stevens plant, Florence stated, “I just liked to do that. It was a good job.”

The literature on work and well-being supports the notion that Florence's wellness was enhanced by her enjoyment of work. Work is an important part of human functioning (Haworth & Lewis, 2005). Bryce and Haworth (2002) noted that enjoyment in work is important for well-being. Economic support, social benefits, and psychological purposes are the major functions of work (Myers & Sweeney, 2005d). In addition, many forms of work are becoming the new leisure since many individuals choose to spend their time on work and enjoy doing it (Lewis, 2003). In one study, positive well-being and enjoyment were more often associated with employment than with leisure (Haworth, 1997). Furthermore, in a study investigating the variance in job satisfaction that can be accounted for by holistic wellness and mattering, researchers found positive, significant relationships between job satisfaction and wellness (Connolly & Myers, 2003). In addition, work satisfaction is one of the best predictors of perceived quality of life as well as longevity (Myers & Sweeney, 2005d).

But how does the pleasure derived from work increase well-being? Enjoyment of work leads to increased confidence and cognitive challenge because substantive complexity in work leads to increases in self-esteem and mental flexibility (Kohn & Schooler, 1983). Furthermore, "Work is like the spine which structures the way people live, how they make contact with material and social reality, and how they achieve status and self-esteem. Work is basic to the human condition, to the creation of the human environment, and to the context of human relationships" (Applebaum, 1992, p. 1). The pleasure Florence derived from work could be attributed to factors such as those just discussed, including increased self-esteem, challenge, financial reward, and relations with coworkers (Myers & Sweeney, 2005d).

Florence told numerous stories related to her enjoyment of work. She said, "When I graduated from high school, I got me a job...I went to work, and I worked,...and I was glad I

could work” and “I never did see a day that I didn’t want to go to work.” In addition, she recalled, “I worked thirty years in the beginner department with children...I really liked that, I really enjoyed that.” Delle Fave and Massimini (2003) said that creative activities in work give rise to ‘optimal’ experiences that foster individual development and an increase in lifelong skills. In addition, both work experiences and work outcomes related to self-reports of emotional well-being (Delle Fave & Massimini). Florence’s early work experiences may have provided opportunities for creativity and optimal experiences that fostered her development and increased her skill base which led to increased well-being.

Another source of pleasure for Florence was good food. When describing the food her mother prepared, Florence said, “She always cooked that rice puddin’ in that cook stove, and it would be delicious. Never eat a puddin’ like that...And...she made good...baked chicken, delicious baked chicken.” Florence made other references to the delicious foods she ate over the course of her life, including the “best soup beans you ever eat”, “cakes and pies”, and “banana pudding...and all kinds of good things”. The pleasure Florence derived from food is associated with hedonic pleasure, or happiness, as described in the literature. Aristippus was a Greek philosopher who taught that life’s goal is to experience the maximum amount of pleasure and that happiness is the totality of a person’s hedonic moments (Ryan & Deci, 2001). Psychologists who adopted this view focused on broad conceptions of hedonism that included pleasures of the mind as well as the body (Kubovy, 1999). And according to Kahneman, et al. (1999), the terms hedonism and well-being are essentially equivalent. Therefore, according to some professionals, an essential part of Florence’s well-being could be attributed to the hedonic pleasure she attained from eating delicious foods.

In summary, Florence's narrative contained many experiences related to Pleasure. Some of the memories she recounted as enjoyable involved leisure activities such as playing, singing, traveling, and reading the Bible. In addition, Florence told stories about her enjoyment of work and eating good food. Myers and Sweeney (2005d), in their discussion of the Indivisible Self model, noted the pleasure that is associated with pursuits such as these. They said:

Work and leisure...provide opportunities for pleasurable experiences that are intrinsically satisfying and provide a sense of accomplishment...This is an optimal state in which an individual loses awareness of self and time while being highly engaged in the task at hand. Excitement and joy are enhanced while anxiety and boredom are minimized. (p. 25-26)

Each of the pleasurable experiences Florence described contributed to her well-being over the course of her life as evidenced in the literature on the benefits of leisure, work, and hedonic pleasure. In the next section, I discuss the theme of faith in Florence's narrative.

Faith ("I thank the Lord")

Another theme that was central to Florence's stories was faith. She often made references to church, religious activities, and meaning and purpose when telling her life story. For example, Florence talked about Sundays when her daddy would "get that big Bible and...read that big Bible...and make us listen". She also mentioned her church attendance and membership quite often. When speaking of her parents, she said:

When I was first little, they went to the Episcopal Church, cause that's where they belonged. And after we got in our teens, all...us children, we joined the Baptist Church...And that's where I was baptized. That's where I went to church...I was always just Baptist after that.

These stories about religious practices are in keeping with research that highlights the relationship between spirituality and wellness of children. In one study, African American children who attended church regularly and had parents with high levels of religiosity had fewer problems than children who did not attend as regularly (Christian & Barbarin, 2001). Florence's well-being as a child could be associated with her parents' decision to take their children to church regularly.

During her teenage years, Florence spent the majority of her free time at church. She said, "Goin' to church...is about all I did...That's about all I did, that's the truth. And I looked forward to...when...I was goin. I looked forward to it." After marrying and moving to east Tennessee, Florence continued to value the importance of her church membership. She said, "When we moved here and went to this church out here, been in this church ever since I came". She continued, "We started goin' to church with...Clyde and Trudy,...would go to church with them. And then we joined the church out here". Florence continued to attend church while her husband was away at war, both in Kingsport and when she stayed with her family in Asheville. She recalled, "When I was here, well, we'd go to church, and...we went to church up there, too, with Bessie."

Florence's church attendance contributed to her well-being. This is in keeping with research by Phillips (2005) who investigated the correlations between religious behaviors and levels of holistic wellness. Results of data analyses indicated that frequency of attendance to religious services, other religious activities, and private religious practices influenced total wellness. In another study, Gill, Minton, and Myers (in press) explored the relationship among spirituality, religiosity, and wellness for poor, rural women. Following data analyses,

researchers reported that spirituality, religiosity, and wellness were statistically related. In addition, religiosity and spirituality accounted for 38% of the variance in Total Wellness.

Florence also seemed to view her faith as a source of meaning and purpose in life. She believed she contributed to the lives of others by teaching them the importance of spirituality. When she discussed the way her children had to go to church, she said, that's what counts. That's the most important thing". She found meaning in teaching spiritual values to her sons as she continued in her father's tradition of reading the Bible to them. She said, "While they were eating their breakfast, we had our daily Bible reading every morning, and they liked that." As an adult, Florence also found purpose in volunteering at church. She said, "When we moved here and went to this church out here, been in this church ever since, I came and I worked thirty years in the beginner department with children." As described by Young (2005), "a spiritual understanding of self engages the belief that one's life can be understood in a broader context in which there is a meaning and purpose inherent in all experiences (p. 214). Florence's spiritual life was an important contributor to her well-being, and she found meaning in sharing it with others.

When her husband died, faith, particularly her belief in life after death, played an important role in Florence's ability to cope with the loss of her husband. She described, "I just know it was better for him to be gone on where he could rest and not be suffering like he was suffering...And that's what I know got me through." This ability to cope positively with negative events is supported in the literature. A spiritual perspective helps individuals find meaning in negative life events and helps them accept circumstances that cannot be changed (Young, 2005). In one study, Kelly (1995) found that spiritual commitment and religious faith serve to mediate a wide variety of stressors such as longevity, marital stability, recovery from

surgery, and life satisfaction. In addition, researchers found that spirituality mediated the negative effects of life stressors such as anxiety and depression (Young, Cashwell, & Shcherbakova, 2000).

As she reflected on growing old, Florence once again recounted the importance of her spiritual life. She said, “I thank the Lord, cause He sure has took care of me and been good to me, hadn’t He. Sure has”. As she looked back over her life, Florence thanked her God for His care and for His goodness to her over the years. She believed that her faith in God and His care for her led to a happy life. Researchers are not sure how religious faith contributes to happiness (Weiten et al., 2009), but several studies suggest that individuals with religious convictions are happier than people who are not religious (Abdel-Khalek, 2006; Argyle, 1999; Ferriss, 2002).

Finally, in her old age, Florence cannot participate in religious activities like she once did. Now she spends time studying religious materials at home. She said, “I read the Bible every day. I always learn something new”. In addition, a friend from her church sends her Sunday school materials. She recounted, “All that big pile of stuff there is what she teaches the ladies, and she has some of the ladies’ groups, and she teaches at her home on Tuesday every month.....Kate Livesay sent them over here to me...Louise had talked to her on the phone, and she said she was gonna start sendin’ ‘em to me...So we still get good teachin’.”

These findings are in keeping with the literature on religion and growing old. While poor health leads some elderly individuals to cut back on participation in organized religious pursuits, many compensate by increasing involvement in private religious activities such Bible study and prayer (Ainlay & Smith, 1984; Young & Dowling, 1987). In addition, older adults individuals who do remain involved in religion are better adjusted and happier than those who do not (Coke, 1992).

In summary, Florence described several experiences related to the theme Faith. In her narrative, she made references to church attendance, religious activities such as Bible reading and study, and the purpose she had in teaching spiritual principals to others. She also used spirituality as a coping mechanism when her husband died. Spirituality, as described by Myers and Sweeney (2005d), consists of personal beliefs that enhance an individual's life, optimism, hope, life purpose, transcendence, and moral values. They go on to report that there is a significant, positive relationship between spirituality, life satisfaction, physical health, mental health, and holistic well-being. Each of the experiences Florence described associated with the theme of Faith contributed to her well-being over the course of her life. The enhancement of well-being related to this theme is supported in the literature on spirituality and wellness as just discussed. In the next section, I discuss the theme of Activity in Florence's narrative.

Activity ("You weren't lazy")

In addition to stories related to themes of Pleasure and Faith, Florence described stories related to the theme of Activity. She recounted several stories about playing, learning to do things, working, and being busy. Some of Florence's earliest recollections involved the importance she placed on activity. She said, "We played outside. We had a big yard and grass and...Where you drive up to the house was a big place. And we played there and played ball and played mumbledy-peg and horseshoes and just everything". In addition, she recalled, "You just learned to do things. You...weren't lazy".

These stories demonstrate the value Florence placed on leisure activities and work activities as a child. The life tasks of leisure and work are typically applied to older adolescents or adults; however, work, which for children could include school work, and leisure activities are important aspects of child development (Holcomb-McCoy, 2005). Unfortunately, researchers

gave little attention to children's wellness related to these activities (Holcomb-McCoy). In one study, Freysinger (1994) studied the relationship between times spent in leisure activities with children on parental satisfaction. However, the impact on children was not investigated. While literature related to children's well-being is limited, research does show that physical activity promotes overall mental health (Saxena et al., 2005). In addition, regular exercise is associated with increases in self-esteem and energy and decreases in depression, anxiety, and hostility (Puetz, O'Connor, & Dishman, 2006). Florence's well-being as a child may have been partly due to the activity in which she engaged in leisure and work pursuits.

Florence gained employment at Newberry's department store during her late adolescent years. She worked there until she married. After having her first child, she decided to stay home and work as a full-time wife and mother. Florence continued to be active in this role. She recalled:

I cooked, cleaned this house everyday, run the vacuum everyday I lived, run this vacuum everyday I lived. And...on Sunday,...it's hard to believe, we'd get up, and I'd get up early and start my dinner for Sunday dinner. What I hadn't cooked on Saturday, I finished it before we went to church. And when we went to church on Sunday morning, to Sunday school,...we didn't wait...Dinner was done.

Florence was also active in the work she did outside the home. In her first job as kindergarten director, she described the following:

I took my training and went to ETSU, and I went to the churches here and seen what they did, and some months I did that,...getting ready. And in the fall when school started, we took the children. They come and enrolled, and...we started in the fall and went just like regular school.

When she talked about her work as a receptionist, she said:

I did a lot of things besides just be the receptionist. They asked me would I do this employee store one day a week, so I was over it for a long time...I'd order things from different J. P. Stevens companies to sell in the store,...wash cloths and dish towels, and...I'd go to Greenville to the store down there and buy clothes. Suits, jumpsuits and all, everything that people wore, and put in a store here. And see, we sold it dirt cheap, and on Wednesday that store would be packed, every Wednesday. And all day long we'd run the store. I was also the mail clerk, and I also did some cards, it was duties for overseers and people like that to do weekly or daily. But every week I'd put them out, and then they'd fill 'em back, and I'd check where they had done the work. And anything in the office, any changes made, curtains or whatever. I had to select 'em, get people to do it, and I just enjoyed doin' what I did. And I did the decorations for the windows out there in the office. I kept them up.

In the stories Florence described about her work both inside and outside the home, she recounted the multiple activities in which she engaged. At home, she cooked, cleaned, and vacuumed every day. As kindergarten director, she went to training, visited various programs at other churches, and "took the children" when they enrolled in the fall. As receptionist at the plant, she ran the employee store, distributed the mail, completed cards for overseers, and decorated.

Florence was active in her work, and this activity contributed to her well-being. Florence's work involved physical and cognitive activity. Individuals who are physically active maintain their health longer than those who are sedentary; and individuals who are active

intellectually are more likely to maintain cognitive functions longer (Sigelman, 1999). In addition the successful completion of these activities may have led to feelings of personal competence; in turn, feelings of competence in work tasks have positive effects on life satisfaction (Myers & Sweeney, 2005d). This notion is supported in a study by Pinquart and Sorensen (2000). These researchers investigated the relationship between socioeconomic status, social networks, personal competence, and subjective well-being. They found that personal competence, in addition to the other two variables, was significantly and positively related to subjective well-being. Florence's well-being was enhanced by the physical and cognitive activity in which she engaged as well as her feelings of personal competence related to these pursuits.

Even in her leisure time, Florence engaged in an active lifestyle. She recalled:

Softball, I played ball every summer... We was busy all the time. And see, the ball park is out right out here, and they kept it up so nice. And we'd walk through the park if we was gonna play games out here,...and so we was all the time a goin', all the time.

This story about Florence's physical activity is in keeping with the literature on the benefits of leisure. According to Weiten et al. (2009), individuals who participate in certain leisure activities such as sports receive the benefits of physical exercise and social interaction. And among older adults, engaging in leisure activities is associated with improved physical and cognitive functioning, increased happiness, and greater longevity (Menec, 2003). In addition, regular exercise that results from physical activity can reduce stress, improve mood and self-esteem, and help individuals maintain a healthy weight (Weiten et al., 2009).

During her retirement years, Florence continued to value activity. She said:

Wesley...went down to Cooter's and made the garden every year... I'd go down there part of the time...And we did a lot of travelin'. And he liked to fish, and we always went in the fall over to Topsail Island...and stayed a week... We just liked to go, and we went.

Continued engagement in activity during her senior years led to Florence's increased satisfaction with life and, in turn, increased her well-being. The benefits Florence received from this active lifestyle are in keeping with the literature on successful aging. One theory of successful aging is called activity theory (Havighurst, Neugarten, & Tobin, 1968). The major tenet of the theory is that aging adults find satisfaction in life only to the extent that they maintain previous activity levels and lifestyles. This is achieved through continuing old activities or replacing them with new ones. For example, individuals can substitute golf, volunteer efforts, or other stimulating pursuits for work (Havighurst, Neugarten, & Tobin).

In an opposing view of successful aging, theorists purporting disengagement theory claimed that successful aging involves withdrawal from society (Cumming & Henry, 1961). The individual is said to have different needs than he previously had and seeks to leave old roles behind and reduce activity (Cumming & Henry). While this theory is not in keeping with experiences contributing to Florence's well-being, it was noted that neither disengagement theory or activity theory allows for individual differences in preferences and personality traits (Sigelman, 1999). Most individuals in old age are most satisfied when they achieve a good fit between their lifestyle and their personal needs, personality, and preferences (Fry, 1992). Since Florence valued an active lifestyle, her well-being is more closely associated with the tenets of activity theory in that she filled her retirement years with numerous pursuits.

To summarize, Florence described stories related to the theme of Activity. She recounted stories about playing, learning to do things, working, and being busy. Some of Florence's earliest recollections involved the importance she placed on activity including endless play. This theme continued throughout Florence's narrative. Myers and Sweeney (2005d), in their discussion of wellness, noted the importance of regular physical activity in the enhancement of health, prevention of disease, and healthy aging. They went on to describe the benefits of an active lifestyle. These include increased strength, increased self-confidence and self-esteem, improved emotionality and cognitive functioning, decreased anxiety and depression, and reduced stress. The positive relationship between activity and well-being is supported in the literature as described in this section; therefore living an active lifestyle contributed to Florence's well-being. In the next section, I discuss the theme of Relationships.

Relationships ("That's what makes a good life...trusting people")

Relationships were a dominant theme in Florence's life history. Almost every story she told involved her family, her husband, and her friends. The convoy model of social support (Kahn & Antonucci, 1980) postulates that each individual is surrounded by a convoy, a set of people to whom the individual maintains reciprocal emotional support. These social networks help to buffer stress and depression and enhance the individual's morale and well-being (Schaefer et al., 1981; Bankhoff, 1983; Litwin, 1995). Connection with other individuals and the emotional support they gave was an important contributor to Florence's well-being.

Family played an important role in the development of Florence's relationships. She talked at length about her parents, siblings, and other family members who lived near her home place. She described her parents in great detail and spoke very highly of them. Of her father James she said:

My daddy...was a good daddy. He never drank...on Sunday he'd get that big Bible and he'd always read that big Bible. And he'd make us listen, and he was a good daddy. And he provided good for us and stayed at home.

During the Depression, Florence's father demonstrated his care for Florence by putting new soles on her shoes. She also spoke about the concern he had for her as an adolescent when he met her at the bus when she rode home from work late at night.

Florence also had fond memories of her mother Nettie. Nettie showed her love for Florence by taking care of her physical and emotional needs. She relayed the following:

My mother was a good mother. She always cooked ...and kept everything clean and kept our clothes clean. And she kept the house clean, and she did all the work. She was a good mother. That's all I can say. Till the day she died she was a good mother. I never, they never drank or anything like that.

The emotional connection and support Florence received from her parents contributed to her well-being as a child and throughout life. Holcomb-McCoy (2005) stated that children's love relationships consist of ties with significant adults and siblings; and while research on the parent-child relationship and the child's overall wellness is lacking (Holcomb-McCoy), the significance of parental love and attention is documented (e.g., Erikson, 1997). Children need loving bonds with adults who care in order to develop solid self-esteem, trusting relationships, and a readiness to learn (Berger, 1999). This is supported in the literature on attachment in which theorists purported that warm, responsive parenting styles lead to secure attachment in infancy and adulthood (Hazan & Shaver, 1987).

While Florence told many stories about her family, she also spoke at length about her husband Wesley. She said:

Well, we just decided we was gonna get married, and Wesley come up to my house to ask my mother if it's alright one day when I was workin'. Then...I worked all day on Friday, and...Wesley and Alma and M.L. picked me up and took me to South Carolina to Alma's house. And on Saturday we got married. She continued, "Wesley was good to me...Wesley kept us up. He bought the groceries, and he bought everything that the house needed and kept us up". She went on to say:

I had a good husband...He was just good...And I just let him do what he wanted to do. He let me do what I wanted to do. We just always got along. He was always good to me...That's what makes a good life...trusting people...It's people you have to live with, you know?...So many wives and husbands don't trust each other, do they?

The relationship Florence had with her husband contributed to her overall well-being. This is supported in the literature on love and marriage. Myers (1999) found that while relationships can be stressful, individuals consistently rate being in love as an essential ingredient of happiness. In addition, close relationships with spouses or romantic partners allow adults to work productively, explore the environment, and enjoy life (Hazan & Shaver, 1990). Married people, both men and women, are happier than those who are divorced or single (Myers & Diener, 1995). Moreover, this relationship is true for a wide variety of cultures around the world (Diener et al, 2000). However, Weiten et al. (2000) suggested that happiness may cause marital satisfaction rather than marital satisfaction causing happiness.

The relationship Florence had with her children was also a contributor to her well-being. Her connection with them led to their emotional support when her husband died. She said:

It's hard to get Mike at the store. He's always goin' out to get what they needed. But he answered the phone. I said come quick, Mike. It's your daddy. Somehin's wrong, bad wrong... We all went to the hospital... Walker said, 'Well, he has a living will and he didn't want on any machines... just let him go on'... We went in and did talk to him... we talked to him for just a few minutes... then... he was gone.

After her husband's death, the support of Florence's son helped her cope with the loss... when he began to stay with her several nights a week. Her children continued to be a source of support in her old age. She said, "I thank the good Lord for my children and for a good home. They call me, come over... I often wonder what people without children do when they grow old".

Florence's well-being was enhanced by the relationship and connection she had with her children, particularly when her husband died. This is in keeping with the literature on bereavement that indicates individuals recover best when they are close to each other and can share their distress (Kissane et al., 1996). However, the literature related to parenthood and well-being is mixed. Compared to couples without children, parents worry more and have more marital problems (Argyle, 1987). Parents also deal with heavier work loads as well as additional challenges such as parenting adolescents (Sigelman, 1999). However, parenting can be a rewarding experience (Sigelman) and can breed personal strengths such as emotional maturity, a capacity to care, and a sense of competence (Palkovitz, 1996). In old age, parents and their children typically continue to socialize with, care about, and help one another (Lye, 1996). The good and bad aspects of parenthood apparently balance each other out, because the evidence indicates that individuals with children are neither more nor less happy than those without them

(Argyle, 2001). This is not in keeping with Florence's descriptions of the importance of her children since she said, "I often wonder what people without children do when they grow old".

While Florence received social support from her family, she also enjoyed the support of friends. In the area of friendship, her earliest recollections involved the neighbors with whom she played and other families who lived close to home. She also made references to relationships when she spoke of the support of community friends. For example, Ms. Pierce, her favorite teacher was "wonderful" and continued to take interest in Florence even after she married and moved to another state.

Florence continued to note the importance of relationships when she described her adult life in east Tennessee. I asked what she liked about living in her town. She replied, "Well, I liked the people, and I like it cause it's friendly...people were so nice". In addition, when she spoke about her job at the cotton mill, Florence stated, "the people were so nice". When asked about growing old, Florence again mentioned the friends on her street. She stated, "The only thing that I can say about bein' as old as I am is that I've lived on this street all these years ever since I was young, and the people were so nice". She talked about her neighbors and the friendship they shared. She said:

Our neighbors around here were really good to us, too, uh, we had good neighbors. And at night they didn't sit in the house and watch television all the time. They all got up and down the streets sittin' out in their yards and anywhere you went you was talked to an act like you was a person. They was real good to you. That means a lot, you know that?

These stories about relationships with friends highlight the importance of social networks for Florence as a contributor to her well-being. Humans are social creatures, and interpersonal

relations appear to contribute to happiness (Weitman et al, 2009). Individuals who are satisfied with their network of friends and who are socially active report happiness levels that are above average (Diener & Seligman, 2004). In addition, exceptionally happy individuals report greater satisfaction with their social relations than other people (Diener & Seligman, 2002). Finally, close attachments to others are critical to normal social, cognitive, and emotional development (Sigelman, 1999). While friends are valuable to individuals at all points of life, elderly adults reported that the quality of their relationships with friends was more important for well-being than the quality of their relationships with children (O'Connor, 1995).

Another point of discussion regarding relationships involves existing theories of life span development. While separation and autonomy have been the cornerstone values for theories of male development, only in recent decades have experts considered the primary values of interdependence, caring and attachment, relationship, and attention to context in the role of female development (McGoldrick and Carter, 2005). Gilligan (1982), for example, observed that women and men differed in the ways they talked about moral dilemmas they may face during the courses of their lives. Central to women's responses were themes of relationships, responsibilities, and care. While most men tended to view the world in terms of autonomy, women viewed the world in terms of connectedness (Gilligan). This is in keeping with findings from the current study. Florence's multiple stories involving relationships highlight the importance of connectedness as a major force in women's development.

One area of relationship that Florence did not mention is the relationship she had with her grandchildren. This is somewhat surprising since the literature on the relationship between grandparenting and well-being is documented. For example, Reitzes and Mutran (2004) found that grandparent identity is significantly related to well-being. In addition, Drew and Silverstein

(2007) concluded that grandparents who lost contact with their grandchildren experienced a steeper increase in depressive symptoms as they aged compared to other grandparents. While findings of the current study are not in keeping with the findings just described, informal conversations following data collection with the participant do highlight the importance of the grandparent relationship. After the interviews ended, I turned off the tape recorder, and the participant continued to talk about the people in her life who meant the most to her. It was at this time that Florence said, “And you’re one of those people”. This led me to believe that the relationship she had with her grandchildren was an essential contributor to her well-being.

In sum, Relationships were a dominate theme in Florence’s life history. Almost every story she told involved her family, her husband, and her friends. In their discussion of friendship and love, Myers and Sweeney (2005d) cited Adler (1954) who noted that all individuals are born with the need and capacity to be connected with each other. They went on to say that for women, men, and children, committed relationships contribute to increased longevity, a greater sense of well-being, protect against physical and mental illness, and promote better physical and emotional responses to stress (Myers & Sweeney, 2005d). Connection with other individuals and the emotional support they gave was an important contributor to Florence’s well-being as evidenced in the literature on relationships and well-being. In the next section, I discuss the theme of Helping as a theme in Florence’s narrative.

Helping (“They were just really good to me”)

Florence described multiple stories related to the theme of Helping. She talked at length about the friends and family who offered instrumental support, or “hands-on services that assist with daily functioning” (Price, 2005, p.60) over the course of her life. She also described stories about the tangible aid she provided to others. Friends who lived in the community offered

instrumental support to Florence and her family when her house burned down as a teenager.

They provided food, a place to live, and physical labor when building her a new house.

Florence also described the tangible aid she received from friends at different points in her life. Of her short stay in South Carolina, she said:

We had some good friends...they took us and kept us till we got our house down there and moved into it...And, uh, they were nice to us. They were real nice to us...she had a car. They'd take us places, you know. They were real nice to us."

In addition, Florence's neighbors were a source of support when her husband served in World War II. Her friend Edna had a car, and she would drive Florence to places she needed to go. Edna also had a niece that spent the night with Florence so she would not have to stay by herself.

Other instances of instrumental support occurred when her husband was involved in a hunting accident in Alabama. The doctors and nurses in the hospital provided tangible aid.

Florence described:

They were really good to me there...And the doctors were so nice. Everybody was just so nice...The woman that was the doctor's nurse in his office, she would come and take me, uh, when I needed to get my hair done or something like that or buy something that I needed. She would always come and take me and they were just really good to me.

Even after her husband was released from the hospital, friends were an instrumental part of Florence's well-being. She spoke of her friend Gloria who was a nurse. She came to stay at the house with Wesley while Florence was gone. Florence said, "They were really good to us, have always been good".

She also recalled the instrumental support provided by her neighbor Cis. She recalled:

Cis...was one of the best neighbors I ever had...I always came home for lunch, and when I would drive up she would have me somethin' out there, soup or something' a waitin' on me. A lot of nights that I always got off at five, she'd have me a banana pudding and she'd have all kinds of good things, you know. And if the boys or Wesley went huntin', squirrel huntin', she'd make squirrel dumplings. She and I would have squirrel dumplings for our supper. Uh, she was always so good to me.

Florence also spoke quite often about the instrumental support provided by her parents and Wesley's parents during their married life. She said:

His parents were good to us, and my parents were good to us all the time helpin' us out, you know, doin', you know. You don't think about it then, but you think about the things that they give you, and if they just give you a little food to take home with you...that's good times, you know. Good things happen to you.

Florence's family helped when her husband served in World War II. She said:

He went to the service and was gone two years, and of course, I kept my house here. And I'd come back and forth, and I'd stay out here a while and then I'd go, when I stayed with my mother and daddy, see, I didn't have no expense. I didn't have to buy no food or nothin'. They kept us up and...I stayed mostly in Asheville...cause I could stay free.

Florence described several experiences related to instrumental support in the form of child care. When Florence lived with her family during her husband's deployment, she recalled that her sister took her son all over town and fed him, and her father took her son on bus rides.

During this same time period, extended family in Kingsport also helped care for her son. This time, her brother- and sister-in-law offered assistance. Florence stated:

Well, I had Alma and M.L. here when I was here, and they were so good to me...My Cooter would watch for M.L. to come home. He'd come home everyday for lunch. He'd watch for him to walk up the street, and he'd cross the street and go home with him for lunch. And Alma was really good to him. You know, they were good to him as if he was theirs.

When she began working, one of Florence's friends helped watch her son Mike after school. She described Katherine, the director of the club house. Florence said:

Mike and those children...would come out there...And if I wanted Mike, I called the club house if I's workin'...And when I'd come home from work, then he'd be ready to come home.

Despite the many experiences described by Florence related to the impact of instrumental support on her well-being, the literature on this topic is mixed. On one hand, a study by Schwarzer and Leppin (1991) indicates that instrumental support is the strongest predictor of physical health. Furthermore, Bailey, Wolfe, and Wolfe (1994) concluded that support of a spouse, family, or friends who make life easier shows consistent evidence of buffering for stressful life events. In addition, Chou (1999) found significant relationships between positive affect and all dimensions of social support including instrumental support. These findings are in keeping with Florence's experiences in that she had positive feelings about the support she received. In fact, she was grateful for it.

On the other hand, additional research indicates that while perceived support has a positive association with well-being, received support is either unrelated or negatively related to

these outcomes (Kaul & Lakey, 2003; Lakey & Lutz, 1996). Some researchers concluded that support receipt is associated with increases in depression over time due to the cost incurred to one's sense of self-esteem (Bolger et al., 2000). While the receipt of instrumental support may help a person with the accomplishment of daily tasks, there may be negative implications for the individual including feelings of dependence or becoming a burden (Reinhardt, Boerner, & Horowitz, 2006). These findings are not in keeping with Florence's positive experiences related to the receipt of instrumental support. However, the support she did receive was more closely associated with the accomplishment of daily tasks versus chronic need which could have influenced her perceptions of the support.

Interpretation of these mixed findings can be informed by noting the operationalization of the stressor variable (acute or chronic) and outcome variables (positive or negative) utilized (Reinhardt, Boerner, & Horowitz, 2006). For example, chronic need of instrumental help was shown to have a detrimental effect on the recipient (Mendes de Leon, Gold, Glass, Kaplan, & George, 2001). In addition, positive outcomes related to the receipt of instrumental support stem from the emotional meaning associated with it (Semmer et al., 2008). Perhaps Florence's positive feelings associated with the instrumental support she received were due to the acute versus chronic nature of the help as well as the emotional meaning she associated with receiving help from loved ones.

In addition to the individuals who helped Florence throughout her life, Florence also spent time helping others. When she was a child, she and her family gave food to help others in the community during the Depression. As an adult, she spent many hours volunteering in the beginner department in her church. The benefits of providing help to others are also documented in the literature. In a study by Thoits and Hewitt (2001), researchers found that in general,

people with greater well-being invest more hours in volunteer service work, and volunteer work promotes positive well-being. Some scholars believe that this is due to the feeling that one is needed or important to other people (Rosenberg and McCullough 1981). Others suggest that volunteer work provides a sense of meaning and purpose in life, which can enhance well-being (Thoits 1992). Still others point to the instrumental and socioemotional rewards that result from providing service (Smith 1981).

In sum, Florence described multiple stories related to the theme of Helping. She talked at length about the friends and family who offered instrumental support over the course of her life. She also talked about instances of providing service to others. Myers and Sweeney (2005d) discussed the importance of social support, or the degree to which an individual's basic needs are met through interactions with others. They said that altruism is one of the manifestations of social interest. In addition, those who engage in helping others are as likely to experience the same health benefits as those who meditate or exercise (Myers & Sweeney, 2005d). While research on the impact of the receipt of instrumental support on well-being is mixed, Florence perceived the tangible aid she received as positive and a contributor to her own well-being. In addition, her well-being was enhanced by the tangible aid she provided to others. Next, I summarize this section.

Summary

In this section, I discussed the salient themes identified during analysis of Florence's narrative. I organized the section by the themes that were prominent in the narrative. These include Pleasure, Faith, Activity, Relationships, and Helping. I discussed ways in which the data reflected concepts of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness. In addition, I summarized my findings, described how my findings related to

the previous literature on wellness, and described any differences between my findings and the previous literature on wellness. In the next section, I briefly discuss the participant's interpretation of the experiences contributing most to her well-being over the course of her life.

Discussion of Participant's Interpretation of Experiences Contributing Most to Well-being

In this section, I briefly discuss Florence's interpretation of the experiences contributing most to her well-being over the course of her life. Denzin (1978) recommended obtaining subjects' interpretations of the events and experiences they describe. As I gathered the narrator's stories, I explored her perceptions of the factors contributing to her own well-being during the events and experiences she depicted. In order to do this, I asked the following question at the end of stories told about each life stage:

- 1) What contributed to your well-being during this time?

In addition, at the conclusion of the oral history interviews, I asked the following question:

- 1) As you look back over your life, what contributed most to your overall well-being?

Florence perceived several different experiences that contributed to her well-being over the course of her life. These experiences fell into three different categories. First, as an adolescent, she perceived the Coping Self as most important. More specifically, she described experiences related to Leisure as contributing to her well-being. This leisure time consisted of singing with friend and family which was one of her favorite pastimes. Second, the Social Self had the biggest impact during three phases of her life. While she perceived that parental support contributed most to her well-being during childhood and early adulthood, she believed her husband contributed most during adulthood. Third, during middle age and her senior years, the Essential Self was most important, particularly in the area of Spirituality. When asked to reflect on the entire course of her life, Florence perceived the Social Self as the most

important contributor to her well-being. More specifically, she described experiences related to her parents as having the biggest impact. She said, “How you grow up as a child means everything to your adulthood.”

These findings mirror results of previous studies in which researchers explored characteristics of productively aging individuals. Ruffing-Rahal and Wallace (2000) identified characteristics leading to wellness in a group of aging women. These included cohesive family ties with family and friends, spiritual experience, and activities based on personal choices. In addition, Weiten et al. (2009) reported that religion and social activity are somewhat important for happiness, and love and marriage are very important for happiness. The findings of my study are similar to those of other investigations in that the Coping Self, Social Self, and Essential Self factors are instrumental for well-being as individuals grow and develop over the course of their lives.

Summary

In this section, I briefly discussed the participant’s interpretation of the experiences contributing most to her well-being over the course of her life. Florence believed that experiences related to the Coping Self, Social Self, and Essential Self had the biggest impact on her overall well-being. These perceptions are supported in the literature on wellness in aging women (Ruffing-Rahal and Wallace, 2000) and happiness (Weiten et al, 2009). In the next section, I briefly discuss implicit themes that stood out for me during data analysis.

Discussion of Implicit Themes that Emerged from Data Analysis

In this section, I describe implicit themes that stood out for me during data analysis. These themes were not explicit in the data; however, they were inherent during the interview process and during data analysis. I identified seven inherent themes throughout the research

process. These included Florence's sense of humor, her optimism, her intentionality, her gender identity, her intrinsic faith, the impact of context on her development, and the interrelationship between the Second Order factors of the Indivisible Self. While these themes were not explicitly mentioned in the interview data and, therefore, not included in the original analysis of data through the lens of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model, I do believe that each of the themes fits with the model.

First, while Positive Humor is associated with the Second Order factor of the Creative Self, Florence made no specific references to her sense of humor in her narrative. However, Florence displayed her sense of humor throughout the interview process. For example, when describing fishing in Bleacher Pond as a child, Florence said, "Wesley caught a big fish, and we screamed and hollered. So we scared our mothers to death. They thought one of us had fell in". This statement was followed by Florence's laughter as she recalled the experience. She also laughed during numerous others stories. Several of these include the following: 1) when she and her siblings left the Episcopal church to join the Baptist church; 2) the cards she receives from men and women she had in Sunday school years earlier; 3) her first boyfriend Harry and his twin brother Herbert; 4) dating her future husband Wesley; and 5) having a friend whose name was also Florence.

Although Florence did not specifically talk about stories related to humor, her laughter throughout the interview implied to me that Positive Humor associated with the Second Order factor of the Creative Self may have contributed to her well-being over the course of her life. This is in keeping with the literature on humor. In one study, researchers found that a good sense of humor served as a buffer to lessen the negative impact of stress on mood (Martin & Lefcourt (1983). Moreover, similar studies conducted by other researchers (Abel, 1998; Martin, 1996)

resulted in comparable findings. Humor is also associated with enhanced immune functioning (Godfrey, 2004; Lefcourt, 2005). In addition, in a study by Skevington and White (1998), researchers concluded the following: 1) individuals who actively used humor to help them cope with daily stress reported fewer depressive symptoms than those with a poorer sense of humor; and 2) individuals who most readily recognized humor and used it as a coping strategy were more likely to have high self-esteem about their personal characteristics. Myers and Sweeney (2005d), in their discussion of humor, offered that a sense of humor, especially when accompanied by laughter, leads to many benefits. These include muscle relaxation, increased immune system functioning, release of endorphins that enhance a sense of well-being, reduced levels of depression, higher self-esteem, and a greater positive response to life events, both positive and negative. I believe that Florence's sense of humor, displayed during the interview process, is an indicator of one contributor to the life she lived well.

Second, during analysis of the data, I noticed that Florence seemed to be very optimistic, a characteristic associated with the Third Order factor of Emotions related to the Coping Self. One statement she made exemplified this positive attitude. She said of her adulthood, "I'm just always happy. I mean, there wasn't nothin' to be sad about." Although Florence said she had nothing to be sad about, she described events and experiences that many individuals would consider negative including a house fire, a husband away at war, and juggling multiple responsibilities as wife, mother, and career woman. Even in the midst of these circumstances, Florence did not complain or have bad things to say about these experiences. She also spoke positively about all her relationships. She said her family was always good to her, her husband was always good to her, and her neighbors were always good to her. In addition, because of our personal relationship, I know that Florence experienced several illnesses and surgeries

throughout her life; however, she did not tell one story related to health problems. It would seem that her optimism led her to focus on the positive aspects of life which could lead to improved well-being.

This is the keeping with the literature on happiness and optimism. Past happiness is the best predictor of future happiness (Diener & Lucas, 1999). And some individuals seem to be destined for happiness or unhappiness, regardless of their setbacks or triumphs (Weiten et al., 2009). Optimism is associated with increased longevity (Peterson et al, 1998) as well as increased job productivity, higher academic achievement, higher marital satisfaction, and enhanced athletic performance (Gilham et al., 2001). Florence's well-being in all areas of life could be attributed to the role of her happy, optimistic attitude.

Third, implicit to Florence's narrative was the intentional approach she took to achieving wellness. This intentional approach is associated with the Indivisible Self model's tenet that self-direction is an important part of making choices that lead to well-being. In Florence's life history, she referenced the support of her family multiple times as contributing to her well-being. I found it interesting, however, that Florence did not explicitly attribute her well-being to the relationship she had with her parents. Instead, she described the way they taught her to make good choices. For example, when asked to reflect on the experiences contributing most to her well-being during childhood, she responded:

How we had to grow up. You know, we had to grow up. You know...you didn't do everything you wanted. You did what your mother wanted you to do and your daddy. They were good to us but they taught us the right things. I think that's the, we were taught and brought up right and taught to go to church and taught to do the things that we's supposed to do.

When I asked Florence about the experiences contributing most to her well-being during young adulthood, she responded with a similar answer. She reflected:

The way I grew up, I think. The way I grew up at home. Cause I was never unhappy, and Wesley's always good to me, always good to me...Just things that you're taught, that your parent's taught you when you grew up...How you grow up as a child means everything to your adulthood.

It would seem that one contributor to Florence's well-being was the way her parents taught her to make good choices. This is in keeping with the literature on wellness that purports individuals do not achieve well-being through adequate health and acceptance of what is normal; instead they benefit from making choices about what is desirable and necessary for optimum health and functioning (Witmer & Sweeney, 1992). According to Florence, she was able to make intentional decisions that led to increased well-being because her parents taught her how to do so.

Myers & Sweeney (2005d) described this intentionality as self-direction. They stated, "Self-direction is the manner in which an individual regulates, disciplines, and directs the self in daily activities and in pursuit of long-range goals. It refers to a sense of mindfulness and intentionality in meeting the major tasks of life" (p. 20). In the positive psychology literature, Ryan and Deci (2000) described a similar concept termed self-determination. Self-determination theory purports that when the needs for competence, belongingness, and autonomy are satisfied, social development and personal well-being are optimized. Individuals in this condition are motivated intrinsically, able to fulfill their potentialities, and able to seek out progressively greater challenges (Ryan & Deci). Individuals such as these have a bias for action and are described as "*doers* rather than mere reactors, *preventers* rather than fixers, *initiators* rather than

followers...The doer is more likely to pursue ‘stretch’ rather than merely adaptive goals” (Egan, 2007).

These descriptions of individuals who are self-directed, self-determined, and “doers” are reminiscent of Myers and Sweeney’s (2004, 2005a) depictions of those who achieve high level wellness. When it comes to well-being, these individuals do not accept what is normal but strive for what is optimal. In the words of Egan (2007), they “stretch” rather than “adapt”. These descriptions are also reminiscent of Florence who, in her narrative, inherently depicted the value she placed on activity. Florence is a “doer”, and she said of her childhood, “You learn to do things...you weren’t lazy”. Florence learned a way of life that placed value on making good choices and on actively pursuing goals. This way of life led to Florence’s ability to “stretch” rather than merely “adapt” during experiences from all life stages. As a result, she achieved high-level wellness that is unattainable in the absence of intentional, conscious choices (Myers & Sweeney, 2005a).

Fourth, central to Florence’s narrative was the implicit role of gender identity as a contributor to her well-being. This is related to the Third Order factor of Gender Identity associated with the Second Order factor of the Essential Self. While Florence did not make specific references to her roles of wife and mother, she did tell many stories related to these roles. For example, she talked about her intentional decision to stay at home and raise her children. She said, “I never intended for my children to not have no mama at home and to tell ‘em what to do cause I’d always had one, and I knew what it was like”. In addition, she told numerous other stories related to family, including being a daughter, sister, wife, and mother, and the way she successfully accomplished the tasks associated with these roles. Multiple stories

related to womanhood permeated the narrative and led me to believe that her identity as a woman contributed to her well-being.

This notion is supported in the literature on wellness. Myers and Sweeney (2005d) defined gender identity as “satisfaction with one’s gender identity, feeling supported in one’s gender, valuing relationships with people of both genders, transcendence of gender identity, competency to cope with stress of gender identity” (p. 21). They went on to say that gender identity is a filter through which life experiences are seen and affects our essential meaning-making processes in relation to self, life, and others. Gender differences have been linked to wellness and illness in adulthood, with American women more readily reporting illnesses and use of the health system; in addition, women, on average, outlive men by seven years (Myers & Sweeney, 2005a). I believe that Florence’s satisfaction with her gender, the support she felt as a woman, the relationships she had with both genders, and her competency to cope with the stressors she encountered because of her gender roles helped her achieve high level wellness

Fifth, the theme of intrinsic faith was implicit in Florence’s narrative. This intrinsic faith is related to the Third Order factor of Spirituality associated with the Second Order factor of the Essential Self. While she explicitly described external religious behaviors such as church attendance, Bible reading, and teaching Sunday school, Florence implicitly referred to her implicit faith multiple times. She talked about the way she coped with her husband’s death because she knew he would go to a place where he wasn’t suffering. She also mentioned that as a senior adult, she was grateful to the Lord for taking care of her needs throughout the years. This intrinsic faith enhanced Florence’s well-being over the course of her life.

The importance of intrinsic faith as a contributor to well-being is in keeping with the literature on this topic. In the wellness literature, spirituality is defined as “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 & Sweeney, 2005d, p. 20). Myers and Sweeney (2005d) reported that numerous studies indicate a strong relationship between other aspects of wellness and spirituality; for example, spiritual support may have stress-buffering effects due to cognitive mediation of stressful events. In addition, recent studies suggest that a significant, positive relationship exists between spirituality, physical health, mental health, life satisfaction, and wellness. I believe that Florence’s awareness of a being that transcends the material aspects of life enhanced her well-being over the course of her life.

Sixth, another implicit theme in Florence’s narrative was the impact of context on her development. While Florence told multiple stories related to each of the Second Order factors of the Indivisible Self model, her stories always took place in context. As described in Chapter Two, context is an important tenet of the Indivisible Self model. The contexts influencing development include local (i.e., family, neighborhood, community), institutional (i.e., education, religion, government, business/industry), global (politics, culture, global events, environment, media), and chronometrical aspects (i.e., perpetual, positive, purposeful) (Myers & Sweeney, 2004; Myers & Sweeney, 2005a). Florence began her narrative by describing local contexts such as neighborhood, community, and family. She went on to describe institutional contexts such as education and religion and global contexts such as the Depression and World War II. She also mentioned chronometrical contexts such as making choices to achieve a positive, purposeful life. These contexts influenced her development and her wellness over the course of her life.

Finally, central to Florence’s narrative was the implicit interrelationship between the Second Order factors of the Indivisible Self model. For example, when Florence described one of her earliest recollections, she said:

We played outside. We had a big yard and grass and...Where you drive up to the house was a big place. And we played there and played ball and played mumbledy-peg and horseshoes and just everything. We played in that yard with lots of friends. And at night, after I got a big enough to play, you know, games, why they would come, and we'd play out in the yard. And...across the highway down at the foot of the hill was a big...railroad track, and then you had to go to the railroad track to get in the fenced place. But it was grassy spot, and we played ball down there and fished the river.

In this passage, Florence described several experiences contributing to her well-being. These include friendship, leisure, and physical activity or exercise. In another story, Florence described her parents. She said:

They were really good to us, now. They corrected us if we did somethin' wrong...We got a little poppin'. But they were good to us, they were...Took us to town, always give us a little money to spend when we went to town to buy what we wanted. Just a little bit, but it was money. Took us to church. We knew when church time come, we's goin' to church...Let us go play with our friends but give us a certain time to come home, and we had to come home at that time. I mean, you...just worked like your mother told you to. Done what your mother told you to...And you knew if your mother and daddy said, 'No,' they meant, 'No.' And if they said, 'Yes,' then you had to do what they told you to do because you knew they were right, you did.

In this passage, Florence described several experiences contributing to her well-being including the love of her parents, leisure, spirituality, and work.

Florence told multiple stories that displayed overlaps such as these in the Second Order factors. These overlaps highlighted concepts from the Indivisible Self model in which theorist purported a relationship between the factors. As stated in the literature, “each of the components of the IS-Wel model interacts with all others to contribute to holistic functioning” (Myers & Sweeney, 2005a).

Summary

In this section, I described implicit themes that stood out for me during data analysis. These themes were not explicit and did not relate specifically to the research questions; however, they were inherent during the interview process and during data analysis. I identified seven inherent themes during data analysis. These included Florence’s sense of humor, her optimism, her intentionality, her gender identity, her intrinsic faith, the impact of context on her development, and the interrelationship between the Second Order factors of the Indivisible Self. Next, I discuss findings of the current study related to models of life span development.

Discussion of the Findings Related to Models of Life Span Development

As described in Chapter Two, several well-known theorists posited models of human development (Freud, 1962; Erikson, 1950; Havighurst, 1972; Levinson, 1978; Levinson & Levinson, 1996; Lowenthal et al, 1975; McGoldrick & Carter, 2005; Piaget, 1953). While some focused on children (Freud, 1962; Piaget, 1953), others focused on adults (Havighurst, 1972; Levinson, 1978; Levinson and Levinson, 1996; Lowenthal et al., 1975). Only two focused on the entire life span (Erikson, 1950; McGoldrick & Carter, 2005). While these theorists made multiple contributions with their models, each of the frameworks has limitations. One limitation of import to the current study is that the majority of theorists ignored the unique development of females (Gilligan, 1982; McGoldrick & Carter, 2005).

Most early theoreticians were male and tended to ignore female development (McGoldrick and Carter, 2005). While separation and autonomy have been the cornerstone values for theories of male development, only in recent decades have experts considered the primary values of interdependence, caring and attachment, relationship, and attention to context in the role of female development (McGoldrick and Carter, 2005). Gilligan (1982), for example, observed that women and men differed in the ways they talked about moral dilemmas they may face during the courses of their lives. Central to women's responses were themes of relationships, responsibilities, and care. While most men tended to view the world in terms of autonomy, women viewed the world in terms of connectedness (Gilligan).

Since no life span developmental frameworks exist that take into account the unique experiences of women, one aim of the current study was to explore development for the participant over the course of her life. I collected the participant's narrative in the form of an oral history. Following analysis of the data, I found evidence to support experts who advocate for models of women's life span development that incorporate themes of relationship and connectedness.

In Florence's narrative, every story she told involved relationships with others. Her memories of childhood included playing with friends, the love and support of her family, and helping others during the Depression. When Florence described adolescence, she recounted singing with friends, dating, her favorite teacher Ms. Pierce, and the support of community friends who helped when her house was destroyed by fire. Memories of young adulthood involved applying for her first job with her friend Carrie, marrying her husband Wesley, giving birth to her children, and friends and family who provided assistance when her husband was at war. As an adult, Florence described the relationships she had at work and with the neighbors on

her street. She also described the individuals associated with her husband's shooting and recovery. Stories about middle age involved leisure pursuits with her husband. When she described senior adulthood, Florence told about her husband's illness and death and the family and friends who demonstrate their care and concern in her old age.

Most developmental frameworks are normative, that is, based on the generalized experiences of a group of people; however, no framework is universal (Blocher, 2000). While findings of the current study are not generalizable to the development of all women, they expand the literature by providing support for the creation of life span models that are unique to women and women's experiences, particularly those involving relationship and connectedness.

Another area of discussion pertinent to the current study is the recent focus on context as a major role in human development. As described in Chapter Two, one tenet of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness is that development occurs in context; these contexts include local, institutional, global, and chronometrical aspects. The trajectory of Florence's development over the course of her life was due to the context in which she lived. She was born in a rural part of Asheville, North Carolina, which is located in the Bible belt of the United States. She lived in a community where the church was a major hub and in a family that was stable, loving, and supportive. She was insulated in a safe part of the country where she had close relationships with individuals in the community. During the Depression, her father had a job which led to the provision of Florence's physical needs. These are only a few examples of the ways in which context influenced Florence's development over the course of her life. Therefore, the findings of this study expand the literature by providing support for models that take into account the role of context in human development.

Summary

In this section, I discussed findings of the current study related to models of life span development. While separation and autonomy have been the cornerstone values for theories of male development, only in recent decades have experts considered the primary values of interdependence, caring and attachment, relationship, and attention to context in the role of female development (McGoldrick and Carter, 2005). In the current study, every story Florence told about the events and experiences of her life involved relationships with other. While these findings are not generalizable to the development of all women, they do provide evidence to support experts who advocate for the creation of life span models that take into account the unique experiences of women, particularly those associated with relationships and connectedness. In addition, the findings of the current study support proponents of life span developmental models that take into account the important role of context in human development. In the next section, I provide a summary of this chapter.

Chapter Summary

In this chapter, I discussed the salient themes identified during analysis of Florence's narrative. I also briefly discussed the participant's interpretation of the experiences contributing most to her well-being over the course of her life, described implicit themes that stood out for me during data analysis, and discussed the findings as they related to models of life span development. First, I discussed the salient themes identified during data analysis. I organized the section by the themes that were prominent in the narrative. These included Pleasure, Faith, Activity, Relationships, and Helping. I discussed ways in which the data reflected concepts of the model. In addition, I summarized my findings, described how my findings related to the

previous literature on wellness, and described any differences between my findings and the previous literature on wellness

Next, I briefly discussed the participant's interpretation of the experiences contributing most to her well-being over the course of her life. Florence believed that experiences related to the Coping Self, Social Self, and Essential Self had the biggest impact on her overall well-being.

Next, I described implicit themes that stood out for me during data analysis. These themes were not explicit in the data and did not relate specifically to the research questions; however, they were inherent during the interview process and during data analysis. I identified four inherent themes during data analysis. These included Florence's sense of humor, her optimism, her intentionality, and the interrelationship between the Second Order factors of the Indivisible Self model of wellness.

Finally, I discussed findings of the current study related to models of life span development. Every story Florence told about the events and experiences of her life involved relationships with others. These findings provide evidence to support experts who advocate for the creation of life span models that take into account the unique experiences of women, particularly those associated with relationships and connectedness. In the next chapter, I discuss implications of the findings and provide directions for future research.

CHAPTER 6: IMPLICATIONS

Chapter Introduction

In this chapter, I discuss my own perceptions related to the findings and the ways in which they relate to the existing life span development and wellness literature. In addition, I describe how the findings contribute to each of these fields. I also describe the limitations of the study. Finally, I provide recommendations for counseling professionals to utilize these findings in future research.

Relationship with Existing Literature

In this section, I describe ways in which the findings of this study support the literature related to tenets of a life span perspective and the Indivisible Self (Myers and Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness. I begin with a description of ways in which the findings relate to the tenets of life span development.

Tenets of Life Span Development

The term *life span* is defined as “the duration of existence of an individual”; the term *develop* means “to expand by a process of growth” or “to work out the possibilities” (Merriam-Webster, 2008). According to these definitions, life span development can be described as a process of expansion and growth over the duration of a person’s life in which s/he works out the possibilities of that life. The tenets of a life-span perspective include development as: a) a lifelong process; b) multidimensional and multidirectional; c) a process that shows plasticity; d) a process involving both gains and losses; e) interactive; f) culturally and historically embedded; and g) a multidisciplinary field of study (Baltes, 1987).

During my analysis of Florence’s narrative, I found evidence to support these tenets of a life-span perspective. For example, Florence’s development was a lifelong process and, in fact,

still continues. When she reflected on growing old, Florence described the enjoyment she derives from family visits as well as learning new things from reading the Bible. This demonstrates that even in old age, her development continues in areas of relationships, leisure, and spirituality. Her development was also multidimensional and multidirectional as well as a process that demonstrated plasticity in the midst of life circumstances. One example of her multidimensional growth includes the area of holistic wellness which is the focus of this study. Over the course of her life, Florence grew mentally (e.g., in school), physically (e.g., playing softball), socially (e.g., in marriage), spiritually (e.g., in religious activities), and emotionally (e.g., in coping with transition and loss). Florence also demonstrated plasticity in the midst of life circumstances. For example, her flexibility during disruptions such as a house fire and her husband's deployment show that she adapted well to the difficult circumstances she faced. Her development involved both gains (e.g., friends, marriage, children, and meaningful work) and losses (e.g., house fire, death, and growing old). For example, when Florence gained employment, she said, "I got me a job. I wasn't old enough to work, and daddy had to sign for me to go to work. But I went to work...and I was glad I could work". In her old age, Florence described coping with loss. She stated, "I'm not able to do a lot of work, and I have to see things get dirty. And I used to wouldn't have never sat still until it was done".

Her development was interactive and included exchanges with both her environment (e.g., home, church, and workplace) and the numerous individuals she described (e.g., family, friends, and neighbors). For example, when Florence described her work at the plant, she said, "Well, I never did see a day that I didn't want to go to work, and the people were so nice." As seen in this example, her development involved interactions with both her work environment and the people with whom she worked.

In addition, Florence's development was culturally and historically embedded in that her growth took place in a region of Southern Appalachia in a time period of severe economic crisis and world war. One historical event that influenced her development was World War II. When speaking of her husband, she said, "He got his papers, and he had to leave...He went to the service and was gone two years." The absence of her husband during this time impacted the trajectory of Florence's growth and development. Finally, Florence's development could be studied in a variety of fields. For example, Florence's success in filling the multiple roles of wife, mother, career woman could be a point of study for professionals in multiple fields including education, psychology, sociology, family studies, women's studies, and counseling.

Florence described experiences that contributed to the development of her well-being over the course of her life. The stories she depicted provide evidence to support the tenets of a life-span perspective as outlined by Baltes (1987). Next, I describe ways in which my findings support literature related to the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness.

The Indivisible Self Model of Wellness

The Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness served as the theoretical lens for this study and for the analysis of the data. During my review of the data through the lens of the model, I found that the majority of the data support concepts related to the model. This was evident in three aspects: the composition of the model; the interrelationship of the components; the link between the central themes identified in Florence's narrative and the components of the model.

First, the model consists of five Second Order factors including the Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. In Florence's narrative, she told stories

related to each of the five factors. These included stories about work (related to the Creative Self), leisure (related to the Coping Self), relationships (related to the Social Self), spirituality (related to the Essential Self), and food (related to the Physical Self). The existence of stories related to each of the five Second Order factors lends support to the composition of the model. Examples of these stories include the following: 1) “Well, I never did see a day that I didn’t want to go to work...I did a lot of things besides just be the receptionist...I just liked to do that. It was a good job.” (Creative Self); 2) “At night...children and grown people, they would come to our house, and we would sing. That’s what we did for pastime. We didn’t get out and frolic in the streets with all that kinda thing. We sung, and we loved it.” (Coping Self); 3) “He was always good to me...That’s what makes a good life...Trusting people...It’s people that you have to live with, you know? So many...wives and husbands don’t trust each other, do they?...We had a lot of good friends,...and they were the same way.” (Social Self); 4) “I thank the Lord cause He sure has took care of me and been good to me, hadn’t He? Sure has.” (Essential Self); and 5) “Well, always on the Fourth of July we had rice puddin’...And she always cooked that rice puddin’ in that cook stove, and it would be delicious. Never eat a puddin’ like that.” (Physical Self).

Second, I found multiple overlaps in Florence’s stories as they related to the five Second Order factors. For example, when Florence described one of her earliest recollections, she said:

We played outside. We had a big yard and grass and...Where you drive up to the house was a big place. And we played there and played ball and played mumbledy-peg and horseshoes and just everything. We played in that yard with lots of friends. And at night, after I got a big enough to play, you know, games, why they would come, and we’d play out in the yard. And...across the highway down at the foot of the hill was a big...railroad track, and then you had to go to

the railroad track to get in the fenced place. But it was grassy spot, and we played ball down there and fished the river.

In this passage, Florence described several experiences contributing to her well-being. These include friendship, leisure, and physical activity or exercise. Multiple stories demonstrated this overlap between the experiences contributing to well-being. This finding supports the claim made by Myers and Sweeney (2004; 2005a) that “each of the components of the IS-Well model interacts with all others to contribute to holistic functioning” (Myers & Sweeney, 2005a).

Finally, I found a link between the central themes identified in Florence’s narrative and the components of the model. The components consist of the five Second Order factors including the Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. I identified five related themes in Florence’s narrative. These are Pleasure, Activity, Faith, Relationships, and Helping. An example of the link between the identified themes and the Second Order factors is the relationship between Pleasure and the Second Order factors of the Creative Self, Coping Self, and Physical Self. For example, Florence described the enjoyment and pleasure she derived from work (“When I went to work out here... oh, it was good. It was good. I really enjoyed that”), leisure pursuits (“We played outside... We played... ball and played mumbledy-peg and horseshoes and just everything... We had such a good time”), and the delicious foods she ate (“She made good... baked chicken, delicious baked chicken”). While the literature on the relationship between Helping and well-being is mixed, the evidence is overwhelmingly indicative of a positive relationship between wellness and themes of Pleasure, Activity, Faith, and Relationships. Next, I summarize this section.

Summary

In this section, I described ways in which the findings of this study support the literature related to the tenets of a life span perspective and the Indivisible Self (Myers and Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness. Findings of the present research provide support for the tenets of a life-span perspective. In addition, these findings support the tenets of the Indivisible Self model of wellness in three ways. These include the composition of the model, the interrelationship of the components, and the link between the central themes identified in Florence's narrative and the components of the model. In the next section, I discuss contributions of my findings to the life span development and counseling literature.

Contributions to the Existing Literature

In the previous section, I described ways in which the findings of this study support the literature related to tenets of a life span perspective and the Indivisible Self (Myers and Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness. In this section, I highlight the differences between my findings and the existing literature. I begin with a discussion of contributions to the existing literature on models of life span development. I then discuss contributions to the existing literature in the counseling field.

Models of Life Span Development

During analysis of the data, I found evidence to support experts who claimed the majority of theorists ignored the unique development of females (Gilligan, 1982; McGoldrick & Carter, 2005). Several theorists posited models of human development (Erikson, 1950; Freud, 1962; Havighurst, 1972; Levinson, 1978; Levinson & Levinson, 1996; Lowenthal, 1975; McGoldrick & Carter, 2005; Piaget, 1953). However, separation and autonomy have been the cornerstone values for theories of male development, and only in recent decades have experts considered the primary values of interdependence, caring and attachment, relationship, and attention to context

in the role of female development (McGoldrick and Carter, 2005). Gilligan (1982), for example, observed that women and men differed in the ways they talked about moral dilemmas they may face during the courses of their lives. Central to women's responses were themes of relationships, responsibilities, and care. While most men tended to view the world in terms of autonomy, women viewed the world in terms of connectedness (Gilligan).

Some theorists attempted to describe the unique development of females. Levinson and Levinson (1996) proposed a theory of adult development for women. However, researchers did not interview women over the age of 45 (Levinson & Levinson); a significant number of women were left out of the study (Degges-White, 2003); and changing social conditions could lead to different results today (Levinson & Levinson). Others theorists such as McGoldrick and Carter (2005) proposed a holistic theory of life span development that takes into account the physical, social, intellectual, spiritual, and emotional tasks to be accomplished at various stages of the life cycle. The theory does take into consideration the relational aspect that women perceive to be so influential in their development; however, the model applies to both males and females (McGoldrick & Carter). Therefore, no model exists that focuses solely on the unique aspects of women's development.

Findings of this study provide support for experts who espouse the development of life span models for women that incorporate themes of relationships and connectedness. For example, Florence's narrative was saturated with the theme of Relationships. Every story from every phase of her life included other individuals such as parents, siblings, friends, neighbors, her husband, her children, and co-workers. The stories not only involved the people she described but the emotional and instrumental support they provided. For example, Florence recalled the emotionally supportive, trusting relationship she had with her husband and many of

her friends. She also described numerous occasions in which friends and family provided tangible aid in times of need. These include food, transportation, and child care. The findings of this study, while not generalizable to the development of all women, provide support for the development of life span models unique to women that incorporate themes of relationship and connectedness.

In addition, the findings of this study lend support to a recent focus in the field of human development on the role of context in development. Context was a recurrent implicit theme for Florence as she described the events and experiences of her life. The role of context in Florence's development serves as a contribution to this field of study.

In summary, in this section, I discussed ways in which the findings of this study contribute to the existing literature on life span development. I suggested the theme of Relationships that saturated Florence's narrative provides support for the development of life span models unique to women that incorporate themes of relationship and connectedness. I also noted the importance of context in Florence's development. In the next section, I discuss contributions to the existing counseling literature.

Counseling

In this study, the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness served as a theoretical lens in an effort to describe the experiences related to wellness for the participant. The nature of this study, in and of itself, contributes to the existing counseling literature because it fills several gaps. As described in Chapter Two, these include the following: 1) no life span developmental frameworks exist that take into account the unique experiences of women; 2) only one wellness study exists in which the subjects are senior adults; 3) there is a paucity of research on wellness in the female population; 4) no qualitative studies on

wellness exist; and 5) no studies exist that study wellness over the course of the life span. Due to these gaps, I contribute to the counseling literature by presenting findings related to one woman's wellness across the life span utilizing qualitative methods. In summary, these findings are: 1) a complete narrative of the participant's life; 2) a descriptive picture of wellness that provides support for the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness; 3) the identification of five themes related to the model consisting of Pleasure, Activity, Faith, Relationships, and Helping; and 4) support for proponents of models of life span development for women that incorporate themes of relationship and connectedness. In addition, I contribute to the literature by studying a senior adult woman in order to gain a better understanding of the experiences contributing to well-being over the course of the life span. In summary, this woman continues to demonstrate high levels of wellness even her senior years. Her faith, family and friends, work ethic, and enjoyment of life contributed to this outcome. While she is not as active physically as she once was, she copes with losses associated with aging in a positive way. This woman recalled with great clarity the stories that composed her life. While she made choices across the life span that led to optimal well-being, she attributes her ability to make these choices to her parents and the way of life they taught her as a child.

Another contribution of this study is the way in which the findings provide an in-depth description of wellness related to the five Second Order factors of the Indivisible Self (Myers & Sweeney, 2004; Myers & Sweeney, 2005a) model of wellness. During my analysis of the data, I identified five themes that were central to Florence's experiences. These include Pleasure, Activity, Faith, Relationships, and Helping. After careful consideration, I concluded that the themes relate directly to the five Second Order factors (i.e., Creative Self, Coping Self, Social Self, Essential Self, and Physical Self) composing the Indivisible Self model. While wellness

studies in the counseling field do exist, the bulk of them are quantitative and include measures of wellness related to variables such as sport commitment (Williams, 2007), severity of disturbance, sociocultural attitudes toward appearance (Sinclair & Myers, 2004), and marital messages received (Shurts, 2004). Therefore, another contribution of this study is the in-depth description of the findings related to the model itself as opposed to the model and additional variables. For example, Myers & Sweeney (2005a) defined the Social Self component of the Indivisible Self model as “social support through connections with others in our friendships and intimate relationships, including family ties” (p. 33). Findings of this study elaborate on this concept by detailing a rich description of these intimate relationships with friends and family. For example, when describing her parents, Florence said:

My mother was a good mother. She always cooked, and when we would go to school...in the fall, she would have a big pot of corn on the cob or somethin’ waitin’ on us to have a snack. We always eat supper after five, about six o’clock cause my daddy would always get home. And we’d eat supper about six o’clock, and she always had such a good supper and kept everything clean and kept our clothes clean, and she kept the house clean, and she did all the work. She was a good mother. That’s all I can say...Till the day she died she was a good mother...They never drank or anything like that, you know...He was a good daddy. He never drank...On Sunday he’d get that big Bible, and he’d always read that big Bible, and he’d make us listen. And he was a good daddy, and he provided good for us, and stayed at home.

Another contribution of this study is that it adds to the body of existing counseling literature on wellness. In Chapter Five, I discussed the relationship of existing literature with the

findings of my study. These findings included the five themes central to Florence's well-being including Pleasure, Activity, Faith, Relationships, and Helping. While I found overwhelming evidence in the literature to support the majority of my findings, the bulk of the research does not stem from the counseling field. Instead, most of the discussion provided in Chapter Five stems from research in fields such as psychology, sociology, social work, and leisure studies.

Therefore, this study adds to the existing body of literature in the counseling field as opposed to other fields of study by providing evidence of the experiences contributing to well-being.

A final contribution of this study is that it highlights mixed research findings regarding the role of instrumental support on well-being. While I found overwhelming evidence to support the relationship between well-being and the themes of Pleasure, Activity, Faith, and Relationships, the literature on the benefits of Helping was limited. Despite the many experiences described by Florence related to the impact of instrumental support on her well-being, the literature on this topic is mixed. Results of some studies indicate a positive relationship between the receipt of instrumental support and well-being (Bailey, Wolfe, and Wolfe, 1994; Chou, 1999; Schwarzer and Leppin, 1991), while others indicate negative outcomes (Bolger et al., 2000; Kaul & Lakey, 2003; Lakey & Lutz, 1996; Reinhardt, Boerner, & Horowitz, 2006). Since findings of the current study are not clearly supported in the literature, another contribution is that it highlights the need to explore the impact of instrumental support on well-being.

In summary, the findings of this study contribute to the counseling literature in several ways. First, it fills several gaps in the literature related to women, wellness, the life span, senior adults, and qualitative methodology. Second, findings of this study consist of an in-depth description of wellness related to the Indivisible Self model itself as opposed to the model and

additional variables. Third, this study adds to the existing body of literature in the counseling field as opposed to other fields of study by providing evidence of the experiences contributing to well-being. A final contribution of this study is that it highlights the need to explore the impact of instrumental support on well-being.

Summary

In this section, I highlighted the differences between my findings and existing literature. I began with a discussion of contributions to the existing literature on models of life span development. I then discussed contributions to the existing literature in the counseling field. First, I discussed ways in which the findings of this study contribute to the existing literature on life span development. I suggested the theme of Relationships that saturated Florence's narrative provides support for the development of life span models unique to women that incorporate themes of relationship and connectedness. In the next section, I discussed contributions to the existing counseling literature. I provided four contributions. These are: 1) this study fills several gaps in the literature related to women, wellness, the life span, senior adults, and qualitative methodology; 2) this study consists of an in-depth description of wellness related to the Indivisible Self model itself as opposed to the model and additional variables; 3) this study adds to the existing body of literature in the counseling field as opposed to other fields of study; and 4) this study highlights the need to explore the impact of instrumental support on well-being. In the next section, I discuss limitations of the current study.

Limitations of the Study

In this study, four major limitations impacted the process of data collection, analysis, and reporting of the findings. In this section, I describe these limitations.

First, oral histories may result in pictures that are idiosyncratic, narrow, or ethnocentric (Yow, 2005). Because Florence's life story was told from an individual perspective, her views may have been restricted or narrow. However, it was my intention to gather first-person accounts of her story and personal reflections about the experiences contributing most to her well-being. While her viewpoint may have been narrow, her stories may have contained references to larger society and shared realities (Yow, 2005). In addition, because I utilized only one participant in this study, the results are not generalizable to the entire population. However, the purpose of this study was only exploratory in nature, and the findings can serve as an impetus for future research with a variety of populations.

Second, the selected sample of narrators may be biased because only the articulate typically volunteer to participate (Yow, 2005). This could result in biased sampling that excludes individuals who are not comfortable telling their stories. Although the study was limited in this way, the method of selection for the narrator was also a strength. I utilized a theory-based sampling approach as described in Chapter Three in order to study a participant who demonstrated the theoretical construct of wellness. The aim was to examine and elaborate upon the experiences contributing to wellness, therefore an articulate participant was beneficial for me in achieving this aim.

Third, the in-depth life review is limited in that it presents retrospective evidence (Yow, 2005). The further back in time an interview goes, the more likely it is for distortions to be influenced by subsequent changes in norms and values which may unconsciously alter perceptions; in addition, reliance on memory over time becomes more salient, and recall can be hindered by conscious or unconscious repression (Thompson, 2000). Similarly, narrators may slant their stories to make them acceptable or interesting to the interviewer (Yow, 2005). I

experienced problems with retrospective evidence during my interviews with Florence. She sometimes had difficulty recalling the names of people and places. I aimed to resolve these inconsistencies by utilizing member checks. Florence was able to share accurate depictions through prompting during these checks. In addition, because of our personal relationship, the possibility exists that Florence repressed some stories or slanted them to make them acceptable to me. While these were potential limitations, it is also possible that she was more candid with me due to our close personal relationship.

Finally, interviewers carry personal expectations into interviews (Thompson, 2000) and into analysis and interpretation of the narratives (Yow, 2005). These personal expectations may have influenced outcomes of the study. Because I had a previously established relationship with Florence, I may have carried personal expectations into the interview that influenced my questions. I attempted to prevent this bias by asking open-ended questions that allowed the participant to share the stories she wanted to share. My personal expectations may also have influenced data analysis and interpretation. I found it difficult at times to decipher the portions of our interview that were part of her life story versus those that were not, the meaning units related to wellness, and the category to which the meaning units belonged. While personal expectations may have influenced this, I strove to clarify researcher bias throughout data collection and analysis as described in Chapter Three.

Although several limitations were present in this study, I also sought to strengthen it by taking steps to enhance reliability and validity as well as by evaluating it. High-quality tapes, detailed transcripts, consistency of stories, and examinations of the reliability of narrators enhanced reliability. Clarifying researcher bias, thick, rich description, and member checks

enhanced validity. In addition, I evaluated my study based on the guidelines suggested by Creswell (2007) for a “good” narrative study.

Future Research

Limited research exists in the counseling field related to wellness. As I think about the current study, I envision several ways researchers can replicate and expand upon it in order to add to the existing wellness literature. In this section, I provide suggestions for future research that can meet this aim.

First, I recommend replicating this study with a large sample of senior adult women. While individual oral histories provide researchers with detailed, in-depth descriptions, the results are not generalizable. It would be beneficial to collect and analyze data from multiple senior adult women in order to compare and contrast experiences related to well-being over the courses of their lives.

I also recommend replicating this study with senior adult men. As described in Chapter Two, men and women experience different developmental challenges over the courses of their lives. While women often value relationships and connectedness, men often value independence and autonomy. Future studies could include oral histories of men in order to compare and contrast the experiences contributing to well-being for this population.

In addition to studying men and a larger number of women, it would also be beneficial to study a wide variety of cultural groups. For example, the participant in this study was a Caucasian woman who lived in one geographic region of the United States. Future studies could include men and women of different races, cultures, geographic regions, religions, sexual orientations, socioeconomic statuses, and education levels in order to describe the experiences contributing to wellness for a wide variety of individuals. Following the initial findings, within-

and across-case analyses could be performed in order to make comparisons about wellness between groups.

Other directions for future research could include the use of different methodologies such as the case study approach and the use of quantitative data. For example, in a case study approach, multiple sources of data are utilized. Researchers could interview friends and family of the participants in order to gain their perceptions of the experiences contributing to well-being for those individuals. In addition, the use of quantitative data could assist with the selection of a more “well” group of participants. For example, I selected my participant for this study based on observations and interactions with her that led to my perception that she achieved high level wellness. Future investigators could utilize the 5F-Wel (Myers & Sweeney, 1999) inventory in order to better identify “well” individuals. It would also be of interest to use the 5F-Wel to identify not only “well” individuals, but also those who are “unwell”. In doing so, researchers could compare the experiences of the two groups and draw conclusions about the differences between them.

Future research could also include the role of context on development and wellness. Some of the contexts influencing Florence’s development include family, neighborhood, education, religion, and global events. Some of these events, including the Depression and a house fire, were crisis situations. Recently, researchers in the counseling field became interested in crisis counseling in order to explore interventions that might best benefit individuals in crisis situations. Perhaps the support Florence received during times of crisis in her life could serve as a model for others to provide assistance for those in times of great emotional distress and need.

Another area of future research could include the experiences contributing most to wellness at different points across the life span. In this study, I explored wellness at different life

stages and across the life span. This is the first study that explores wellness in this way. While I found evidence to support the notion that different Second Order factors of the Indivisible Self model contribute most to wellness at different life stages, additional research can be conducted to explore this idea in further detail.

A final direction for future research could include a different interview protocol. For example, as described in Chapter Three, I gathered three hours of interview data from the participant over the course of two days. Future studies could involve the collection of interview data over a longer period of time in order for the participant to better remember and reflect upon the events and experiences of her life and, in turn, provide more detailed depictions of her life. In addition, by allowing more time for the interviews to occur, researchers could have increased opportunities to probe the participant in order to gather more interview data. The implications for future research described in this section could influence the fields of counseling and counselor education. I discuss these implications in the next section.

Implications for Counseling and Counselor Education

In this section, I provide implications of the current study for the fields of counseling and counselor education. I begin with implications for counseling.

Counseling

As mentioned previously, the findings of this study cannot be generalized to a larger sample population. However, parallels exist between Florence's experiences and the individuals with whom counselors work each day. In this section, I provide an explanation of these parallels and ways in which professionals in the counseling field might improve practice based on these parallels.

First, Florence's experiences are similar to several events that occur in today's society. For example, while Florence experienced life during the Depression, many of today's individuals struggle to endure a severe economic crisis that is sometimes compared to the Depression. Florence also lived alone for two years while her husband served in World War II, a similar situation that numerous women face as their husbands serve today in the Middle East. In addition, during one phase of her life, Florence took responsibility for the care of her home, husband, and children while at the same time engaging in full-time employment outside the home. Women today continue to juggle multiple responsibilities and many search for life balance in the midst of their chaotic lives.

Based on these parallels, counselors can learn from Florence's example about ways to assist clients with the enhancement of their well-being. For example, Florence said that her well-being during the Depression was enhanced by the food her mother and father were able to provide. Implications for counselors include making social justice issues part of their philosophy and practice so their clients have the resources they need to be healthy and strong. Another parallel between Florence and many women is that their husbands are gone for extended periods of time serving in the military. Florence said that the support of her friends and family were instrumental to her well-being during that time; therefore, other women may benefit from the creation of social networks that provide friendship and love while their husbands are deployed. Finally, Florence, like many of today's women, juggled multiple responsibilities including work and home. Even in the midst of her busy schedule, she continued to make choices that contributed to her well-being including leisure time with friends. Counselors can encourage their clients to make proactive choices such as these that lead to the enhancement of their overall well-being.

Counselors can also use the findings of this study to educate their clients about practices leading to well-being. School counselors, in particular, are in an ideal position to teach students about wellness at a young age. Florence said that her parents taught her how to make good choices that led to her own well-being. While not all children have parents that teach them about making good choices, school counselors can educate students about wellness during classroom guidance interventions. By teaching children about wellness at a young age, counselors can educate these individuals about lifestyle choices that lead to enhanced wellness over the course of their lives. School counselors can also educate parents and guardians about wellness in hopes that they will model and encourage behaviors leading to optimal functioning at home. As noted earlier, mental health counselors can incorporate a wellness philosophy in their practice to educate clients of all ages about making intentional choices that lead to enhanced well-being. The incorporation of this philosophy could include conducting assessments related to wellness and setting goals based on identified strengths and deficits. Examples of these goals could include beginning an exercise program, changing careers to find more meaningful work, or spending more time with family and friends.

In summary, I provided implications of the current study for counseling. First, I noted parallels between the experiences Florence described and the experiences of many women in today's society. I discussed ways in which professionals in the counseling field might improve practice based on these parallels. I also suggested that counselors can use the findings of this study as a basis for educating their clients about making intentional choices that lead to enhanced well-being. In the next section, I provide implications for counselor education.

Counselor Education

While many counselor educators do not work directly with clients, they educate individuals who have one-on-one contact with those seeking professional help. Since wellness is one of the cornerstones of the counseling profession (Myers, 1992), counselor educators have the responsibility of incorporating a wellness paradigm in the work they do with students. In her narrative, Florence said that her parents taught her to make good choices that led to her well-being. I believe they explicitly taught her these practices with words but also implicitly taught them through actions. Counselor educators can both teach and model wellness practices that educate counselors-in-training. In turn, these counselors can teach and model wellness practices with their clients.

Counselor educators also have the responsibility of conducting research related to wellness and well-being. There is a paucity of research in the counseling literature related to wellness. In order to contribute to the literature and, in turn, influence best practices in counseling, counselor educators can engage in wellness research involving a wide variety of populations and by using a wide variety of research methodologies. Subsequent studies involving qualitative approaches, in particular, are necessary for adding to the existing wellness literature.

In summary, I provided implications for counselor education. I suggested the need for counselor educators to teach their students about wellness so they, in turn, might incorporate a wellness philosophy in their own work with clients. I also suggested that counselor educators model a wellness lifestyle to their students to implicitly teach them about wellness through their actions. In addition, I provided recommendations for counselor educators to conduct research related to wellness and well-being to expand the existing counseling literature on the topic.

Summary

In summary, in this section, I provided implications of the current study for counseling and counselor education. I noted parallels between the experiences Florence described and the experiences of many women in today's society. I discussed ways in which professionals in the counseling field might improve practice based on these parallels. I also suggested that counselors can use the findings of this study as a basis for educating their clients about making intentional choices that lead to enhanced well-being. I also provided implications for counselor educators. I suggested the need for counselor educators to teach their students about wellness so they, in turn, might incorporate a wellness philosophy in their own work with clients. Furthermore, I suggested they can model a wellness lifestyle to their students to implicitly teach them about wellness through their actions. In addition, I provided implications for counselor educators to conduct research related to wellness and well-being to expand the body of existing wellness literature in the field of counseling.

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APPENDICES

APPENDIX A

Initial Contact Letter

Whitney Jarnagin
4438 Avery Village Way
Knoxville, TN 37921

Dear _____,

Hello! My name is Whitney Jarnagin. I am a doctoral student in Counselor Education at the University of Tennessee. I am conducting a research project about factors contributing to women's well-being over the course of their lives. I need your help.

When conducting research, it is important to learn from people who have firsthand knowledge of the subject. This is why I am contacting you. I believe you are characteristic of a woman who has lived well. You have achieved life balance and life success. I want to learn from you! I am passionate about wellness, or making choices that contribute to overall well-being. By talking with you, I hope to identify factors that contribute to your optimal functioning. In turn, by sharing your stories with others, I hope to educate women about choices they can make to enhance their own well-being.

My education, training, and experience qualify me to conduct this research. I received a master's degree in school counseling from Middle Tennessee State University in December, 2003. I am a licensed teacher (grades 1-8) and school counselor (grades PreK-12) and am currently enrolled as a third year Ph.D. student in the Counselor Education and Supervision program at the University of Tennessee. Throughout my training and work experience, I have counseled with children, adolescents, and adults in both individual and group settings. As part of my doctoral studies, I completed several courses in research methods as well as took part in several research projects. These include investigations about counseling, counseling supervision, and teaching.

If you have any questions about this project, please call me. My home phone number is 865-584-0614. My cell phone number is 865-964-2465.

I will contact you within the week by phone to see if you are interested in helping with the project.

Thank you,

Whitney Jarnagin

APPENDIX B

Informed Consent

This document informs you about the purpose of this research project as well as about the risks and benefits associated with it. The purpose of this oral history project is to collect life stories from senior adult women in order to explore factors contributing to their well-being across the life span. There are several benefits to this research. These include exploring developmental phases of women's lives from the unique perspectives of women, identifying factors contributing to women's well-being that can help other women achieve life balance, and opening new lines of inquiry about wellness. An additional benefit is the opportunity for you to reflect on the events and experiences of your life as well as share stories that leave a legacy for those who follow you.

While there are benefits to this project, there are also several risks. First, in this type of research, we do not know exactly where the project is going. Conversations may take unanticipated turns that reveal information you had not intended to share. If you inadvertently share information that you wish you had not, you have the right to stop talking and/or take back the tape. I may periodically check in with you to ensure that you wish to continue.

Similarly, publication or presentation of the information you share could be harmful. Certain stories could be distressful for you if published since it can be shocking to see in print intimate details about your life. In order to protect you, I will share all written reports with you before they are published. You may choose to remove certain stories or details, or you may choose to disguise your name in the report.

Another potential risk includes issues related to anonymity and confidentiality. You may wish to be identified in the tapes, transcriptions, and report so you and your testimony can be remembered. If you wish to remain anonymous, I will use pseudonyms in the tape, transcription, and written report. Confidentiality cannot be guaranteed since the report will be made public; however, I will keep confidential information to myself and avoid using your real name if you request anonymity.

An additional risk is that relationships between you and significant others may be potentially harmed, especially if you tell stories that could hurt others' feelings. If you wish to tell stories containing negative comments about individuals, I encourage you not to name or identify these individuals.

Relationships of unequal power could also pose a risk. In order to avoid a dominate-subordinate relationship between us, I will attempt to equalize power by establishing a collaborative relationship. I will also give you the freedom to share the stories you want to share by asking open-ended questions. This allows you to direct the interviews. In addition, you are not obligated to answer all the questions I ask.

A final risk of oral history research includes the possibility of remembering and sharing difficult stories. You may not have remembered these experiences in many years or may have never

talked with anyone about them. If you find yourself becoming emotionally distraught, you have the right to stop the tape and process the memory with me. As a counselor, I have the skills and training required to work through these feelings. If you need further assistance, I will notify your family and provide contact information for local counselors who can help you deal with these memories.

As a researcher, I must audiotape our sessions in order to accurately recall and transcribe stories as they are told. The tapes are for research purposes only and will be destroyed following completion of the project. You have the right to request that the recorder be turned off at any time and may request that the tape or any portion thereof be erased.

We will meet at your convenience for our interviews. Interviews will continue until you believe you have finished telling your life story. Following transcription of interviews, you will have the opportunity to read the transcriptions in order to ensure that your stories were portrayed accurately. You will also be provided with a copy of the final report before the work is published in order to make any necessary corrections.

There are several key factors that contribute to the success of this project. Honesty, trust, and mutual understanding will be a vital part of our meetings. In the event there are concerns about the nature of our relationship, we will discuss these with one another and work toward resolving differences.

Care will be taken to secure all data related to the project. These include informed consent and release forms, tapes, transcriptions, and data analysis. Data will be kept for three years.

If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study,) you may contact the researcher, Whitney Jarnagin, at 4438 Avery Village Way, Knoxville, TN, 37921, or by phone at 865-964-2465. If you have questions about your rights as a participant, contact the Office of Research Compliance Officer at (865) 974-3466.

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at anytime without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed your data will be returned to you or destroyed.

By signing this document, you are indicating that you have read and understood this statement and that any questions you have had have been answered to your satisfaction.

Signature of Narrator

Date

Signature of Interviewer

Date

VITA

Whitney Locke Jarnagin was born in Morristown, Tennessee. She earned a Bachelor's degree in elementary education from East Tennessee State University, a Master's degree in school counseling from Middle Tennessee State University, and a Ph.D. in counselor education from the University of Tennessee.

