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Laura Marinn Pierce

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To the Graduate Council:

I am submitting herewith a dissertation written by Laura Marinn Pierce entitled "An Exploration of the Relationships among Wellness, Spirituality, and Personal Dispositions of Practicing Professional Counselors." 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.

Dr. Tricia McClam, Major Professor

We have read this dissertation and recommend its acceptance:

Dr. Vincent Anfara, Dr. Rosalind Hackett, Dr. Shawn Spurgeon

Accepted for the Council:

Carolyn R. Hodges

Vice Provost and Dean of the Graduate School

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

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AN EXPLORATION OF THE RELATIONSHIPS AMONG WELLNESS, SPIRITUALITY,
AND PERSONAL DISPOSITIONS OF PRACTICING PROFESSIONAL COUNSELORS

A Dissertation

Presented for the

Doctor of Philosophy

Degree

The University of Tennessee

Laura Marinn Pierce

May 2010

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comfort along this journey, and Tara provided spontaneity, challenge, and encouragement!

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ABSTRACT

The purpose of this study was to explore the relationships between wellness, spirituality, and personal dispositions of practicing professional counselors. A sequential, mixed-methods case study design was utilized to achieve this purpose. Thirty professional counselors completed three assessment instruments measuring wellness, spirituality, and personal dispositions. Five of these counselors also participated in the qualitative portion of the study. This included the review of photographs of their offices and copies of their résumés and professional disclosure statements as well as participation in a telephone interview.

Following the use of Pearson Product Correlations to analyze relationships in the data from the assessment instruments, two positive relationships were found. Spirituality was positively correlated with the disposition of rule-consciousness. A positive relationship was found between wellness and emotional stability. In addition, three negative relationships were found. The dispositions of apprehension, perfectionism, and tension were all negatively correlated with wellness. No significant relationship was found between wellness and spirituality. These data were used to develop the interview protocol for the qualitative portion of the study.

The constant comparative method was used to analyze the qualitative data. Five themes were developed within the second iteration of analysis: commitment to the philosophies of the profession, a foundation of ethics, coordination, social networks, and personal fulfillment. These resulted in the development of the third iteration of the professional counselor as an integrated whole. These enhanced the findings of the quantitative portion of the study by providing a

description of how the relationships found in the quantitative data impact and present in the work of professional counselors.

This was the first known study to utilize a mixed-methods design to explore wellness, spirituality, and personal dispositions in professional counselors. Future studies should continue to explore the relationships among these factors and how they impact professional practice. These should include the use of a larger sample size as well as the identification of specific behaviors utilized by professional counselors to promote the development of wellness and positive personal dispositions.

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CHAPTER 1

INTRODUCTION

Chapter Introduction

“Counselor, know thyself,” is a phrase often heard during counselor training, but what about “counselor, develop thyself?” What parts of the self should counselors focus on developing? How might this development impact their counseling practice? Counseling is a helping profession rooted in a wellness-based, developmental philosophy focused on the human potential (Myers, 1992; Sweeney, 1995, 2001). Myers, Sweeney, and Witmer (2000) defined wellness 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 optimal state of health and well-being that each individual is capable of achieving. (p. 252)

Much of the focus regarding wellness and counseling has centered on counselors’ clinical work with clients (Myers & Sweeney, 2008). If, however, wellness truly facilitates individuals’ living “life more fully within the human and natural community” (Myers et al., p. 252), then the wellness of the counselor has implications for the counseling process.

In spring 2007, a special issue of the *Journal for Humanistic Counseling, Education and Development* focused on counselor wellness. In the introductory article, Lawson (2007) described counselor wellness as being on a continuum with counselor impairment at the other end of that continuum. Therefore, counselor wellness is viewed as the opposite of counselor impairment, and all professional counselors fall somewhere on that continuum between impaired

and well (Lawson). Lawson, Venart, Hazler, and Kottler (2007) suggested that greater emphasis be placed on counselor wellness in research, counselor training, and practice thus providing counselors with means of developing their awareness, knowledge, and skills related to counselor wellness. This development, in turn, would reduce levels of counselor impairment.

Spirituality is an integral factor in counselor wellness (Myers & Sweeney, 2004a, 2005a, 2005b). Prior to the turn of the century, both the Association of Multicultural Counseling and Development (AMCD) and the Association of Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) included the counselor's self-awareness as they developed competencies for counselors in regards to addressing religious and spiritual issues in the counseling process (Miller, 1999; Sue, Arredondo, & McDavis, 1992). The Council for the Accreditation of Counseling Related and Educational Programs (CACREP; Council for the Accreditation of Counseling Related and Educational Programs, 2008) has supported these competencies through the inclusion of them in program accreditation standards. Scholars have described the increase in activities and courses designed to address the development of these factors (Bishop, Avila-Juarbe, & Thumme, 2003; Cashwell & Young, 2004; Curtis & Glass, 2002; Young, Cashwell, Wiggins-Frame, & Belaire, 2002). While studies have suggested relationships between certain elements of wellness and personal dispositions, it is unknown how spirituality and wellness relate to the personal dispositions of practicing counselors and how the development of these factors impacts their work with clients (Bahner & Berkel, 2007; Bakker, Van Der Zee, Lewig, & Dollard, 2006).

Scholars have noted the importance of the personality of the counselor on the outcome of the counseling process (Gladding, 1997; Guy, 1987; Patterson & Eisenberg, 1983; Rogers,

1961). In addition, university counselor training programs have begun to utilize personal dispositions to evaluate counselor-in-training development; however, in some instances, programs do not identify the dispositions being used. Those programs that identify the dispositions being evaluated do not address the basis for choosing the dispositions being evaluated (Augusta State University, 2009; George Mason University, 2003; Minnesota State University at Mankota, 2004; Saint Cloud State University, n.d; University of Illinois at Springfield, n.d.; University of Minnesota; University of North Alabama; n.d.). Additionally, researchers have suggested relationships between certain elements of wellness and personal disposition. Through an increased understanding of the relationships between wellness, spirituality, and personal dispositions, professional counselors and counselor educators can provide opportunities for the development of those dispositions most closely related to high-level wellness. Additionally, professional counselors can promote their personal and professional development in order to better serve their clients.

Statement of the Problem

Witmer and Granello (2005) suggested wellness-based approaches in their call for a more unified philosophy across counselor education programs. They stated these approaches would focus on the well-being and functioning of faculty, students, and others affiliated with the programs such as administrative personnel and site supervisors. They addressed the need for practicing professional counselors to be working toward optimal well-being. Studies were conducted regarding the use of wellness-based approaches in clinical work, and more recently researchers have begun to address wellness in counselor training (Casey, 2005; Degges-White, 2003; Degges-White, Myers, Adelman, & Pastoor, 2003; Gill, 2005; Hartwig, 2003; Mobley,

2004; Moorhead, Gill, Minton, & Myers, n.d.; Myers & Bechtel, 2004; Myers, Mobley, & Booth, 2003; Roach, 2005; Shurts, 2004; Tanigoshi, 2004). There is a gap, however, in the literature regarding the wellness of practicing professional counselors. An understanding of the role of counselor wellness in the world of practicing counselors outside of academia, particularly those who have been recognized for excellence in clinical practice, has significance for the training and development of professional counselors.

Despite the growing body research regarding wellness and counseling, little is known regarding the wellness of professional counselors who provide direct client services as the majority of research has focused on wellness and client issues (Myers & Sweeney, 2008). Noting the dearth of literature regarding the wellness and spirituality of practicing counselors, Myers and Sweeney called for increased study on this topic. Additionally, the increased assessment of the dispositional traits of counseling students gives cause for further exploration of these traits. This study sought to address these problems by focusing on the relationships between the total wellness, spirituality, and personal dispositions of practicing counselors. Due to difficulties in measuring the effectiveness of counselors across specializations, participants were practicing professional counselors who had received state or national awards for practice and had, thus, been recognized by their professional peers as outstanding practitioners. An understanding of the relationships among wellness, spirituality, and personal dispositions in counselors who have been recognized as outstanding practitioners can further support the development of professional counselors and counselors-in-training.

Purpose of the Study

The purpose of the present study was to measure the relationships between the overall wellness, spirituality, and the personal dispositions of practicing counselors and explore the counselors' perceptions of these factors in their clinical work. A mixed-methods, multi-site study was used to address the quantitative and qualitative nature of the study's purposes.

Research Questions

The absence of literature regarding the role of practicing counselor wellness offers numerous opportunities for research; however, this study centered on the relationships between spirituality, wellness, and personal dispositions and the counselors' perceptions of the impact of these factors on their clinical work. The following research questions were used to focus the study:

1. What is the relationship between the overall wellness, spirituality, and the personal dispositions of distinguished practicing counselors?
2. How do counselors perceive the impact of these factors on their counseling practice?

The study used a QUAN → qual approach in which the two research methods were conducted sequentially. In the use of this approach, the qualitative findings were used to further explain the quantitative findings (Stickler, McLeroy, Goodman, Bird, & McCormick, 1992).

Definitions

For the purposes of this study, the following definitions were used.

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

and is measured by the Five-Factor Wellness Inventory (5F-WEL; Myers & Sweeney, 2004b). In contrast, impairment has been described by the American Counseling Association Task Force on Exemplary Practices for Promoting Wellness for Counselors.

Therapeutic impairment occurs when there is a significant negative impact on a counselor's professional functioning which compromises client care or poses the potential for harm to the client. Impairment may be due to

- substance abuse or chemical dependency;
- mental illness;
- personal crisis (traumatic events or vicarious trauma, burnout, life crisis);
- and
- physical illness or debilitation.

Impairment in and of itself does not imply unethical behavior. Such behavior may occur as a symptom of impairment, or may occur in counselors who are not impaired.

Counselors who are impaired are distinguished from stressed or distressed counselors who are experiencing significant stressors, but whose work is not significantly impacted. Similarly, it is assumed that an impaired counselor has at some point had a sufficient level of clinical competence, which has become diminished as described above. (Lawson & Venart, 2005, p. 243)

Spirituality is defined as “personal, private beliefs that enhance one’s life; hope, optimism, purpose in life, moral values, transcendence, over-all spiritual well-being” (Myers & Sweeney, 2005a, p. 21) and is measured by the Daily Spiritual Experience Scale (DSES; Underwood & Teresi, 2002). Personal Dispositions are defined as “traits that are peculiar to an individual, as opposed to traits shared by a number of people” (Schultz & Schultz, 1994, p. 203) and will be measured by the Sixteen Personality Factor Questionnaire (5th Ed.; 16PF5; Conn & Rieke, 1994).

Delimitations

In an attempt to maintain the focus of this study, delimitations have been established. First, participants were practicing professional counselors who were providing direct client services at the time of the study. As counseling has a variety of specialty practice areas, participants could be providing services in any of the following areas: Addictions Counseling, Career Counseling, Clinical Mental Health Counseling, Marriage and Family Counseling, School Counseling, and Student Affairs and College Counseling (CACREP, 2008). Counselor Educators were included if they were providing service in one of the previously mentioned areas in addition to their counselor training responsibilities. While, as Witmer and Granello (2005) noted, information is limited regarding the wellness of practicing counselors, this study is focused on practicing professional counselors. In addition, a further delimitation was imposed regarding the participants. This study examined the wellness of counselors who had been recognized by their peers for outstanding clinical practice through the receipt of state or national awards for counseling practice. As it is difficult to measure the effectiveness of professional counselors, this limitation provides a means of obtaining a sample of those who have been recognized by the profession for their excellence in practice. In addition they have been practicing for a minimum

of five years. Ross, Altmair, and Russell (1989) found that inexperienced counselors experienced increased levels of emotional fatigue. These delimitations focused the study on exploring those professional counselors who have demonstrated excellence and longevity in the field.

Limitations

The use of mixed-methods methodology addressed some of the limitations posed when solely quantitative or qualitative methods are used; however, limitations continue to exist due to the use of case study. Numerous authors have addressed the limited generalizability of case studies (Maxwell, 2005; Merriam, 1998; Yin, 2003). While this limitation is certainly present in this study, the use of multiple cases increases the generalizability of the findings (Herriott & Firestone, 1983; Merriam; Yin). In addition, purposeful selection (Maxwell) was used. This lack of random sampling further limits the generalizability of the study.

Significance of Study

A significant gap exists in the literature regarding the wellness of professional counselors and the impact of counselor wellness on clinical practice. An extensive review of the literature revealed few studies addressing the wellness of practicing counselors. Therefore, the significance of this study lies first in the exploration of the wellness of practicing counselors. In addition, by exploring the relationship between counselor wellness, spirituality, and personal dispositions, the study can inform both the work of professional counselors and counselor educators. This exploration can inform the work of professional counselors as they strive toward optimum wellness and thereby move further away from impairment. Counselor educators can utilize these findings as they develop their counselor training programs. A greater understanding of the relationship between counselor wellness, spirituality, and personal dispositions of professional

counselors can support counselor educators as they encourage their students in developing their personal wellness. Ultimately, by increasing the wellness of professional counselors, the level of impairment among counselors decreases thereby improving the direct services provided to clients. Finally, studies identified in the review of literature utilized primarily quantitative methodology. The inclusion of mixed methods methodology provides a new perspective on counselor wellness.

Organization of Study

This study is organized into six chapters. Chapter 2, the Review of the Literature, further examines the factors of wellness, spirituality, and personal dispositions. In addition, the study's theoretical orientation will be reviewed. Chapter 3 presents additional information regarding the methodology utilized in answering the research questions. Chapters 4 and 5 present the results of the quantitative and qualitative portions, respectively. Finally, Chapter 6 addresses the implications for practitioners and counselor educators regarding the research results. Suggestions for future research will also be discussed.

CHAPTER 2

REVIEW OF LITERATURE

Chapter Introduction

The purpose of this study was to explore the relationship between the total wellness, spirituality, and personal dispositions of practicing professional counselors. This chapter begins with review of the literature regarding wellness, spirituality, and personal dispositions. Definitions and models of wellness and spirituality are explored independently before addressing current literature regarding the relationship between these factors and counseling. Literature regarding the relationship between wellness and spirituality is examined. Additionally, definitions and theories of personal dispositions are reviewed before exploring the relationship between personal dispositions and counseling and personality research and dispositions. Literature regarding relationships between and among the three factors is examined. The chapter concludes with a description of the theoretical foundation of the study, Individual Psychology (Adler, 1927) and the Indivisible Self model (Myers & Sweeney, 2004a, 2005b).

This systematic review of the literature began with a search of online databases including *Academic File*, *ERIC*, *PsychInfo*, and *PsychArticles*. Keywords used include: counselor burnout, counselor dispositions, counselor wellness, personal dispositions, spirituality and wellness, and wellness and counseling. Seminal works in the areas of wellness, spirituality, and personal dispositions were consulted. These include the works of Alfred Alder (1927, 1933), Gordon Allport (1937, 1953), and Halbert Dunn (1961).

Wellness

Wellness is a word currently used throughout modern western society. Helping professions from medicine to counseling have been exploring the impact of the concept of wellness on professional practice (Dunn, 1961; Myers & Sweeney, 2004a; Pender, Murdaugh, & Parsons, 2006). Magazines and books focused on the general public also have been devoted to the topic. With this recent attention to the topic of wellness, several organizations and scholars have developed definitions of wellness. In order to more fully understand the concept of wellness, it is necessary to explore the development of these definitions and models of wellness.

Definitions of Wellness

Myers and Sweeney (2008) stated the roots of wellness date back almost two millennia to Aristotle's work describing health as refraining from excess. With the scientific revolution came the presumption that the body and mind were separate, nonrelated entities (Larson, 1999). The development of a dualistic framework for understanding the body and mind eventually supported the creation of medicine and psychology as distinct from one another. In 1964, however, the United Nations World Health Organization (WHO) defined health as "a state of complete physical, mental, and social well-being, and not merely the absence of disease and infirmity" (p. 1). Presently, the *Webster Dictionary* defines wellness as "the quality or state of being in good health especially as an actively sought out goal" (retrieved December 1, 2008, from <http://www.webster.com/dictionary/wellness>).

Considered to be the father of the modern wellness movement, Halbert Dunn (1961), a physician, believed that in order for individuals to be well they also must be more than not ill. In addition, he proposed that helping patients achieve well-being included more than disease

prevention. Dunn stated that “well-being calls for zest in life” (p.4). This zest was described as an enjoyment of life, a desire to experience more because of what has already been experienced. Dunn specifically noted that there is no chemical substance that can provide this zest.

Ultimately, Dunn (1961) described well-being as consisting along a continuum. He argued that well-being is more than the absence of illness. Rather he defined wellness as “an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable” (pp.4-5). According to Dunn’s definition, high-level wellness is achieved through a balance of body, mind, and spirit. Dunn stated that because balance is essential, body, mind, and spirit are interrelated, thus challenging the notion that body and mind are distinct entities. In addition to the focus on balance, wellness is a movement or progression toward the individual’s highest level of potential functioning. Dunn also noted that the wellness of the individual cannot be taken out of the context of the individual’s environment.

Hettler (1984), founder of the National Wellness Institute (NWI), defined wellness as “an active process, through which people become aware of, and make choices toward, a more successful existence” (p. 14). Like Dunn (1961), Hettler believed balance was integral to high-level wellness. Time and energy must be balanced between six components of wellness: physical, emotional, occupational, social, intellectual, and spiritual.

Within the field of nursing, Pender, Murdaugh, and Parsons (2006) agreed with Dunn and Hettler in that absence of illness does not constitute a homogeneous state of well-being. They argued for multidimensional definitions of health and wellness that include the biopsychosocial, spiritual, environmental, and cultural aspects wellness. In addition, they called for a focus on the

strengths, positive attributes, and resources available to individuals rather than a problematic focus on illness and pathology.

Myers, Sweeney, and Witmer (2000) offered a definition of wellness from a counseling perspective. Following a review of the literature across disciplines, including the work of Dunn and Hettler, they arrived at 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 optimal state of health and well-being that each individual is capable of achieving. (p. 252).

Models of Wellness

Numerous models of wellness currently exist across multiple disciplines. Having examined various definitions of wellness, several models of wellness will be reviewed. Dunn's model of High-Level Wellness (Dunn, 1961) and Hettler's hexagon model (Hettler, 1984) from the medical field will be explored followed by an examination of The Wheel of Wellness (Sweeney & Witmer, 1991; Witmer & Sweeney, 1992) and The Indivisible Self Model (Myers & Sweeney, 2005b).

Dunn's model of high-level wellness. Halbert Dunn is considered by many to be the father of the modern wellness movement. As a physician, Dunn (1961) thought that medical training had become too focused on disease and disease prevention. He believed this focus was present because diseases were thought to be more interesting, fighting disease was easier than promoting well-being, and many believed wellness to be a single state that was to be achieved rather than an ever-changing process of development. Within Dunn's model, well-being lies

along a continuum. Rather than being an ultimate goal to reach, high-level wellness includes movement in a direction of progress, toward higher functioning. High-level wellness also requires an openness to the future and the challenge to develop one's potential. Dunn also stated high-level wellness requires the complete integration of the entire person.

Dunn (1961) argued that the interrelatedness of the body, mind, and spirit occurs at the most basic level in the body. He described humans as manifestations of energy. The very cells of the body are organized energy, and as energy is never static, the body must constantly be working to maintain balance at the most basic cellular level. This energy is present throughout the other aspects of the individual – the body, mind, and spirit. He believed emotional experiences become ingrained in the very tissues of the body; therefore impacting the cells of the body. In specifically addressing the mind, Dunn defined the mind as a series of tasks and communications occurring between the brain and the body. He identified eight key aspects of the mind: the problem-solving mechanism, communication, the storage of knowledge and experience, values and value judgments, creative imagination, the self, the balance and integration of the self, maturity in wholeness, and purpose.

Finally, Dunn's (1961) model of wellness involved not only the wellness of the individual but also family wellness, community wellness, environmental wellness, and social wellness. Dunn believed the wellness of individuals and groups was not possible without well families. Citing the work of Erich Fromm (1956), he argued that all individuals need love and that love provides a sense of safety and security, allowing individuals to adventure. This adventuring leads to growth and development. Dunn held that the family is the place where individuals experience love. Communities promote individual and family wellness. Well

communities must be intentionally planned, something Dunn thought has not been done in the United States. These communities were described as allowing for pedestrian activity and including a diversity of people. In addition to balance and integration of the self, Dunn stated that the purpose of nature is to uphold balance between humans and the environment. Environmental wellness can be achieved through increased interest in the science of biology, an appreciation for aesthetics, and the intent to change the apathy toward maintaining the environment. Social wellness is described as the progress and development of the society at large. Dunn argued that social wellness is the responsibility of all people (Dunn, 1961).

Hettler's hexagon model. Building off the work of Dunn, Hettler (1984) developed a hexagon model that incorporated six key elements of wellness: physical, emotional, occupational, social, intellectual, and spiritual. Wellness is achieved through balancing these elements (Hettler). Hettler's work has been widely publicized and is extensively used in business and community organizations (Myers & Sweeney, 2005a).

The Wheel of Wellness. Alfred Alder (1933) described Individual Psychology in the following manner

Very early in my work, I found man to be a unity. The foremost task of Individual Psychology is to prove this unity in each individual – in his thinking, acting, in his so-called conscious and unconscious, in every expression of his personality (p. 175).

He identified five life tasks that are central to the growth and development of individuals: (a) work, (b) friendship, (c) love, (d) self, and (e) spirit. Additionally, he identified three constructs that support our understanding of human behavior. *Socio* is the idea that individuals desire

connectedness and belonging. Alder believed that all human behavior is motivated by the need for belonging. *Telio* is the presumption that individuals are goal-oriented beings. In other words, all behavior has a purpose. If goals and behavior can be understood, then they can be changed. Finally, *analytic* is the concept that much of human behavior is rooted in the unconscious (Sweeney, 1998).

The Wheel of Wellness is a circular model of individual wellness that incorporates all five life tasks of Individual Psychology. Spirituality, the life task of spirit, is the center of the wheel. The spokes of the wheel are seven components that make up self-regulation, or the life task of self. These components are (a) sense of worth, (b) sense of control, (c) realistic beliefs, (d) spontaneous and emotional response, (e) intellectual stimulation, problem solving, and creativity, (f) sense of humor, and (g) physical fitness and nutrition. The tasks of friendship, work, and love are the rims of the wheel. The wheel was situated within the context of global events. Witmer, Sweeney, & Myers (1998) chose the circular model in order to demonstrate the nature of the individual as a system. In other words, a change in one component of the Wheel of Wellness will create a change in the other components. Following additional research, the Wheel of Wellness was revised. Spirituality remained at the center of the circular model with the components of self-direction as the spokes. The term self-direction was used to replace self-regulation as it was deemed “more active and empowering” (Myers & Sweeney, 2005a, p. 19). There were 12 spokes, or subtasks, of self-direction: (a) sense of worth, (b) sense of control, (c) realistic beliefs, (d) emotional awareness and coping, (e) problem solving and creativity, (f) sense of humor, (g) nutrition, (h) exercise, (i) self-care, (j) stress management, (k) gender identity, and (l) cultural identity. Work, friendship, and love remained the rims of the wheel.

Surrounding the wheel were identified life forces: (a) business/industry, (b) media, (c) government, (d) community, (e) family, (f) religion, and (g) education all of which are impacted by global events (Witmer, Sweeney, & Myers).

The Indivisible Self Model. The Wheel of Wellness model was quantitatively assessed using the Wellness Evaluation of Lifestyle Inventory (WEL; Myers, Sweeney, & Witmer, 1996, 2000; Myers, Witmer, & Sweeney, 1995; Witmer, Sweeney, & Myers, 1993). The database consisting of 3,993 individuals was assessed by Hattie, Myers, and Sweeney (2004). Their findings supported the reliability and construct, convergent, and discriminate validity of the instrument; however, the Wheel of Wellness model was not supported. Through factor analysis, the original 17 factors of the Wheel of Wellness were identified. These factors did not group in the manner previously hypothesized. This new grouping resulted in the development of five second-order factors. In order to identify the relatedness of all factors, or the unity as described by Adler (1933), higher order wellness was developed, known as the Indivisible Self. This was identified as the Indivisible Self Model (IS-WEL; Myers & Sweeney, 2004a, 2005b).

The second-order factors of the IS-WEL are (a) Creative Self, (b) Coping Self, (c) Social Self, (d) Essential Self, and (e) Physical Self. The Creative Self consists of thinking, emotions, control, work, and positive humor. Those elements make each individual unique also making individual interpretations unique. Leisure, stress management, self-worth, and realistic beliefs comprise the Coping Self. Those attributes support individuals in dealing with life events. The Social Self includes love and friendship and is central to the human desire for connectedness. Nutrition and exercise are the elements of the Physical Self, which is the biological facet of the individual. Finally, the Essential Self consists of spirituality, gender identity, cultural identity,

and self-care (Myers & Sweeney, 2004a, 2005b). Myers and Sweeney (2005b) described this self as the ways in which individuals make meaning in life. Additionally, four contextual variables were identified as part of the model. As individuals are constantly in relationship with the world around them, they are impacted by these variables: (a) local contexts which include family, school, community, (b) institutional contexts or policy, laws, or governing bodies, (c) global contexts including culture, global events, politics, and environmental impact, and (d) chronometrical contexts which are the ways in which individuals change across the lifespan (Myers & Sweeney, 2004a, 2005b).

The IS-WEL is a holistic model of individual wellness that includes the varying elements of the individual as well as the impact of interaction with outside contexts. This model has statistical support through the continued assessment of the database of the Five Factor Wellness Inventory (5F-Wel; Myers & Sweeney, 2004b). This model has been used in multiple research studies (Bigbee, 2008; Casey, 2005; Degges-White, 2003; Degges-White, Myers, Adelman, & Pastoor, 2003; Gill, 2005; Hartwig, 2003; Mobley, 2004; Moorhead, Gill, Myers, & Minton, n.d.; Myers & Bechtel, 2004; Myers, Mobley, & Booth, 2003; Roach, 2005; Shurts, 2004; Spurgeon, 2002; Tanigoshi, 2004). Given the quantitative support through the 5F-WEL, these studies have been primarily quantitative in nature. Therefore the use of this model in a mixed methods study fills a gap in the literature. The IS-WEL, along with the 5F-WEL, is a model of wellness developed from the counseling profession. An exploration of the important relationship between wellness and professional counseling follows.

Wellness and Counseling

The profession of counseling is rooted in philosophy of wellness. Myers, Sweeney, and Witmer (2000) described wellness in counseling as a combination of a focus on prevention and a developmental perspective. Having grown out of the guidance movement in education, counseling has maintained its ties with the field of education. Jessie B. Davis is credited with the implementation and inclusion of guidance in educational settings. Recognizing a need for change regarding the social and vocational issues resulting from the Industrial Revolution, Davis was influenced by the work of Horace Mann and John Dewey. He began to include activities aimed at facilitating student exploration and development of vocation and the self. Davis believed guidance services in education could provide a means of addressing the social concerns of the day (Gladding, 1997; Sweeney, 2001).

In addition to the work of Davis in education, Frank Parsons is known as the father of the Modern Guidance Movement. Parsons worked in the community to support youth in identifying potential vocations. His work concentrated on the growth and development of individuals. Parsons believed that through an increased knowledge of the self and the world of work individuals could achieve a better occupational fit. In contrast to the wellness model, the medical model used by the other helping professions of their day, Davis and Parsons focused on the potential inherent within individuals to support them in achieving autonomy and success (Gladding, 1997; Remley & Herilhy, 2001; Sweeney, 2001).

Within the developmental perspective, counselors conceptualize the majority of problems faced by individuals as being normal. In other words, these problems are a result of individuals' natural development across the lifespan. This directly contrasts with the philosophy of the

medical model that is prevalent in today's society. This model views individuals' problems as resulting from pathology that must be remediated or cured (Remley & Herilhy, 2001; Sweeney, 2001).

Given the importance of wellness to the counseling profession, it is no surprise that a vast amount of research has been conducted regarding wellness in the counseling process. As the Wheel of Wellness model and the Indivisible Self model of wellness are rooted in the counseling profession, the majority of studies in the field have explored these models. Myers and Sweeney (2005b) cited 37 studies utilizing the Wellness Evaluation of Lifestyle (WEL) or the Five-Factor Wellness Inventory (5F-WEL). An additional study utilizing the 5F-WEL also was identified (Bigbee, 2008). Of these 38 studies, two studies included the factors of wellness and religion or spirituality (Bigbee; Gill, 2005), and one explored a dispositional trait (Granello, 1996).

While several studies have explored wellness within counseling student populations, Myers and Sweeney (2008) cited only one study with professional counselors. Mobley (2004) explored the relationship among age, gender role conflict, and wellness in male counselors. He found no significant relationship between wellness and overall gender role conflict. A significant relationship was found between the restrictive emotionality factor and lower wellness. Hill (2004) addressed the need for counselor education programs to promote individual and systemic wellness among students and faculty, with particular emphasis on pretenured faculty. She identified multiple demands and time constraints, professional and personal isolation, unrealistic expectations, and insufficient feedback and recognition as potential challenges for pretenured faculty. Recommendations were made for counselor educators regarding promoting wellness at the individual, collegial, systemic, and departmental levels.

Using qualitative, semi-structured interviews, Grafanaki et al. (2005) explored the role of leisure for counselors and psychologists. They identified four key themes. Leisure mind was the state experienced by the participants when they were participating in leisure activities and included descriptions of decreased pressure and calm. Leisure space was the setting in which the leisure was occurring. Nine of the ten participants specifically identified natural elements as important to their leisure. Connection included connection with self, others, and the community. This included intimacy with others as well as making a greater contribution to the community. Rewards were the positive effects of leisure activities and included establishing balance with the demands of work.

Myers and Sweeney (2008) identified several gaps in the literature regarding wellness and counseling. Notably, they called for more research regarding wellness among professional counselors. As Witmer and Young (1996) noted, “Well counselors are more likely to produce well clients” (p. 151). Therefore wellness among counselors has implications for the outcome of counseling services. They also addressed the need for more qualitative research regarding wellness. With the exception of the Grafanaki et al. (2005) study, all of the previously mentioned studies were quantitative in nature, and a qualitative approach could provide new and different perspectives on wellness.

The earliest wellness theorists have emphasized the importance of spirituality in the development of the whole person. Questions remain, however, about definitions of spirituality and its role in the counseling profession including the counseling process and counselor development. In order to more fully understand the expanding relationship between professional counselor and spirituality, it is necessary to definitions and models of spirituality.

Spirituality

Numerous authors have reviewed the history between spirituality and counseling (Burke, et al., 1999; Cashwell, 2005; Dezutter, Soenens, & Hutsebaut, 2005; Hackney & Sanders, 2003; Helminiak, 2006; Koenig & Larson, 2001; Mack, 1994; Miller, 2003; Pargament, 1999). From the inception of the helping professions, leading theorists have suggested ways of viewing the role of spirituality in psychology, psychiatry, and counseling. These varied interpretations have included those of Freud (1959) and Ellis (1991) who identified spirituality and religion as psychological problems, while Jung (1970) and Alder (1927) viewed spirituality as a core part of each individual that was not necessarily a psychological concern. These theorists have all provided a foundation for how counselors and therapists might approach spirituality in the counseling relationship (Mack). In a review of the perception of spirituality in counseling related fields, Mack stated that theories have attempted also to make sense of the role of spirituality and mental health, whether as a positive contribution to one's mental health or a point of psychological concern.

While theorists have often disagreed regarding the role of spirituality in counseling, recent discussion regarding this role has prompted counselor educators and supervisors to discuss the role of spirituality within counselor education and supervision. The American Psychological Association (APA), American Medical Association (AMA), and Council for Accreditation of Counseling and Educational Related Programs (CACREP) each require their accredited programs to train and prepare trainees to work in an ethical manner with clients different than themselves. This preparation includes clients' religious and spiritual practices and beliefs (Miller, G., 1999). Current CACREP standards (2008) include "religious and spiritual values" (p.

60) in the competencies regarding social and cultural diversity and further emphasize knowledge of “other culturally supported behaviors that are detrimental to the growth of the human spirit, mind, and body” (p. 10). Despite the position of CACREP regarding these standards, there is evidence to suggest that many CACREP accredited programs continue to demonstrate a lack of these competencies their programs (Kelly, 1992; Kelly, 1994; Kelly, 1997; Young, Cashwell, Wiggins-Frame, & Belaire, 2002). Despite its importance in the counseling profession through its presence in accreditation standards and the development of a division related to spirituality, counselors and other scholars disagree on just what constitutes spirituality and how it should be applied to the counseling profession. An exploration of definitions and models of spirituality follows.

Defining Religion and Spirituality

In order to move forward, it is first necessary to review current definitions of religion and spirituality and attempt to distinguish between the two concepts. There appears to be consensus that religion and spirituality are two distinct ideas. At the same time, religion and spirituality are interrelated (Burke et al., 1999). This discrepancy can create confusion regarding the definitions of these terms (W. Miller, 1999). It is also important to note that these definitions often differ across cultures (Burke et al.; Mack, 1994). The Association of Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) (n.d.a) reviewed these varying definitions in its white paper by stating

Spirituality may be defined as the animating life force, represented by such images as breath, wind, vigor, and courage. Spirituality is the drawing out and infusion of spirit in one’s life. It is experienced as an active and passive process.

Spirituality is also defined as a capacity and tendency that is innate and unique to all persons. The spiritual tendency moves the individual toward knowledge, love, meaning, peace, hope, transcendence, connectedness, compassion, wellness, and wholeness. Spirituality includes one's capacity for creativity, growth, and the development of a value system. Spirituality encompasses a variety of phenomena, including experiences, beliefs, and practices. Spirituality is approached from a variety of perspectives, including psychospiritual, religious, and transpersonal. While spirituality is usually expressed through culture, it both preceded and transcends culture. (para. 3)

While this position gave an inclusive description of what spirituality might look like, it does not provide a working definition for professionals to use. Like ASERVIC, Mack also identified several apparent commonalities among these definitions. These included the way in which individuals experience and define being whole through surrendering to a being or sense greater than one's self, finding meaning in one's life, releasing those things that are unhealthy in one's life, and integrating all aspects, both light and dark, of one's self.

Myers and Williard (2003) proposed an inclusive, working definition of spirituality as "the capacity and tendency present in all human beings to find and construct meaning about life and existence and to move toward personal growth, responsibility, and relationship with other" (p.147). According to Myers and Willard and Teasdall (1999) spirituality, whether realized or not, is present in every individual.

Religion has been identified as a series of practices associated with an established tradition. For many religion is a part of their spiritual practice; however religion is not required

for a spiritual practice. Lesser (1999) described religions as being “like cookbooks and guidebooks: they are not the food or the foreign country; rather they suggest ingredients and point us in the right direction” (p. 28).

Daly (2005) attempted to distinguish between religiousness and spirituality. He defined religiousness as manifesting “in external rituals of devotion or worship” (p. 1238) while spirituality was described as focusing “upon an inner state of being” (p. 1238). Both, he acknowledged, involve a process and experience of searching. The emphasis of religion, however, is on the communal and institutional experience of searching while spirituality is focus on the personal and subjective experience. Additionally, spirituality was associated with purpose and meaning in life.

In opposition to Daly (2005), Pargament (1999) stated the field of psychology has historically not defined religion as an institutional experience, as being devoted solely to the dedication to God, or as being all bad or all good. Instead, he argued that the concept of spirituality has been a recent development. The rise of spirituality has, in fact, led to a shift in the definition of religion as psychologists attempt to distinguish between the two. Religion, he stated, has been “defined as the organizational, the ritual, and the ideological” (pp. 5-6). Spirituality, on the other hand, is “a search for meaning, for unity, for connectedness, for transcendence, for the highest of human potential” (p. 6). Religion has become secondary to the central spiritual experience. Thus, the religious experience is viewed as less than the spiritual experience. Instead, Pargament proposed defining religion as “a search for significance in ways related to the sacred” (p. 11) and spirituality as “a search for the sacred” (p. 12). Within this

framework, spirituality becomes central to religion. The two concepts are interwoven rather than distinct experiences.

While spirituality can be part of one's religious experience, religion is not necessary in order for one to have a spiritual experience (Myers and Williard, 2003; Teasdall, 1999). Utilizing this definition and understanding, Myers and Williard defined spiritual experience as "any experience that creates new meaning and fosters personal growth as exhibited by a capacity to move beyond former frames of reference and risk change" (p.147). Spiritual experiences can occur without a transcendent experience, one in which the individual experiences a connection with that which is sacred (ASERVIC, n.d.a).

Differing definitions of spirituality and its relation to religion tend to increase confusion regarding what spirituality is and what it means to have a spiritual experience. Two themes appear among definitions: one's search for meaning and moving toward growth. Religion and spirituality are often confused as being one in the same; however there appears some consensus among definitions located by this author that while interrelated, religion and spirituality are different.

The Problem of Spirituality

In addition to these difficulties in defining spirituality, particularly as it relates to religion, scholars are presented with additional problems related to spirituality. For the purposes of this study, spirituality is defined as "personal, private beliefs that enhance one's life; hope, optimism, purpose in life, moral values, transcendence, over-all spiritual well-being" (Myers & Sweeney, 2005a, p. 21); however several scholars have address the issues related to spirituality and Western consumerism (Aldred, 2000; Carrette & King, 2005; York, 2001). Carrette and King

argued spirituality is actually a trope that has been adopted by corporations. For example, the mass marketing of items such as aromatherapy candles, spiritual retreats, and books on yoga, feng shui, and chakras is a means through which corporations have promoted spirituality. Carrette and King stated the effectiveness of spiritual practice has been promoted by corporations for gain, either financial gain or logistic gain. In her review of New Age spirituality, Aldred described this change to be a result of postmodern capitalism in which individuals seek identity through spiritual traditions. Carrette and King also argued spirituality is “cultural addiction” (p. 1) that is a result of increased individualism and a loss of community. They described spirituality as an attempt to draw on older religious traditions without the indoctrination of modern religions. York described spirituality as an attempt to secularize religious practice.

As information and knowledge regarding religious traditions and practices becomes more readily available to the general public, individuals use this information to develop their spiritual disciplines (York, 2001). In this context, spirituality was described as “self-religion” (York, p. 366). York argued, though, that just as current religious groups have sought to globalize their religions through mission, those who practice New Age spirituality have done the same. Given this, York described spiritual practice as narcissistic in which the individual self-determines what is right, essentially an “ethical no-man’s land” (p. 367).

These critiques of spirituality are, to a certain extent, compatible with the definitions of religion and spirituality presented in the previous section. Religion consists of those practices that are connected with a specific tradition while spirituality lacks the concrete connection with an established tradition. While Carrette and King (2005) and York (2001) argued that spirituality is an attempt to divert from the indoctrination of established religions, other scholars have noted

that for some, religious practice and adherence to an established religious tradition can be a spiritual practice (Myers & Willard, 2003; Teasdale, 1999).

A second problem exists, in addition to the commercialization of spirituality, in relation to spirituality. Spiritual bypass is a term used to describe the use of spiritual practice or experience to avoid addressing significant emotional issues. Within this context, spiritual practice is considered unhealthy (Cashwell & Rayle, in press). Cashwell and Rayle identified eight areas of spiritual bypass: compulsive goodness, repression of undesirable emotions, spiritual narcissism, spiritual addiction, blind faith in charismatic teachers, spiritual materialism, abdicating personal responsibility, and social isolation. While spirituality was described in the previous section as promoting the well-being of individuals, spiritual by represents the potential negative impact of spiritual practice.

In addition, some of the areas of spiritual bypass presented by Cashwell and Rayle are similar to the critiques of Aldred (2000), Carrette and King (2005), and York (2001). York described spirituality as a narcissistic “self-religion” (p. 366), and Cashwell and Rayle stated spirituality can be used by individuals to inflate feels superiority. Additionally, spiritual addiction occurs when an individual develops a compulsive need for transcendental spiritual experience. They also address spiritual materialism. While slightly different than the mass consumerism previously described, spiritual materialism occurs when an individual uses “spiritual practice for the primary purpose of personal egocentric gain” (p. 8). Individuals have opportunities for personal growth through spiritual practice and experience; however it is important to acknowledge that spirituality is not without its critics. In addition, spiritual practice, in the form of spiritual bypass, can impede individual development (Cashwell & Rayle);

however as the focus of this study is on the impact of spirituality in individual development, models of spiritual development will be reviewed in the following section.

Models of Spiritual Development

Due to the trend to operationalize religion in terms of organized participation and ritual as described in the previous section, some models of religious development exist (Allport, 1953; Batson, 1976; Fowler, 1981). The intrinsic and constructivist nature of spirituality makes the development of models of spiritual development more difficult. Despite this difficulty, some models of spiritual development exist. Wilber's (2001) Spectrum of Consciousness and The Fetzer Institute's (1999) Multidimensional Model are two such models that will be reviewed in more detail in the following section. In addition, Allport's (1953) model of Intrinsic and Extrinsic Religiousness will be reviewed as Allport's work is closely associated with personality traits and dispositions, a factor in this study, and Adler's Individual Psychology, the theoretical orientation for this study.

Allport's intrinsic and extrinsic religiousness. Allport's (1953) work in religion and psychology focused primarily on the relationship between religion and prejudice and the development of religious orientation. His exploration of the development of religious orientation led him to the conclusion that there are many different types of religion. Religion, he argued, varied from person to person; therefore, he sought to understand how individuals develop their personal religious orientation.

Allport (1953) identified two types of religious orientation: intrinsic and extrinsic. Individuals with extrinsic orientation aim to use religion to achieve their own means. These individuals, while participating in religious experiences, maintain their focus on themselves and

their own needs and desires. Intrinsically oriented individuals are motivated by religion. Their personal needs and desires are considered secondary to the religious experience. Extrinsic and intrinsic orientations represent a continuum. Allport and Ross (1967) purported that individuals' religious orientation lies somewhere along this continuum. The Religious Orientation Measure was developed to measure individuals' orientation along the religious orientation continuum. Consisting of 20 items on a 5-point Likert scale, the Religious Orientation Measure scores individuals' rankings on items identified as intrinsic and extrinsic (Allport & Ross).

Allport's model is not without criticism. Bigbee (2008) argued that Allport's model fails to address all aspects of religion, particularly noting the sacred and the social. Others have argued that Allport's extrinsic subscale is actually two distinct subscales, social extrinsic orientation and personal extrinsic orientation (Genia, 1993). She also noted that because Allport's model is based on orientation and motivation, it does not address the concept of spirituality. There are, however, some comparisons between the previously mentioned definitions of spirituality and Allport's definition of intrinsic orientation.

Griffith and Griggs (2001) combined Allport's model with Erikson's (1980) theory of identity formation. The researchers believed that counselors could use this model to assess their clients' religious identity status and by determining their religious identity status, incorporate spirituality in the counseling process. Griffith and Griggs noted that while this is a developmental model, individuals can both progress and regress along the continuum of four stages. Diffusion Status was described as those with extrinsic orientation or those who have no interest in religion. The second stage is Foreclosure Status in which individuals remain extrinsically motivated; however they desire approval and belonging. This motivation is what

some have considered social extrinsic orientation. In Moratorium Status, individuals tend to experiment with a variety of religions, no longer seeking to conform to the previously held religious beliefs. For many, this period is one of existential exploration. Finally, individuals experience Achievement Status, or intrinsic orientation.

The Fetzer Institute's Multidimensional Model. In 1999, the John E. Fetzer Institute published the Multidimensional Measurement of Religiousness/Spirituality. This assessment was developed by a team of sociologists, psychologists, public health administrators, and medical personnel. The team identified ten domains of religion and spirituality: Daily Spiritual Experience, Values and Belief, Forgiveness, Private Religious Practices, Organizational Religiousness, Religious/Spiritual Coping, Religious/Spiritual Support, Religious History, Commitment, and Religious Preference. The aim of the Multidimensional Model was to address not only religion but religion and spirituality and the relationship between the two.

While the Multidimensional Model provides a framework for conceptualizing multiple aspects of religion including its relationship with spirituality, it nonetheless encompasses inherent limitations. First, the creators acknowledge that while an extensive review of the literature was conducted during the development of the model and its corresponding instrument, it is unknown whether there are domains absent from the model. Additionally, Traphagan (2005) addressed cross-cultural concerns related to the instrument. He noted that while the creators stated they addressed issues related to language with focus groups of diverse individuals, they did not identify the cultural and religious groups represented in these focus groups. Traphagan also argued that while attempts were made to address the cross-cultural concerns the model is still based on a Western worldview rooted in Judeo-Christian values.

Wilber's Spectrum of Consciousness. Known primarily for his work in Transpersonal Psychology, some of Ken Wilber's earliest work is devoted to the development of the Spectrum of Consciousness Model. Wilber argued that the basic aim in the exploration of one's identity is answering the question "Who am I?" The answers are the result of where the individual draws a "boundary line" (Wilber, 2001, p. 4) between the self and non-self. Wilber described this point as a "battle line... marking off the territory of two opposed and potentially warring camps" (Wilber, p. 10).

In the Spectrum of Consciousness Model, the boundary line expands until it is non-existent. At this point, the individual is considered to be whole or in harmony with the universe. Wilber (2001) identified six levels of consciousness beginning with the Persona Level. Here, individuals suppress the unwanted parts of the self, defined as the Shadow; thus, drawing a boundary between the persona self and the shadow not-self. Second, individuals define the self as the mind, or ego, and establish the boundary between the ego and the body, which is considered the remainder of the total self. This second level is the Ego Level. At the Total Organism Level, individuals identify the self as both the mind and body thus establishing a line between the total organism and the environment. Prior to the final developmental level, Wilber described the transpersonal bands in which individuals experience some moments of unity between the total organism and the environment; however, this unity is not consistent. The final level of the Spectrum of Consciousness is Unity Consciousness in which the total organism is in harmony with the universe. Wilber noted that while individuals experience movement along the spectrum development does not stop at Unity Consciousness. Rather, individuals can cycle through all or some of the spectrum when some situations arise. Additionally, Wilber identified those

counseling theories that correspond with each level along the spectrum. Thus, once counselors have identified their clients' locations along the spectrum, they can determine which theories will be most suited to support clients' development along the spectrum.

As with the other theories presented, Wilber's (2001) model is not without limitations. Most notably is the lack of empirical support for the model. No corresponding assessments have been developed; nor was this author able to identify any specific studies utilizing this model. Wilber did not specifically define the Spectrum of Consciousness as a model of spiritual development; however the aim of Unity Consciousness supports the definitions and concepts of spirituality previously described. Additionally, the spectrum addresses areas of spirituality not covered in the previous models by exploring areas related to unity of the holistic self with the universe and consciousness. Wilbur's model and the development of Transpersonal Psychology represents a growing trend in both psychology and counseling to explore the inclusion of spirituality in the professions. A recent history of the relationship between spirituality and counseling will be reviewed.

Spirituality in Counseling

In 1993, after undergoing several changes in purpose and name, the Association for Spiritual, Ethical, and Religious Values, a division of the American Counseling Association (ACA) also known as ASERVIC, officially received its current name from ACA (G. Miller, 1999). As little as has been documented regarding the relationship between spirituality and professional counseling prior to 1993, a brief review of the recent history of ASERVIC and its role within professional counseling will be presented. ASERVIC (n.d.b) defined its mission by stating

ASERVIC is an organization of counselors and human development professionals who believe spiritual, ethical, and religious values are essential to the overall development of the person and are committed to integrating these values into the counseling process.

In an article published in the *Journal of Counseling and Development*, Geri Miller (1999) described ASERVIC's role in the American Counseling Association and provided a brief history. In the early 1990's, the American Counseling Association adopted a position paper addressing a responsibility to be committed to diversity. This paper was originally published in the *Journal of Counseling and Development* in 1992 (Sue et al., 1992). ASERVIC has served as the representative to ACA of the diversity of spirituality and religion as it is the only division of the American Counseling Association whose focus is on religion and spirituality. Therefore, ASERVIC is deemed the leading association within the counseling profession regarding the inclusion of spiritual, ethical, and religious values in the counseling process (G. Miller, 1999).

After one year of planning, ASERVIC held the Summit on Spirituality. This two and a half-day summit was the culmination of dialogue among the leaders of ASERVIC regarding the need to increase discussion concerning the inclusion of spirituality in the counseling process. Fifteen individuals were invited to the summit because they had published books or articles on the topic of spirituality in counseling. Thirteen of those fifteen individuals were able to attend. There were two important results of this gathering. The first was ASERVIC's description of spirituality as quoted above. The second was the establishment of a set of nine counselor competencies of integrating spirituality and religion into counseling. Those competencies as stated by ASERVIC (n.d.c) are:

1. The professional counselor can explain the relationship between religion and spirituality, including similarities and differences.
2. The professional counselor can describe religious and spiritual beliefs and practices in a cultural context.
3. The professional counselor engages in self-exploration of religious and spiritual beliefs in order to increase sensitivity, understanding, and acceptance of diverse belief systems.
4. The professional counselor can describe her or his religious and/or spiritual belief system and explain various models of religious or spiritual development across the life span.
5. The professional counselor can demonstrate sensitivity and acceptance of a variety of religious and/or spiritual expressions in client communication.
6. The professional counselor can identify limits of her or his understanding of a client's religious and spiritual expressions and demonstrate appropriate referral skills and generate possible referral sources.
7. The professional counselor can assess the relevance of the religious and/or spiritual domains in the client's therapeutic issues.
8. The professional counselor is sensitive to and receptive of religious and/or spiritual themes in the counseling process as befits the expressed preference of each client.

9. The professional counselor uses a client's religious and/or spiritual beliefs in the pursuit of the client's therapeutic goals as befits the client's expressed preference.

It should be noted that there are additional subcompetencies beneath each of the nine (Young et al., 2002; Young, Wiggins-Frame, & Cashwell, 2007).

Assumptions of spirituality and counseling. In reviewing the definitions of spirituality presented here and in other writings by both helping professionals and others, several assumptions have been made regarding the presence of spirituality in the counseling process. This section will review these assumptions. It can be stated that counseling is spiritual work (Cashwell, 2007). This statement would be accurate when considering the unique factor of counseling among the helping professions is the foundation of the wellness model. Spirituality consistently has been identified as an integral part of wellness (Myers & Williard, 2003). The historical development of the increased inclusion of spirituality in counseling would parallel the development of a young profession which is still establishing its identity.

Regarding spirituality's importance and presence, whether acknowledged or not, for everyone, religion and spirituality may be appropriate and powerful in counseling process; however it has been argued that it may not always be an appropriate topic during the counseling process (Aten & Hernandez, 2004; Cashwell, 2007). It is also possible that due to an absence or lack of counselor competence and/or self-awareness religion and spirituality may not be integrated into counseling in a healthy manner. Cashwell provided three key components of healthy and appropriate integration. It is essential that this integration parallel the beliefs and practices of the client. Counseling should provide both translative and transformative

experiences and changes. Significant attention should be given to congruency between beliefs, practices, and experiences both in and out of the counseling session.

In 1998, Young et al. (2007) conducted a survey of 1000 randomly sampled members of the American Counseling Association to examine the perceived importance of ASERVIC's nine competencies, outlined above. Of those 1000 individuals, 350 returned the survey, a return rate of 35%. The survey was to answer three research questions: 1. participants perceived importance of the nine competencies from the 1995 Summit on Spirituality reviewed previously, 2. the degree to which respondents believe they are prepared to utilize the competencies, and 3. whether respondents believe they need additional training. Young et al. reported that 37.9% of respondents felt they were "very prepared" to counsel clients with spiritual issues while an additional 47.9% believed they were "somewhat prepared." Regarding the importance of formal training regarding these issues, 47.9% believed it is a "very important" area of training while 34% believe it to be "somewhat important." While this study surveyed a small portion of ACA membership, its results indicate a discrepancy of respondents' level of training regarding issues of spirituality and religion and their belief in its importance.

The literature previously reviewed suggests that spirituality can be a powerful tool in the counseling process when utilized ethically and appropriately. While 37.9% of counselors reported belief that they were very prepared to address spiritual issues in the counseling relationship, 47.9% stated this was an important area of training. With additional training, deemed very important by the majority of counselors surveyed, the preparation of counselors to address these concerns in counseling should increase (Young et al., 2007). This training should address the ethical and appropriate integration of spirituality into the counseling process as well

as the competencies outlined by ASERVIC in order to increase counselor competence of this integration.

Jensen and Bergin (1988) surveyed 425 mental health professionals from a variety of disciplines regarding the impact of their personal values in the therapeutic process. Participants were asked to identify whether particular value themes were important for positive mental health. Regarding spirituality/religiosity, 34% believed this to have moderate to high importance while 53% believed seeking spiritual understanding of one's place in the universe to be medium or highly important. With regards to active participation in religious affiliation, 28% found this to be of importance. The researchers also found that those with personal religious affiliation were more likely to identify spirituality/religiosity as important to mental health.

Moberg (2002) described the difficulties in assessing spirituality. First, he addressed the difficulty in defining the term as has been reviewed above. In addition, issues exist related to the norming of an instrument given the relationship between religion and spirituality and the very multidimensional nature of spirituality can take. Creating an instrument that could be normed for all people would be difficult as spirituality is not limited to groups but is considered an individual experience (ASERVIC, n.d.a.). No assessment can measure spirituality, itself, but rather behaviors and indicators of the presence of spirituality. The use of an assessment instrument leads to reductionism in researching spirituality. In order to address some of these issues related to assessing spirituality, he recommended the researchers remember all instruments have limitations. When possible, an instrument should be developed for each religious group the researcher might encounter. Interdisciplinary studies and multiple research methodologies might address some of the limitations of studying spirituality.

Spirituality and professional counselors. The third competency listed previously states the need for counselors' self-awareness regarding religion and spirituality (ASERVIC, n.d.c). Hagedorn (2005) noted this competency addresses the link between conceptual learning and experience. He argued that without the personal exploration presented in this competency the remaining competencies cannot be addressed. In addition, self-awareness and exploration are critical if counselors are to provide ethical services to their clients (Bergin, 1991). Hagedorn stated that just as counselors need to explore their personal psychodynamic issues they must address their personal religious and spiritual issues as well. Citing the work of Weinstein, Parker, and Archer (2002) regarding spiritual topics present in counseling, Hagedorn stressed that counselors must explore these same issues including forgiveness, transcendence, the purpose of tragedy, morality, sacredness, altruism, one's relationship with God, and the values of material possessions.

McLennan, Rochow, and Arthur (2001) identified four experiences in spiritual self-awareness. First, individuals must explore their personal values across the lifespan. Second, individuals should develop an awareness of personal biases and fears. In addition, exploration of the ways in which individuals incorporate spirituality in the counseling process is necessary for spiritual self-awareness. Finally, counselors should explore their personal comfort in incorporating spiritual issues into the counseling process. Here, they should pay particular attention to the inclusion of spiritual practices and religion different from their own.

While the previously described studies have addressed counselors' perceptions of the role of spirituality in the counseling process and their comfort in including spirituality, a gap in the literature exists regarding the spirituality and spiritual awareness of professional counselors. In

their study of the role of leisure for counselors and psychologists, Grafanaki et al. (2005) stated that participants associated some experiences of leisure as being spiritual in that they felt a connection with something greater than themselves. Additionally, some participants described the connection with self as contributing to their self-actualization. The counseling profession would benefit from additional qualitative and quantitative studies regarding the spirituality of professional counselors. Scholars have posited the importance of spiritual self-exploration for the counselor and for the outcome of the counseling process; however without studies exploring this, the true impact of counselors' spirituality remains unknown.

Cashwell, Bentley, and Bigbee (2007) argued that the counselor's spiritual life might have the most direct impact on counselor wellness. They identified three features of counselors' spiritual lives that are important: the acknowledgement of the importance of self-care in caring for others, maintaining both connectedness and boundaries with clients, and having the true intent of serving the needs of others rather than one's own. Spirituality is a developmental process leading to increased mindfulness, heartfulness, and soulfulness. Mindfulness is defined as the "nonjudgmental awareness of present experiences" (p. 67) and includes enhanced attention and concentration, staying present and accepting what is, greater self-awareness and compassion, the use of self in counseling, and self-regulation. Heartfulness is the "experience of compassion and love" (p. 67) and involves an openness to and ability to experience a full range of emotions. Soulfulness is the "connections beyond ourselves" (p. 67) and includes meaning and purpose in life, understanding of the sacredness of life, and understanding of the interconnectedness of all things. Cashwell, Bentley, and Bigbee provided a model for understanding counselor wellness

and spirituality; however they also noted that, at present, there is no empirical validation for this model.

As previously stated, spirituality has been an integral part of wellness models since initial explorations on the concept of wellness. The purpose of this study includes an exploration of the relationship between these two factors; therefore it is necessary to review the history of this relationship and its current status in the profession of counseling.

Wellness and Spirituality

Spirituality has been a key component since Dunn's (1961) development of his high-level wellness model. Dunn described creative expression as satisfying "something very deep in our nature and in the end, it brings to us as individuals a sense of self-fulfillment" (p. 122). He reviewed the work of Maslow (1971) regarding self-actualization. Maslow identified eight key considerations in the process of self-actualization. He defined self-actualization as "experiencing fully, vividly, selflessly, with concentration and total absorption" (p. 44). Self-actualization is a process; much like in Dunn's model of wellness, individuals constantly make choices leading them closer to or further away from self-actualization. Third, in order for self-actualization to occur it is assumed that a self exists. Maslow challenged individuals to be honest in the process of moving toward self-actualization. This, he stated, involves taking responsibility for the process. By making choices, based on truth and responsibility rather than fear, individuals develop awareness of the self. Maslow stressed that "Peak experiences are transient moments of self-actualization" (p. 46). Finally, when individuals progress toward self-actualization, they will become more aware of their psychological defenses. In addition to the work of Maslow, Dunn (1961) acknowledged Allport's (1953) work in personality theory and religious orientation and

the work of Erich Fromm (1956). Fromm explored the ethics and values inherent in society as well as the importance of love in the holistic development of individuals. He believed love to be the aim of all human behavior and a necessary for personal growth and development.

Dunn (1961) stated that in order to achieve Maturity in Wholeness individuals must integrate and develop balance among the body, mind, and spirit. From the development of Maturity in Wholeness, purpose in life is developed. Like the wellness philosophy is the process of moving toward greater potential, purpose in life constitutes fighting for something rather than battling against something.

In their review of the literature concerning religion and mental health, Koenig and Larson (2001) reviewed 12 cohort studies addressing well-being and life satisfaction. Of these, 10 identified religiousness and a predictor variable for well-being. They also noted 12 of the 14 studies reviewed reported a significance positive relationship between hope, optimism, purpose, and meaning and religion. Overall, of the 100 studies reviewed, 79 found a positive relationship between religion and wellness. While this review of literature provided support for the relationship between religion and wellness, others have found a negative relationship between religion and morality (Pargament, Koenig, Tarakashwar, & Hahn, 2001). Because the findings are focused on health, however, Cashwell (2005) warned against the implication of these findings on the relationship between wellness and spirituality. Dezutter et al. (2006) examined religious involvement and attitudes as predictors of mental health among 472 adults. Their findings suggested a significant relationship between religious attitudes and orientations and psychology distress and psychological well-being. No significant relationship was found between church attendance and belief salience and psychological distress and well-being.

Purdy and Dupey (2005) developed the Holistic Flow Model of Spiritual Wellness. The purpose of this model was to support counselors in exploring spiritual issues in both counseling and research. Seven life tasks were identified: companionship, mind, life's work, emotions, body, beauty, and religion. In addition, five themes are included in the model: belief in an organizing power of the universe, connectedness, faith, movement toward compassion, the ability to make meaning of life, and the ability to make meaning of death.

In their study of buffers of stress among graduate students, Calicchia and Graham (2006) explored existential well-being, religious well-being, and spiritual well-being as potential buffer against stress. While a positive relationship existed between religious well-being and physical health problem, a negative relationship was found between existential well-being and stress from a spouse or partner and stress from extended family. In addition, a positive relationship was found between existential well-being and social support and positive life events. Therefore, the researchers concluded that spirituality is an effective buffer of stress; however, the three constructs of spirituality, existential, religious, and spiritual well-being are distinct and separate.

Bigbee (2008) surveyed 125 faculty, staff, and students at a mid-sized university in the southeastern United States to determine the relationships between and among religiosity, wellness, and social interest. She found partial support for a significant relationship between religion and wellness. Negative Religious Support did not have a significant relationship with wellness, and Daily Spiritual Experience had the highest positive relationship. When multiple regression was applied, however, social interest was found to be a mediating factor between Daily Spiritual Experience and total wellness. Similarly, when exploring five factors of the IS-WEL, all nine of the 10 domains presented a significant positive relationship with the Essential

Self, Negative Religious Support being the only exception. No significant relationships were found between the Physical Self and the 10 domains. Daily Spiritual Experience, Organizational Religiousness, Positive Religious/Spiritual Coping, and Negative Religious/Spiritual Coping were all found to have significant relationships with the Social Self. Significant relationships also reported between Daily Spiritual Experience and Positive Religious/Spiritual Coping and the Creative Self and Negative Religious/Spiritual Coping and the Coping Self.

Scholars have suggested a relationship between wellness and spirituality, and counselor education has supported their importance by including both concepts in counselor training programs. The question remains regarding whether individuals with certain types of personal characteristics have an increased likelihood of higher level wellness and spiritual experience. A multitude of personality theories exist in the field of psychology, and these theories and definitions of personal dispositions will be explored in the following section.

Personal Dispositions

From the early work of Gordon Allport (1937) to the more recent work of Isabel Briggs Myers and Peter Myers (1995), psychologists have theorized about personality development. Buss and Craik (1985) stated that “one of the most fundamental tasks in personality psychology is to identify a subset of important dispositions from the thousands available or imaginable” (p. 934). Traits, characteristics, and dispositions are all terms that have been used interchangeably in the personality literature.

Definitions of Personal Dispositions

Cattell (1946) stated

The ritual of beginning a dissertation with a precise definition of what is to be studied seems to be beloved almost as much by students as by professors. Yet it frequently implies a serious misunderstanding of the scientific method. If anything can be fully defined, it is pointless to investigate it. (p. 15)

The concept of personality is certainly no exception. As early as 1937, Allport's review of the literature identified no less than 53 different definitions of personality. Cattell noted that the personality consists of the conscious and unconscious reactions to people, things, and ideas.

Dispositions have been identified by Cattell (1946) as one of the major divisions of the total personality; however, the term, disposition, has been used interchangeably with other terms such as personality traits, personality characteristics, attitudes, and motivations. Cattell distinguished dispositions as "the predominant dynamic drives and purposes coloring personality" (p. 14). Heimpel, Elliot, and Wood (2006) stated dispositions were "indicators of approach and avoidance temperament" (p. 1294) while Rholes, Jones, and Wade (1988) defined dispositions as "personality traits and abilities" (p. 1). Trope (1986) described personal dispositions in terms of attitudes, motives, personality traits, and abilities.

Theories of Personal Dispositions

Just as there are multiple definitions of and terms for dispositions, personality theories abound. Schultz and Schultz (1994) identified eight major approaches to personality theory: the Psychoanalytic/Neopsychanalytic Approach, the Trait Approach, the Life-Span Approach, the Humanistic Approach, the Cognitive Approach, the Behavioral Approach, and the Social-Learning Approach. Multiple theories exist within each approach. As this study aims to explore dispositional traits, theories within the Trait Approach will be presented below.

Gordon Allport's theory. Allport is credited with making the study of personality acceptable within the field of psychology (Schultz & Schultz, 1994). In addition, Allport introduced the concept of traits in the discussion of personality. Rather than stating that individuals are motivated by their unconscious, Allport posited that emotionally healthy individuals are conscious of and aware of their motives and desires. He also believed that individuals are directed by the present rather than past experiences. Finally, Allport argued the most effective means of studying personality is by studying emotionally healthy adults (Allport, 1937; Schultz & Schultz).

Personality is in a constant state of motion; however this is not a chaotic state of change in which the mind and body are integrated. The personality is viewed as being influenced by heredity, the environment, and additional situational variables. Therefore, each individual is considered to be unique. This unique combination of traits impacts how each person responds to the environment and situations (Allport, 1937).

Raymond Cattell's theory. Cattell (1946) believed that increased knowledge regarding personality would lead to the ability to predict individual behaviors. Using factor analysis, Cattell narrowed the more than 1000 traits identified by Allport (1937) to 16 higher-order traits: warmth, reasoning, emotional stability, dominance, liveliness, rule-consciousness, social boldness, sensitivity, vigilance, abstractedness, privateness, apprehension, openness to change, self-reliance, perfectionism, and tension. These are known as source traits and are considered to be consistent. In addition, five lower-order traits were identified: extroversion, anxiety, tough-mindedness, independence, and self-control. This work in factor analysis and the aim to predict behavior led to the development of the 16 Personality Factor Questionnaire (16PF) which was

first published in 1949. The assessment is currently in its fifth edition known as the 16PF-5 (Cattell & Schuerger, 2003; Conn & Rieke, 1994).

Hans Eysenck's theory. Eysenck (1947) believed any study of personality should be rooted in objective, statistical data. Therefore, like Cattell (1946), he relied heavily on the use of factor analysis in the development of his theory of personality. He defined three main dimensions of personality, which he identified as supertraits: extroversion/introversion, neuroticism, and psychoticism. Unlike Allport (1937) and Cattell (1946) who viewed personality as being influenced by a variety of factors, Eysenck believed personality to be genetic and biologically based and therefore, not influenced by the environment or situations.

McCrae's and Costa's five-factor model. The theory of McCrae and Costa (1991) bears similarities and differences to Cattell's theory of personality. Both have incorporated the use of factor analysis in order to identify specific personality traits. McCrae and Costa, however, placed more importance on five lower-level dimensions where Cattell's (1946) was on the higher-level factors. In the development of five-factor model, McCrae and Costa first identified the five lower-level factors. These factors are: Extroversion, Neuroticism, Openness to Experience, Agreeableness, and Conscientiousness. These factors have come to be known as the "Big Five" in the personality literature.

As much of this literature has come from the field of psychology, particularly social psychology, it is important to explore the implications these theories and research have for professional counseling. The relationship between personal disposition and the practice of counseling as well as the development of professional counseling will be reviewed. Additionally, recent research in the field of personality theory will be addressed.

Personal Dispositions and Counseling

Carl Rogers (1961) stated that the person of the counselor has a greater impact on the therapeutic process than the skills and techniques used. Cavanagh (1982) supported Rogers's supposition indicating that the personality of the counselor is more important than skills and knowledge. In the counseling process, the person of the counselor is the instrument through which the services are provided. While different counselors may use the same techniques, the delivery of these techniques will not be the same because the instruments being used to deliver the services are not the same. Patterson and Eisenberg (1983) identified four key personal dispositions found in effective counselors: stability, harmony, constancy, and purposefulness. Guy (1987) described motivational dispositions associated with ineffective counselors. These included having unresolved personal distress, vicarious coping, loneliness and isolation, the need for power and control, the need for love, and vicarious rebellion. In addition, Guy identified motivational dispositions found among effective counselors. These counselors possessed a natural curiosity about people. They were comfortable in conversation and also had the ability to listen to others. Effective counselors demonstrated empathy for others, comfort with a range of emotions, introspection, the ability to see humor in life, and the capacity to be emotionally close with another individual. Unlike ineffective counselors, these counselors showed self-denial or the ability to put another's needs before their own and the ability to accept power when necessary. Cormier and Cormier (1985) also explored the characteristics of effective counselors. They found these counselors to possess the following qualities: intellectual competence, energy, flexibility, supportiveness, goodwill, self-awareness, and awareness of cultural experiences.

Bakker et al. (2006) explored the relationship between the five personality traits described by McCrae and Costa (1991) and burnout among volunteer counselors working with terminally ill patients. Extroversion and neuroticism were the most consistent predictors of burnout. When neuroticism was combined with increased negative experiences, however, the rate of burnout increased. Citing these findings, Bakker et. al. suggested that burnout may not be an innate tendency but rather a situational response. Therefore, the relationship between burnout and neuroticism might be mediated by the development of alternative means of coping.

Bahner and Berkel (2007) also studied the relationship between burnout and the five personality traits. Their sample consisted of 115 human service professionals working in batterer intervention programs. A positive association was found between Neuroticism and Emotional Exhaustion, and Agreeableness was negatively correlated with Depersonalization toward clients. The researchers suggested that while personality theorists posited that dispositions do not change over time, mental health clinicians could benefit from greater understanding of their personalities and specific behavioral skills to help prevent burnout.

Empathy is a critical element in the delivery of counseling services (Gladding, 1997; Guy, 1987; Rogers, 1961). Duan and Hill (1996) noted that scholars disagree regarding the construct of empathy. Some acknowledge empathy to be a cognitive-affective state that is situational specific. Other scholars, however, argue that the ability to show empathy for another is a disposition. If empathy is a personal trait, then some individuals are inherently more empathic than others. Therefore, this disposition could be developed in counselor training but not necessarily learned. Duan and Hill called for the need for additional research regarding the nature of empathy. In their study regarding counselor adaptability, Gabbard, Howard, and

Dunfee (1986) found a significant relationship between the disposition of adaptability and empathy and talkativeness. In addition, counselor adaptability was highly predictive of the outcome of counseling. In other words, when the counseling approach is adapted to meet the needs of the client, rather than the theoretical orientation of the counseling, the positive outcome of counseling is increased.

Research on Personal Dispositions

As previously noted, research in personality has primarily been the work of psychologists, particularly experimental and social psychologists. Trope (1978; 1986) explored the inference of dispositions when a particular behavior is demonstrated. Also known as attribution theory, this explains what dispositions observers attribute to certain behaviors. When studying perceived freedom as a mediating factor between attributed dispositions and behavior, Trope (1978) found that perceived freedom regarding behavior was more closely related to dispositions individuals were likely to have than those they were not likely to have.

Rholes et al. (1988) studied the developmental nature of disposition stability with 7- to - 8- year old children. The participants were divided into two groups based on their perceived stability of dispositions. Their findings suggest that children in the two groups viewed dispositions differently. Children with higher perceived disposition stability related dispositions with behaviors as well as personal characteristics. Additionally, when exploring dispositional attributions, the researchers found differences in meaning of the perceived dispositional attributions; however, there were no differences associated with the strengths of the perceived dispositions.

Heimpel et al. (2006) found self-esteem to be a mediator between personal dispositions and goal pursuit. They specifically focused on the adoption of approach versus avoidance goals. Approach goals are those aimed at achieving a positive outcome whereas avoidance goals seek to avoid a negative outcome. Individuals with the extroversion disposition were more likely to utilize approach goals. In addition, a positive relationship was found between the use of approach goals and self-esteem. Neuroticism, on the other hand, was related to the use of avoidance goals, and a negative relationship was found between the use of avoidance goals and self-esteem.

The current and seminal literature regarding the factors in this study has been reviewed. Given that the purpose of this study is to explore the relationship between wellness, spirituality, and personal dispositions, it is necessary to review the current literature regarding these relationships.

Personal Dispositions, Spirituality, and Wellness

Much of the research concerning personal dispositions and wellness and spirituality, to date, has utilized the five factor model of McCrae and Costa (1991). Holahan and Moos (1987) explored the coping strategies of two samples of 400 adults, a community sample and a sample entering psychiatric treatment for depression. Within both samples, the use of active-cognitive coping strategies was related to an easygoing disposition.

Brunstein, Schultheiss, and Grässmann (1998) explored the relationship between motive dispositions and emotional well-being. Motive dispositions are those needs that impact behaviors. Examples include the power motive or achievement motive. The researchers found that only when personal goals achieve the needs of the motive dispositions is emotional well-being affected among a sample of undergraduate students.

McCullough, Emmons, and Tsang (2002) presented the grateful disposition. They identified three aspects of a grateful disposition. Dispositionally grateful people experience gratitude more intensely, more frequently, and across the lifespan. Positive relationships were found between grateful dispositions and well-being. In addition, gratitude was positively correlated with three of the Big Five personality factors: Agreeableness, Extraversion, and Conscientiousness, and negatively correlated with Neuroticism.

Fukuyama and Sevig (2002) argued that among ethnic minority members, spirituality is significant in personality development. This is supported by the factor analysis conducted in the development of the Indivisible Self model. Both spirituality and cultural identity loaded under the same higher order factor of the Essential Self as previously described (Hattie et al., 2004).

Moorehead et al. (n.d.) studied the relationship between forgiveness and wellness among 115 counselors in training. Their findings suggested a positive relationship between dispositional forgiveness and the Essential Self factor of the Indivisible Self model. The researchers indicated this result was not surprising as spirituality is one factor of the Essential Self. They identified neuroticism to be the most significant predictor of wellness and found that the participants reported lower rates of neuroticism and higher rates of total wellness than the normed populations. Moorehead et. al. argued that “while there is evidence to believe that dispositional forgiveness may be a product of personality factors, the correlation with the Essential Self indicates a spiritual component to forgiveness” (p. 24). They called for additional research regarding forgiveness and the factors of the Essential Self. In addition, they suggested that counselor education programs address the personal traits of their students and support them in determining specific ways to develop and maintain wellness.

Utilizing Eysenck's theory of personality, Maltby and Day (2001) surveyed 179 adults in England regarding the relationship between spirituality and personality. They found a positive correlation between spirituality and extroversion. In addition, there was some evidence that psychoticism might bolster religiosity; however they stressed this finding would require further exploration. Kaldor, Francis, and Fisher (2002) also used Eysenck's theory of personality to study the relationship between the practices of prayer and meditation and personality. They found no significant relationship between the practice of prayer or meditation and Extroversion or Neuroticism. Their findings, however, did suggest a negative relationship between Christian prayer and Psychoticism and a positive relationship between meditation and Psychoticism.

MacDonald (2000) developed the Expressions of Spirituality Inventory (ESI). In doing so, he utilized the five factor model of personality to explore the relationship between spirituality and personality. His findings suggested a Cognitive Orientation Towards Spirituality and Religiousness are related to Agreeableness and Conscientiousness. Existential Well-Being is negatively correlated with Neuroticism. While MacDonald's findings offered support for a relationship between spirituality and personality, it should be noted his assessment of spirituality was being developed at the time of the research, and these findings would be supported by additional research with the ESI.

Saroglou (2002) conducted a meta-analysis of studies utilizing the five factor model of personality and religion or spirituality. Open, mature religion and spirituality were positively correlated with Agreeableness, Conscientiousness, Extroversion, and Openness to Change. Additionally this type of spirituality was associated with higher emotional stability. This open,

mature spirituality was described as being a quest or one in which practices from a variety of perspectives were considered or used.

Alfred Adler (1927) proposed a holistic theory of counseling and psychotherapy that includes personal dispositions as well as wellness and spirituality. Given this study explored a new configuration of ideas, particularly as they related to the development of professional counselors, Adler's theory provides a framework and foundation for the study and a means of conceptualizing how these concepts might relate to one another. This framework will impact all elements of the study including the choice of assessment instruments, the development of the interview protocol, and the final analysis of the qualitative data. Adler's theory and his conceptualization of the factors of this study will be reviewed below.

Theoretical Foundation

Despite the limited knowledge regarding the wellness of professional counselors, wellness has been an integral part of counseling since the profession's inception. While multiple models of wellness have been developed, this study will use Myers's and Sweeney's (2004a; 2005b) Indivisible Self Model which developed from their early model, The Wheel of Wellness (Witmer et al., 1998). Rooted in Alfred Adler's Theory of Individual Psychology (Ansbacher & Ansbacher, 1956; Sweeney, 1998), the Wheel of Wellness is a holistic view of individual wellness. The Wheel of Wellness Model was not supported, however, following quantitative analyses. It was from these findings that the Indivisible Self Model was developed. This model was described in detail previously. It will be reviewed, and Adler's Theory of Individual Psychology will be presented. Particular emphasis will be given to Adler's theses regarding wellness, spirituality, and personality development.

Individual Psychology

Alfred Adler, the founder of Individual Psychology, was born in Vienna, Austria in 1879. An early contemporary of Freud and Jung, Adler broke away from the Vienna Psychoanalytic Society in 1912 after serving as the society's first president. The split occurred because Adler became frustrated with Freud's focus on the unconscious and repressed sexual feelings (Butler-Bowden, 2007; Schultz & Schultz, 1994).

Adler (1927) believed humans to be beings with free will. This is Adler's greatest shift away from Freud. Freud believed humans are driven by unconscious motives. Adler argued that individuals have within themselves the capacity to interact with and in the social worlds in they live. In doing so, they create the unique style of life. This unique nature means that no two people are the same, thus the selection of the terminology, Individual Psychology (Adler, 1927).

All individuals are goal-driven and are constantly striving to achieve perfection in life. The goal toward which each individual is striving has been shaped by childhood influences. In fact, Adler (1927) believed that the concept of what is ideal for each individual is solidified during the first months of life. As all individuals are born with thoughts of inferiority, individuals are striving to contradict these thoughts. Adler believed, however, that as individuals strive to overcome their inferiority, they also can work towards perfection in humanity. This is known as social interest. The struggle for perfection and social interest are innate in all people; however they must be developed throughout the lifespan (Adler, 1927; Ansbacher & Ansbacher, 1956, 1979; Sweeney, 1998).

Adler's (1927) theory of Individual Psychology is developmental in nature as it is primarily focused on how individuals increase their power and their striving for perfection and

social interest. The draw for social relationships is present from birth as infants are reliant upon the community for safety and survival. As children grow they begin to recognize that others are able to meet their own needs without being reliant on others. Adler argued that the psyche is developed as children attempt to integrate these learnings. At this point, children value the size and strength necessary to act autonomously. Children's character falls into two categories: those who seek recognition through power and self-assertiveness and others who seek recognition through their weaknesses. Adler stated that children's behaviors are a reflection of their environment, and children's behavior and their character cannot be understood outside the context of their environment (Adler, 1927).

Adler (1927) identified three key life tasks for all people: love, work, and friendship. Individuals pursue these throughout the lifespan. He believed that each individual has a role to fill within society. For example, the life task of work is one's pursuit of a profession or occupation that provides a meaningful contribution to society. Love is the "fulfillment of one's role in love, marriage, and family life" (Adler, 1927, p. 238). Friendship is the presence of generous relationships with others (Adler). Upon a review of Adler's work Adlerian theorists, Mosak and Dreikurs (2000) identified two additional tasks: coping with one's self and spirituality.

The strongest critique of Adler's work is its lack of experimental support. The majority of Adler's research consisted of case studies, few of which have survived (Schultz & Schultz, 1994). Two scales have been developed to measure the foundational concept of social interest: the Social Interest Scale (Crandall, 1981) and the Social Interest Index (Greever, Tseng, & Friedland, 1973). Some also have argued that Adler was inconsistent in his theory; however

Adlerian theorists argue this is a product of the development of Adler's theory as he moved away from the psychoanalytic perspectives that were dominant in his day. In addition, Adler's work is primarily a theory of psychology, leading many professionals in clinical practice to find its implementation difficult (Schultz & Schultz). As an accepted theory of psychology, however, Adler's perspective of human nature provides a framework for understanding the relationship between wellness, spirituality, and personal dispositions.

Individual Psychology and personality development. "Individual Psychology is personality research" (Ansbacher & Ansbacher, 1979, p. 71). As has previously been described, Adler believed individuals create their own, unique style of life. This style of life consists of the traits, leading to behaviors that individuals develop in order to pursue the identified life tasks. Like Freud, Adler (1927) believed that individuals' early childhood is significant in the development of personality; however, unlike Freud, Adler argued that the style of life is not determined by those early childhood experiences. Individuals have within themselves the capacity to create and choose their style of life, but once the style of life has been developed, it does not dramatically alter unless individuals recognize the need for change and make a conscious choice to do so. (Adler, 1927; Ansbacher & Ansbacher, 1956, 1979; Sweeney, 1998).

Adler (1927) identified four main styles of life individuals assume in order to deal with the life tasks. Those who have adopted the dominant type appear to behave with little awareness of others. These individuals have not developed their potential for social interest. The getting type are those individuals who become dependent on others in order to receive some fulfillment. Individuals who are characterized by the avoiding type stay away from potential failure and difficulty. Adler posited that individuals in these three types demonstrate abnormal behavior as

they have not developed the capacity for positive human relationships. Socially useful individuals have developed a level of social interest that allows them to positively contribute to society (Schultz & Schultz, 1994).

In addition to the four main styles of life, Adler (1927) identified key aggressive traits: vanity, playing God, jealousy, envy, greed, and hate. In addition, non-aggressive traits were identified: withdrawal, anxiety, timidity, the Detour Syndrome, and the absence of social graces. He believed that all individuals have within themselves the capacity for vanity. Vanity, he described, is the focus on the self, what others think of the individual, and the impression the individual has made. It is when the trait of vanity has been overdeveloped that Adler believed it to be “dangerous” (p. 157). When this occurs, individuals develop the trait of playing God or believing they have “a place at God’s right hand” (p. 177).

Adler (1927) believed jealousy to be present in all human relationships. One of the key contributions of his theory is the concept of birth order. Adler argued that jealousy is most easily seen in children at the birth of a sibling. He stated at this point the older children must learn to share and renegotiate the power and attention achieved. This trait surfaces from feeling neglected. Similar to jealousy, envy emerges from the feeling of neglect; however, it is rooted in the inferiority complex. When an individual observes others as being superior and having the achieved what they are still striving for, the trait of envy is developed in which the individual desires the achievements of others. Adler stated, “The origin of the character trait of envy reflects the inseparable connection between the individual and society... It is to avoid envy that we institute all those measures and rules that attempt to establish equality for all.” (p. 183). The trait of greed often coincides with envy. It is “a reluctance to give pleasure to other people”

(Adler, p. 184). Like other traits, all people have the capacity for greed; however some will develop this trait more than others.

The final aggressive trait is hate. Adler (1927) believed hate is demonstrated in early childhood through temper tantrums, nagging, and malice. He argued that the amount of hate a person displays is a great indicator of the personality. While all children will display some form of hate during the development of the style of life, Adler stated “hate and malice leave an indelible mark on the personality” (p 186).

Nonaggressive traits are those that are not clearly destructive toward humankind. Individuals who demonstrate the trait of withdrawal are those who disconnect themselves from society. They do not interact with others. Adler (1927) described this trait as a “coldness” (p. 189). He stated this trait is similar to vanity as withdrawn individuals attempt to accentuate the differences between themselves and the remainder of society. Anxiety is present at an early age when children become fearful when left alone. It is described as a fear of the outer or inner world of the individual. Adler argued that individuals develop the trait of anxiety when they do not feel a connectedness to humanity. Timidity is a milder form of anxiety and occurs when people believe all tasks they face are difficult ones. Adler described individuals who display the detour syndrome as deserters who seek only personal glorification. They strive to appear powerful only to themselves. Rather than remaining committed to achieving the life tasks, they detour to other things and distractions. Individuals who demonstrate an absence of social graces are those who have a “tendency for ill-mannered or uncivilized behavior” (p. 201). These people strive to establish distance between themselves and others, and thus creating a lack of human relationship.

Adler's theory provides a framework for understanding the development of personality. Allport (1937) utilized Individual Psychology as a framework for the development of his theory of personality. As Cattell's (1946) work development of his theory and thus the development of the 16 Personality Factors Questionnaire was rooted in Allport's trait approach to personality, Adler's theory of personality development supplies an understanding of personality for use in this study.

Individual Psychology and wellness. Myers and Sweeney (2005a) argued that Individual Psychology is "totally consistent with a wellness paradigm" (p. 15). Unlike Freud's theory of personality in which individual personalities consist of three distinct entities, id, ego, and superego, Adler viewed each individual as a unified whole in which one aspect of the person impact all other parts of the individuals. His theory has been described as "the principle of unification and the organizing factor in personality" (Ansbacher & Ansbacher, 1979, p. 6).

Adler stated Individual Psychology "not only presupposes and proclaims 'wholeness' but in each case endeavors to demonstrate it" (Ansbacher & Ansbacher, 1979, p. 282). The term Indivisible Self from the Myers and Sweeney (2005b) model of wellness was derived from Adler's holistic view of individuals. He believed the individual self consisted of the body, mind, and spirit that are in reciprocal relationship with one another (Ansbacher & Ansbacher, 1979; Sweeney, 1998). This self is essentially the individual's style of life, which, as has been previously describe, is the unique and creative element of each person.

In addition to the holistic nature, Individual Psychology is a theory of positive growth and development. Adler believed that all individuals have within themselves the capacity to develop social interest. People are innately good. They are impacted, however, by their

environment and early human relationships. This causes them to develop an inferiority complex which eventually leads to the development of their style of life. Adler argued this style of life is developed rather than being an inborn part of the individual. Therefore all individuals have the ability for growth and development, and problems in life are the results of the development of the individual.

Due to the development of scales related to social interest, the majority of studies regarding wellness and Individual Psychology have focused on the element of social interest. A positive relationship has been found between social interest and physical health (Post, 2005; Zarski, Bubbenzer, & West, 1986). Schwartz, Meinhelder, Ma, and Reed (2003) noted a positive correlation between mental health and social interest. Bigbee (2008) used the Five-Factor Wellness Inventory and found a positive relationship between total wellness and social interest.

Individual Psychology and spirituality. While there is no evidence to suggest that Adler (1927) adhered to a particular religion or spiritual practice, he addressed the role of religion in the development of individuals. Adler stated that religion and Individual Psychology have commonalities, particularly in their conceptualization of the strife for perfection among humankind. He acknowledged both positive and negative effects of religion on the development of the style of life. For example, for some, a religious deity presents the perfection for which the individual striving. This, in turn, might, depending on the theology of the individual, promote social interest. For others, however, religion is used to perpetuate the superiority complex. In other words, God, as a deity, is viewed as focused solely on the needs of the individual. In this case, the individual loses sight of the importance of humanity and therefore does not further develop the capacity for social interest (Adler; Ansbacher & Ansbacher, 1956, 1979).

As previously noted, Adler (as cited in Mosak & Dreikurs, 2000) identified three life tasks: work, friendship, and love. Later Adlerian theorists have suggested two additional tasks that are present in Adler's work but not explicitly identified by Adler himself: coping with self and spirituality (Mosak & Dreikurs). Mosak and Dreikurs further described this fifth life task as existential and metaphysical in nature in which the individual is seeking meaning and purpose in life. The fifth life task has five additional subtasks: relationship to God, the individual's response to religion, the individual's understanding of the role of man in universe, immortality, and the meaning of life. First, individuals must make the individual decision of whether there is a God. Mosak and Dreikurs acknowledged this decision does not have to be purely religious in nature but also includes elements of the psychological. From this point, the individual must decide how to describe God and the relationship with God.

Once God and the relationship with God have been defined, the individual must determine how to respond to religion itself. One may choose to accept or reject religion. Through this process, individuals must explore what their reasons are for selecting a particular religion, what their role will be in that religion, and what the purposes of the religion are. In addition to the exploration of religion, the third subtask requires individuals to explore the role of humanity in the universe. The pursuit of this task requires individuals to consider psychology, religion, and philosophy (Mosak & Dreikurs, 2000).

The fourth subtask requires individuals to consider immortality. Individuals explore the possibilities of an afterlife and what this life might be like. This might be the concept of the future of the soul after death or the more concrete consideration of what the individual will leave behind after death. The fifth subtask involves an exploration of the meaning of life. Some find

meaning in pleasure while others find meaning in suffering. For some, contribution to humanity, or social interest, provides meaning in life (Mosak & Dreikurs, 2000). Mosak and Dreikurs noted that many early existentialists also were Adlerians, thus emphasizing the role of exploring meaning in life as one of the tasks of humanity.

In addition to her exploration of wellness and social and social interest, Bigbee (2008) studied the relationship between social interest and religion. She found that, of the 10 dimensions of the Multidimensional Model (Fetzer Institute, 1999), only Daily Spiritual Experience and Organizational Religiousness had a positive relationship with social interest. Additionally, her findings suggested that social interest influenced the positive relationship between Daily Spiritual Experience and total wellness.

There are several gaps in the literature regarding religion and spirituality and Individual Psychology. As noted by Bigbee (2008), there are few empirical studies. The majority of these studies have been conducted with individuals practicing Christianity. This is not surprising as Adler himself made professional connections with Christian theologians who adopted the philosophies of Individual Psychology (Ansbacher & Ansbacher, 1979). In addition, the concept of the fifth life task has yet to be fully accepted by all Adlerians (Mansager et al., 2002). Additional exploration regarding the elements of this task will bolster additional support for its inclusion.

The Indivisible Self Model

The Indivisible Self Model has been described in detail previously. It will be reviewed here in light of its roots in Individual Psychology. The model consists of one higher-order factor of the Indivisible Self, which is the whole of the individual. Individual Psychology presupposed

the wholeness of the individual. This Indivisible Self is comprised of five factors: the Coping Self, the Creative Self, the Essential Self, the Physical Self, and the Social Self (Myers & Sweeney, 2004a, 2005b).

Each of these five factors include additional second-order factors. The Coping Self is comprised of leisure, stress, worth, and beliefs (Myers & Sweeney, 2004a, 2005b). Studies have supported a negative relationship between perceived stress and social interest (Crandall, 1981). In addition, Adler (1927) described worth and beliefs as being integral to the development of one's character. The Creative Self includes the factors of intelligence, control, emotions, humor, and work (Myers & Sweeney, 2004a, 2005b). Work is one of the three initial life tasks of all individuals as identified by Adler (1927). In addition, control and emotions impact the creation of the unique style of life (Adler, 1927; Ansbacher & Ansbacher, 1979). The Essential Self is comprised of cultural identity, gender identity, self care and spirituality (Myers & Sweeney, 2004a, 2005b). The role of spirituality and Individual Psychology was described previously. Exercise and nutrition combine to make up the Physical Self (Myers & Sweeney, 2004a, 2005b). Individual Psychology views the body as one element of the total individual (Sweeney, 1998). Finally, the Social Self includes love and friends, the remaining life tasks identified by Adler (Adler; Myers & Sweeney, 2004a, 2005b; Sweeney). As its development is the result of years of research and factor analysis, Myers and Sweeney (2005b) argued that the Indivisible Self model both supports and is supported by Adler's theory of Individual Psychology.

Conclusion

Wellness is foundational to the philosophy of professional counseling. It provides a positive, holistic framework from which to conceptualize individuals and their development

across the lifespan (Sweeney, 2001). While several models of wellness exist, the majority of these are presented in the medical literature. The Wheel of Wellness (Myers et al., 2000; Myers & Sweeney, 2005a) and the subsequent Indivisible Self model of wellness (Myers & Sweeney, 2005b) are rooted in the profession of counseling. While the Indivisible Self model has been used in research with a variety of populations, including counselors in training, there has been only one identified study in which this model was used with professional counselors. In addition, qualitative research regarding wellness and the Indivisible Self model in particular is limited.

Spirituality has been an integral part of wellness since Dunn (1961) first developed his model of high-level wellness. While it is difficult to define, the search for meaning in life and a movement towards positive growth are themes present in many definitions of spirituality. As a factor of the Essential Self in the Indivisible Self model of wellness, spirituality is an integral part of any individual's self (Myers & Sweeney, 2005b). As was the case with wellness, there is limited literature on the experience of spirituality among professional counselors and the role spirituality plays in their practice. Using the 5F-WEL, Bigbee (2008) found a positive relationship between wellness and Daily Spiritual Experience; however, the use of the DSES would provide a more detailed information regarding this relationship.

The study of personality has been present in the field of psychology since Freud's work at the turn of the 20th century. While numerous theories of personality exist, Allport was the first to develop a trait approach to personality (Schultz & Schultz, 1994). This theory was supplemented by Cattell's work which resulted in the development of the 16 Personality Factor Questionnaire (Cattell, 1943), a theory of personality based on 16 higher-order personality factors. While some studies have been conducted regarding the relationship between spirituality

or wellness and personal dispositions, these have utilized a five-factor model of personality, which does not consider higher-order factors.

As the purpose of this study was to measure the relationships between the total wellness, spirituality, and the personal dispositions of practicing counselors and explore the counselors' perceptions of these factors in their clinical work, this study would fill several existing gaps in the literature. While some have studied the relationship between two of these factors, no studies were identified that explored the relationships between all three factors. Myers and Sweeney (2008) called for qualitative research on the topic of wellness. The use of mixed methods regarding wellness, spirituality, and personality will supplement the existing quantitative literature on these topics. Additionally, there has been limited research done with practicing counselors regarding their wellness, spirituality, and personal dispositions. The majority of research regarding personality has used the five factor model developed by McCrae and Costa (1991). The use of Cattell's theory of personality and the exploration of higher-order personality traits will provide a more detailed description of the personality types professional counselors (Cattell, 1946).

Adler's (1927) theory of Individual Psychology provides a theoretical foundation for the purpose of this study. His theory is rooted in a positive, holistic understanding of human nature that considers the development of individuals across the lifespan. While not specifically aligning himself with particular tradition, Adler respected religion and spirituality as part of the human experience and included it in his understanding of individual development. His theory of personality moved away from the deterministic views of his colleagues as he argued individuals had the innate capacity for good. He believed people had within themselves the ability to choose

their style of life in response to their environment and early human relationships (Adler, 1927; Ansbacher & Ansbacher, 1979; Sweeney, 1998). Additionally, his theory had a strong influence on the development of the Indivisible Self model and the 5F-WEL (Myers & Sweeney, 2005b). Allport (1937) also was influenced by Individual Psychology as he developed the trait theory of personality which eventually led to Cattell's work with higher-order dispositions including the development of the 16PF (Schultz & Schultz, 1994). As such, Adler's theory of Individual Psychology provides a means of unifying the three factors explored in this study: wellness, spirituality, and personal dispositions. The following chapter will provide a detailed review of the study's methodology including the assessments selected, some of which have been reviewed previously.

CHAPTER 3

METHODS

Chapter Introduction

The purpose of this study was to measure the relationships between the total wellness, spirituality, and the personal dispositions of practicing counseling and to explore the counselors' perceptions of these factors in their clinical work. This purpose was achieved through the use of a mixed-methods, multi-site study design in which the participants are counselors who have received state or national awards for excellence in their professional practice and had been practicing for a minimum of five years. Specifically, the study addressed the following questions:

1. What is the relationship between the overall wellness, spirituality, and the personal dispositions of distinguished practicing counselors?
2. What do these counselors perceive the impact of these factors on their counseling practice?

The first question is quantitative and was addressed through the statistical analysis of the Five-Factor Wellness Inventory (5F-WEL; Myers & Sweeney, 2004b), the Daily Spiritual Experience Scale (DSES; Underwood & Teresi, 2002), and the Sixteen Personality Factor Questionnaire (16PF5; Conn & Rieke, 1994). The second research question addressed through qualitative methods of data collection and analysis. This chapter will give a description of the research methodology and procedures used in this study beginning with the assumptions and rationale for the use of a mixed methods design. The role of the researcher will then be reviewed followed by the data collection and analysis procedures. The chapter will conclude with a description of the

methods of verification. All methods and procedures described and used in this study were submitted to and approved by The University of Tennessee's Institutional Review Board prior to beginning data collection.

Assumptions and Rationale for Using a Mixed-Methods Design

A mixed-methods approach allows researchers “to mix the best parts of multiple methods to accomplish our evaluation tasks” (Connor, Altman, & Jackson, 1984, p. 17). Prior to deciding to use a mixed-methods approach, the purpose of the study was examined. Newman, Ridenour, Newman, and DeMarco (2003) stressed the importance of connecting a study's purpose with its methodology and procedures. The five purposes for utilizing a mixed-methods approach as described by Greene, Caracelli, and Graham (1989) were then reviewed. It was determined this study met four of these purposes: *triangulation*, *complementarity*, *development*, and *expansion*. First, the use of both quantitative and qualitative methods further corroborates the findings of the study. Second, the purpose for including the qualitative finding was to enhance the findings of the quantitative data by allowing the research to view how the quantitative results from the quantitative findings are practiced. Additionally, due to the limited previous research regarding the relationship among wellness, spirituality, and personal dispositions, data collection was collected sequentially so that the results from the quantitative findings could inform the development of the qualitative interview questions. This process will be discussed further in the Data Collection Procedures and Data Analysis Procedures sections of this chapter. Finally, the use of both methods expanded the scope of the study in the exploration of the participants' perceptions and experiences in addition to the quantitative data.

Study Design

A multi-site case study design was used to address the purpose of this study and answer the research questions. Yin (2003) described case study as a method that describes existing phenomena within their real-life contexts. He noted that case study methodology benefits from the existence of preexisting theoretical foundations and relies on multiple data points with which to explore the phenomena. For the purposes of this study, both quantitative and qualitative data were used to explore the relationship between wellness, spirituality, and personal dispositions among practicing professional counselors. In addition, an emphasis was placed on the practical experiences of professional counselors. An exploratory case study design was utilized to fulfill the stated purpose of this study. Yin stated an exploratory design is appropriate when the research seeks to answer a “what” question because the aim is “to develop pertinent hypotheses and propositions for further inquiry” (p. 6). Case study design provides a means of connecting both the quantitative and qualitative data to the purpose of the study.

Merriam (1988) described a case study as “an intensive, holistic description and analysis of a single instance, phenomena, or social unit” (p. 21). For the purposes of this study, the phenomenon being studied is the relationship wellness, spirituality, and personal dispositions of practicing counselors, specifically how counselors perceive these factors impact their practice. This study seeks a broad exploration of how these factors impact counseling practice. Given the holistic nature of the mixed methods design in exploring both the measurable relationship between wellness, spirituality, and personal dispositions and the real-life experiences of participants, a case study design was preferred to meet the goals of this study.

There are several limitations associated with case study design. Limitations include the amount of time and money often required to conduct case studies. This limitation leads to difficulties reporting the vast amount of data often gathered during the research. The qualitative portions of case studies are limited by the integrity of the researcher in that it is through the researcher that the data are collected and analyzed (Merriam, 1998).

Despite these limitations, the use of case study design can strengthen a study. Merriam (1998) described case study as offering “a means of investigating complex social units consisting of multiple variables of potential importance in understanding the phenomenon. Anchored in real-life situations, the case study results in a rich and holistic account of a phenomenon” (p. 41). The richness of case study design allows for the broad exploration of experiences and can include both qualitative and quantitative data, as in this study. Therefore case study is particularly useful in applied fields for developing future research (Merriam).

Authors and researchers have reported a gap in the literature regarding the wellness of practicing counselors, particularly as it relates to spirituality and personal dispositions (Cashwell et al., 2007; Moorhead et al., n.d.). This study attempted to address this gap. Case study design was used because it provided the opportunity for broad exploration regarding the phenomenon of counselor wellness, spirituality, and personal dispositions.

Tashakkori and Teddlie (1998) described three types of mixed methods designs: equivalent status designs, dominant/less dominant designs, and multiple level and uses designs. This study utilized a dominant/less dominant status, sequential design, QUAN→qual. The findings of the quantitative measurements were used to inform the interview questions and analysis of the qualitative findings. The quantitative data had greater bearing during data

analysis. Therefore, this study was designated as QUAN→qual. Maxwell (2005) described the interconnected nature of research. Figure 1 summarizes the interactive nature of the study.

Role of the Researcher

The integrity of the researcher is a potential limitation in a qualitative study (Merriam, 1998). She stated

In a qualitative study the investigator is the primary instrument for gathering and analyzing data and, as such, can respond to the situation by maximizing opportunities for collecting and producing meaningful information. Conversely, the investigator as human instrument is limited by being human – that is, mistakes are made, opportunities are missed, personal biases interfere. (p. 20)

Due to the constructivist nature of qualitative research, researchers bring their own constructs and interpretations of the phenomenon to the study. As this mixed methods study includes qualitative research, it is necessary to address the role of the researcher in this study. I did not personally know any of the research participants prior to beginning this study. This lack of prior knowledge and relationship with the participants limited my personal bias that might interfere with the study; however, a weakness is the lack of more intimate knowledge of the phenomenon that might be available when the researcher can take a participant-observer role (Yin, 2003). Any prior interest in this study regarded the research topic itself, having had previous training regarding counseling and wellness, particularly spirituality and counseling. While Yin stated that knowledge of the topic is an important skill of the researcher in case study, this can also be limitation when personal bias is not recognized.

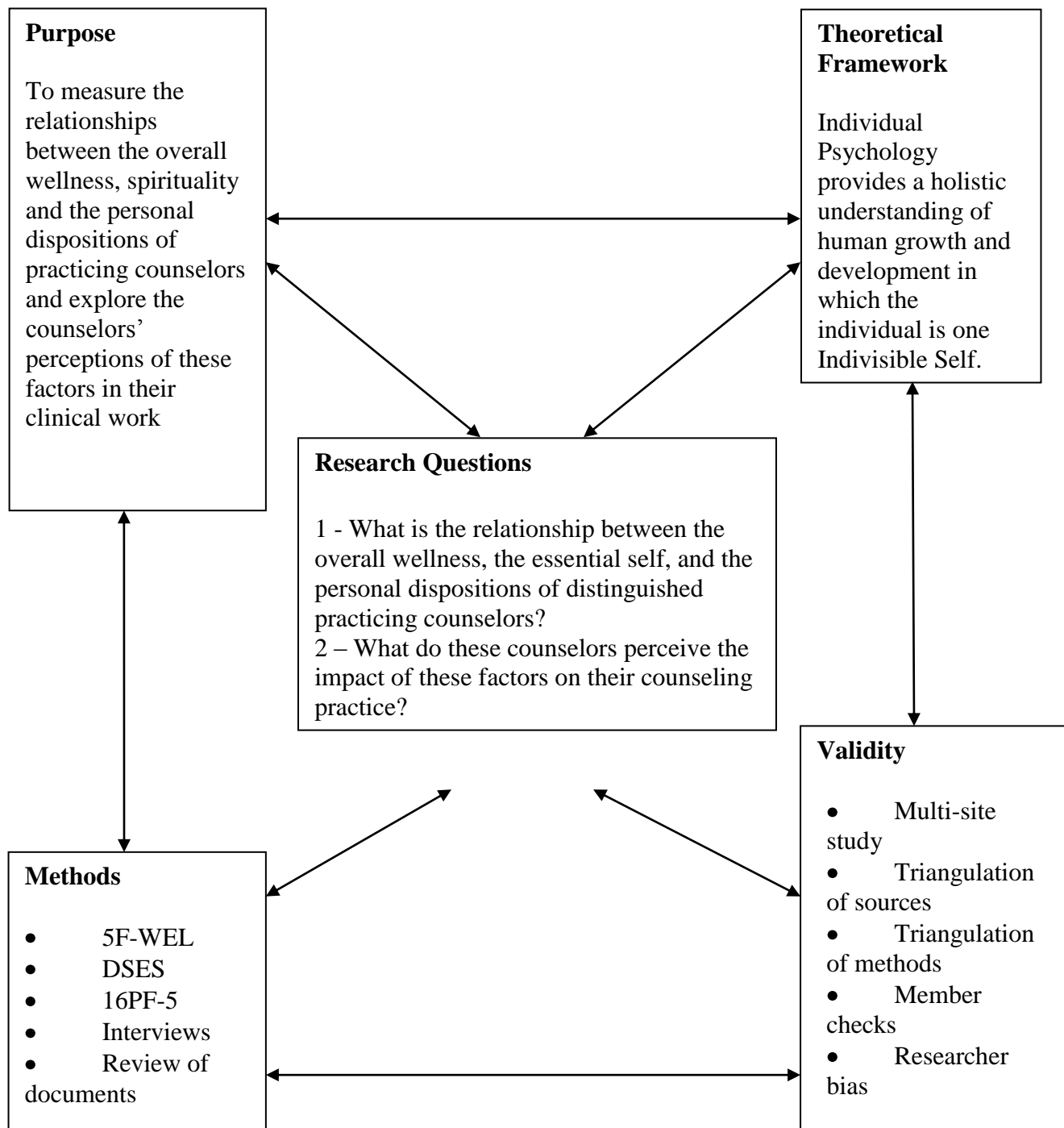


Figure 1. Research Design

Maxwell (2005) suggested the use of an identity memo as a means of acknowledging potential bias. During this process, researchers complete a written reflection on their personal goals and how these goals impact or interact with the research. This exercise facilitated further exploration of my experiences with the topic and potential biases I bring to the study. For example, prior to beginning my Ph.D., I was a practicing, professional counselor. While I stopped practicing in order to complete the Ph.D. program, I continue to identify as a professional counselor. My wellness, particularly spirituality, was an important part of my practice. This belief and experience has impacted my desire to conduct this research and has potential to influence the analysis of qualitative data; however, additional procedures have been implemented to address this potential bias and will be reviewed in more detail below.

Participants

Merriam (1998) suggested several guidelines for selecting a sample in case study design. The first is to identify the case, or unit of analysis being studied. As the phenomenon being studied is counselor wellness, the unit of analysis is practicing professional counselors. In addition, the sample was narrowed further in an attempt to gather a sample that would provide rich information regarding the research topic (Creswell, 2008). Maxwell (2005) described this purposeful selection as “the most important decision in qualitative selection decisions” (p. 88). He noted this purposeful selection is used to gather specific information that cannot be gained from other sources. The sample for this study consisted of practicing professional counselors who had been identified by their peers for their outstanding practice and had demonstrated a certain amount of longevity in the field. Participants were practicing professional counselors who had

received state or national awards for professional practice and had been practicing for a minimum of five years.

Due to the QUAN→qual design, the sample for the quantitative portion of the study was larger than that of the qualitative portion. Creswell (2008) suggested a minimum of 30 participants for a correlational design. All participants in the quantitative portion of the study were asked to volunteer to participate in the qualitative. As Merriam (1998) explained, however, there is no established number of required participants for qualitative research rather data are gathered until saturation is reached. Therefore, a minimum of four participants was established for the qualitative portion and data collection continued until saturation was complete or there were no more research participants.

Data Collection Procedures

In order to adequately describe the data collection procedures for a mixed methods study, it is necessary to address both the qualitative and quantitative portions. Given the QUAN→qual design, I will begin with the quantitative procedures followed by the development of the qualitative. Table 1 summarizes the relationship between the research questions and data sources.

Quantitative Data

This study utilized a QUAN→qual design. The use of a mixed methods approach was appropriate given the study's purpose and the presence of quantitative and qualitative research questions. It also met four of the five purposes for using a mixed methods design: triangulation, complementarity, development, and expansion (Greene et al., 1989).

Participants. Participants consisted of practicing professional counselors who had received awards for outstanding counseling practice from state or national counseling

Table 1. Research Questions in Relation to Data Sources

Research Questions	Interviews	Documents	16PF5	5F-WEL	DSES
1 - What is the relationship between the overall wellness, the essential self, and the personal dispositions of distinguished practicing counselors?			X	X	X
2 - How do these counselors perceive the impact of these factors on their counseling practice?	X	X			

associations. Potential participants were identified through a thorough internet search of award recipients of the American Counseling Association and its chapters and divisions over the previous five years. Potential participants were contacted via e-mail or postal mail (Appendix A) if an e-mail address was unavailable to request their participation. In the event there were an insufficient number of participants for the correlational study, the internet search would have continued by going back annually. A Study Information Sheet (Appendix B) was attached explaining the purpose of the study, the anticipated time commitment of research participants, and risks involved in participation. In an attempt to increase the return rate, a follow-up e-mail or letter was sent reminding potential participants of the study. Upon the identification of participants, the quantitative measurements and a demographic questionnaire (Appendix C) were

sent via postal mail along with a request for volunteers for the qualitative portion of the study. Each participant was assigned a code erasing the need to use participant names and therefore ensuring the confidentiality of participants' identities.

Instruments. The 5F-WEL is a 92 item instrument that measures overall wellness, the five second order factors of the IS-WEL and the 17 third order factors. Nineteen items address the contextual factors of the IS-WEL. A 4-point Likert scale is utilized ranging from *strongly disagree* to *strongly agree*. Myers and Sweeney (2005b) reported alpha coefficients for N = 2, 093 of Total Wellness, .94; Creative Self, .92; Coping Self and Social Self, .85, Essential Self and Physical Self, .88. They stated alpha coefficients for third order factors ranged from .66 to .87.

The Daily Spiritual Experience Scale is a 16 item instrument designed to measure "everyday ordinary experience rather than behaviors and beliefs or behaviors" (Underwood & Teresi, 2002, p. 22). Underwood and Teresi reported 16 factors relating to daily spiritual experience. These are presence, connection, joy when connecting, strength in religion or spirituality, comfort in religion or spirituality, deep inner peace, God for help, guided by God, love through others, live directly, touched by beauty, thankful for blessings, selfless caring, accept others, desire to be in union, and closeness. Responses to the first 15 items are given via a 6-point Likert scale scoring the frequency of spiritual experiences, with 1 being *many times a day* and 6 being *never or almost never*. The 16th item has four responses describing individuals' closeness to God. Underwood and Teresi reported an internal consistency reliability of .94 and .95 using Cronbach's Alpha. In addition, they attempted to address issues related to spiritual

language and various religious traditions through the use of focus groups with individuals practicing a variety of religions.

The 16PF5 is an instrument containing 185 items. It is a revision of earlier forms of the 16PF which was designed to identify key personality factors. Three response items are given for each item: *true*, *false*, and *?*. The items are ordered into 16 primary personality traits: Warmth, Reasoning, Emotional Stability, Dominance, Liveliness, Rule-consciousness, Social boldness, Sensitivity, Vigilance, Abstractedness, Privatness, Apprehension, Openness to change, Self-reliance, Perfectionism, and Tension. Conn and Rieke (1994) reported internal consistency reliabilities ranging from .66 to .86 with a median of .75. Test retest reliabilities ranged from .69 to .87 over a two week period and .56 to .79 over a two month period.

Data analysis. One of the purposes of using a QUAN→qual design was development. The findings of the quantitative portion were used to inform the development of the qualitative portion of the study. The scoring of the 5F-WEL resulted in a score for total wellness ranging from 0-100. The first 15 items in the DSES resulted in scores ranging from 1-6. The mean of the scores calculated to determine measure of spiritual experience. The 16PF5 resulted in scores ranging from 1-10 for each of the sixteen factors.

In order to measure the relationship between the participants' wellness, spirituality, and personal dispositions, a Pearson correlation analysis was performed. Participants' total scores for all factors (i.e. total 5F-WEL score, DSES mean score, and score for each factor on the 16PF5) were entered into a SPSS spreadsheet. Pearson correlation measures the combined relationship of the multiple variables (Creswell, 2008). An alpha level of .05 was used for determining statistical significance.

Additionally, independent samples t-tests were performed on findings from the 5F-WEL and DSES, from the participants who volunteered for the qualitative portion of the study and the rest of the sample. A multivariate analysis of variance (MANOVA) was performed on the 16PF5 findings from the participants who volunteered for the qualitative portion of the study and the rest of the sample. This identified any variance in the quantitative findings of those who volunteered versus those who did not.

Qualitative Data

As previously described, limitations of qualitative research include researcher bias and limited generalizability (Merriam, 1998; Yin, 2003). One means of addressing these limitations is through triangulation by data source. In other words, the use of multiple data sources from each case. Qualitative data for this study were gathered through interviews and documents.

Interviews. Semi-structured interviews were conducted with a minimum of four practicing professional counselors who had participated in the previously described quantitative portion of the study. The final semi-structured protocol was developed following the analysis of the quantitative findings (Appendix D). The protocol was then reviewed to ensure it contained the questions of each of the classifications identified by Merriam (1998): experience/behavior, opinion/value, feeling, knowledge, and background/demographics. Table 2 summarizes this analysis of the interview questions. In addition, the interview protocol was reviewed by an expert in Adlerian Individual Psychology to ensure its adherence to the theoretical foundation of the study. Due to the geographic distance between the researcher and some of the participants, telephone interviews were conducted with some participants while face-to-face interviews were conducted with as many participants as possible. Appointments were made at a time convenient

Table 2. Interview Question Analysis

Type of Interview Question	Interview Question
Experience/behavior	2a, 3c, 6, 6a
Opinion/value	1, 2, 3, 3a, 3b
Feeling	5, 4, 4a
Knowledge	5a
Background/demographics	Obtained during quantitative portion of the study

for the participant. Telephone interviews were conducted. Participants received written and verbal confirmation of confidentiality, and all interviews were recorded so they later might be transcribed and analyzed findings of the two groups.

Documents. Merriam (1998) identified multiple types of documents that can be analyzed in qualitative studies. These included public records, personal documents, physical material, and researcher-generated documents. For the purposes of this study, several documents were used. Participants were asked to submit a copy of their professional disclosure statement, a copy of their résumé, and photographs of their counseling practice space. These documents provided a broad description of the participants' professional daily life. Finally, the researcher kept a journal throughout the research process allowing for the inclusion of her thoughts, feelings, and responses to the research.

Data Analysis. The use of multiple data sources supports the generalizability of the study and decreases the presence of researcher bias (Merriam, 1998; Yin, 2003); however, the use of multiple cases and multiple data sources can complicate data management and analysis (Merriam). In order to analyze the multiple data sources across multiple cases, the constant comparative method of analysis was used. Merriam described the process in which the researcher constantly compares the data from one case with the data from another. These data lead to tentative categories and subcategories. Comparisons continue until the categories are

Data gathered through interviews and documents were first analyzed. From this analysis, codes were developed using the constant comparative method. As new data was accessible, it was constantly compared with existing data until patterns became evident and codes were developed. These codes were then analyzed and placed into categories through a second and third iterative process. Table 3 summarizes the three iterations of analysis (Anfara, Brown, & Mangione, 2002).

Methods of Verification

A potential limitation of a mixed-methods design is the trustworthiness and generalizability of the qualitative data. Therefore, procedures have been implemented to verify the data. Merriam (1998) suggested six strategies for increasing the internal validity of a qualitative study: (a) triangulation, (b) member checks, (c) long-term observation, (d) peer examination, (e) participatory or collaborative methods, and (f) clarifying researcher bias. Two of the six strategies were utilized in this study. Qualitative data were triangulated through the use of multiple data sources: interview and documents. Following the data analysis, member checks

Table 3. Code Mapping: Three Iterations of Analysis (Anfara, Brown, & Mangione, 2002)

Code Mapping for How Counselors Perceive the Impact of Wellness, Spirituality, and Personal Dispositions on Their Counseling Practice
(Qualitative Research Question)

(Third Iteration: Application to Data Set)
The Professional Counselor as an Integrated Whole

(Second Iteration: Pattern Variables)

1. Commitment to the Philosophies of the Profession	3. Coordination	4. Social Networks	5. Personal Fulfillment
2. Foundation of Ethics			

(First Iteration: Initial Codes/Surface Content Analysis)

1. Development	3. Collaboration	4. Administration	5. Patience
1. Relationship	3. Flexibility	4. Family and Friends	5. Choice
1. Advocacy	3. Diligence	4. Consulting Colleagues	5. Internal Experience
1. Results-Oriented		4. Venting Colleagues	
1. Personal and Professional Growth			
2. Ethical Understanding to Reduce Anxiety			
2. Professional Gatekeeping			
2. Professional Boundaries			
2. Self-Care			

DATA	DATA	DATA	DATA
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were conducted. The research findings were sent to the participants. Participants were asked to check the findings for accuracy and provide feedback. The results of the member checks are reported in Chapter 5. Figure 2 summarizes the structure of the study.

Conclusion

This chapter described the methodology for data collection and analysis of this mixed method, multi-site study. The methodology was selected based purpose of the study which was to measure the relationships between the overall wellness, factors of the Essential Self, and the personal dispositions of practicing counseling and to explore the counselors' perceptions of these factors in their clinical work. A QUAN→qual design was implemented in which a sample of the practicing professional counselors completed the 5F-WEL, DSES, and 16PF-5. Pearson correlation analyses were conducted in order to measure the relationship between the factors. These findings were used to inform the qualitative portion of the study in which volunteers from the sample submitted documents and were interviewed. The constant comparative method was used to analyze the qualitative data, and procedures were implemented to address the internal validity of the findings. Additionally, analyses were conducted on the quantitative findings in order to determine if there was a difference between those who volunteered for the qualitative portion and those who did not as well as those who participated in a telephone interview versus those who participated in a face-to-face interview. This mixed methods, multi-site study fills a significant gap in the literature regarding the wellness of practicing professional counselors.

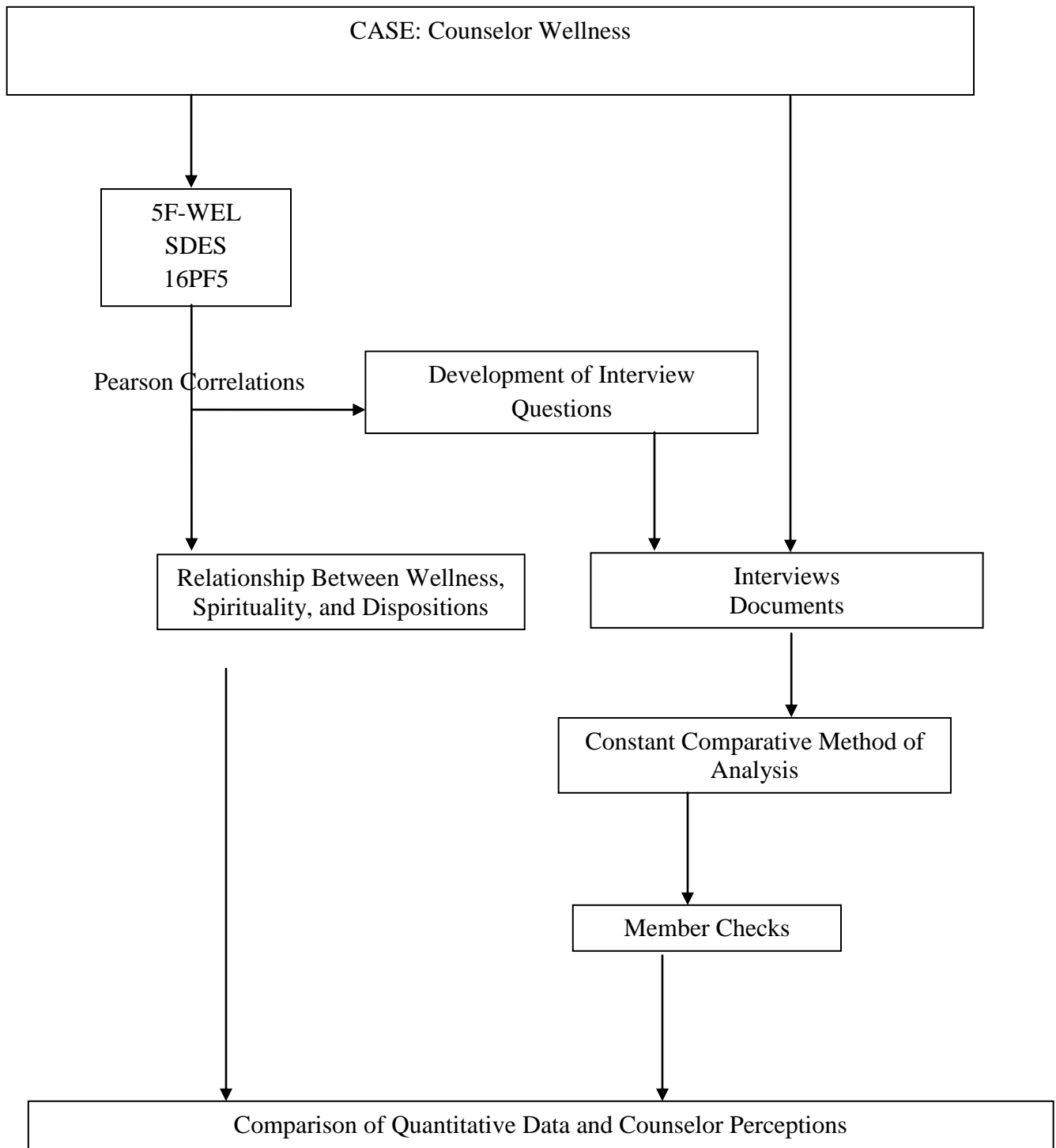


Figure 2. Structure of the Study

CHAPTER 4
QUANTITATIVE RESULTS

Chapter Introduction

The purpose of the present study was to measure the relationships between the overall wellness, spirituality, and the personal dispositions of practicing counselors and explore the counselors' perceptions of these factors in their clinical work. A mixed-methods, multi-site study was used to address the quantitative and qualitative nature of the study's purposes. The following research questions were used to focus the study:

1. What is the relationship between the overall wellness, spirituality, and the personal dispositions of distinguished practicing counselors?
2. How do counselors perceive the impact of these factors on their counseling practice?

The rationale for the study, review of the literature, and the study's methodology were presented in previous chapters. The results from the quantitative portion of the study, answering the first research question will be presented in this chapter.

Participants

The return rate for this study was 5.53%. The researcher contacted, via e-mail, 542 professional counselors who had been recipients of state or national awards for counseling practice, requesting their participation in the study. Forty-five of these potential participants responded, agreeing to participate in the study. The researcher sent, via postal mail, the three quantitative assessment instruments: the Five-Factor Wellness Inventory (5F-WEL; Myers & Sweeney, 2004b), the Daily Spiritual Experience Scale (DSES; Underwood & Teresi, 2002), and the Sixteen Personality Factor Questionnaire (16PF5; Conn & Rieke, 1994). Forty-five

professional counselors, 8.3% of those contacted, agreed to participate, and thirty professional counselors returned the completed quantitative instruments. After approximately 200 potential participants were contacted regarding participation in this study, it became apparent that an incentive was needed. A request to include an incentive of inclusion in a drawing for one of 3 \$50.00 gift cards was submitted to and approved by The University of Tennessee IRB.

Table 4 contains information regarding the demographics of the participants. Participants provided information regarding gender, ethnicity, marital status, education level, age, sexual orientation, area of specialization, and certifications and licensures. Participants reported ages ranging from 29 to 62 with an average age of 46.6. Twenty-three participants (76.7%) identified themselves as female. Additionally, the majority of participants, 86.7%, identified as Caucasian. Other ethnicities represented included African American (3.3%), Hispanic/Latino/Latina (6.7%), and Native American (3.3%). Twenty-five participants (83.3%) identified as married or partnered while two participants (6.7%) identified as divorced. Another two participants (6.7%) identified as widowed, and one participant (3.3%) identified as single. The majority of participants (93.3%) identified as heterosexual while two participants (6.7%) identified as lesbian.

Additionally, participants reported their education level. All participants completed a minimum of a Master's degree necessary for practice as a professional counselor. Five participants (16.7%) stated they held a Specialist's degree beyond a Master's degree while the remaining five participants (16.7%) noted having completed a Doctorate degree.

Participants provided multiple responses regarding their areas of specialization and certifications and licensures held. Table 5 contains information regarding participants' areas of

Table 4. Demographic Information on Participants

	N	%
GENDER		
Female	23	76.7
Male	7	23.3
ETHNICITY		
African American	1	3.3
Caucasian	26	86.7
Hispanic/Latino/Latina	2	6.7
Native American	1	3.3
MARTIAL STATUS		
Divorced	2	6.7
Married/Partnered	25	83.3
Single	1	3.3
Widowed	2	6.7
EDUCATION LEVEL		
Master's	20	66.7
Specialist	5	16.7
Doctorate	5	16.7
AGE		
<30	1	3.3
30-39	9	30
40-49	4	13.3
50-59	12	40
>60	4	13.3
SEXUAL ORIENTATION		
Heterosexual	28	93.3
Lesbian	2	6.7

Table 5. Areas of Specialization of Participants

	N	%
AREA OF SPECIALIZATION (Participants could identify more than one area.)		
Career Counseling	3	10
Marriage and Family Therapy	1	3.3
Mental Health Counseling	8	26.7
Rehabilitation Counseling	1	3.3
School Counseling	23	76.7
School Psychology	1	3.3
Social Work	1	3.3
Student Development/ Higher Education	2	6.7

specialization and certifications and licensures held. A majority of participants identified as having a specialization in school counseling (76.7%). Other specializations identified were mental health counseling (26.7%), career counseling (10%), student development and higher education (6.7%), marriage and family therapy (3.3%), rehabilitation counseling (3.3%), school psychology (3.3%), and social work (3.3%). In addition to these areas of specialization, participants identified seven certifications and licensures held. Table 6 contains information regarding certifications and licensures held. Slightly over half (53.3%) of the participants held regarding certifications and licensures held. Slightly over half (53.3%) of the participants held state licenses or certifications as school counselors. Other certifications and licensures held by participants included Licensed Professional Counselor (30%), National Certified Counselor (26.7%), Certified Rehabilitation Counselor (3.3%), Licensed Marriage and Family Therapist (3.3%), National Certified Career Counselor (3.3%), and National Certified School Counselor (3.3%).

Descriptive Statistics of Instruments

Means and standard deviations for the 5F-WEL, DSES, and 16PF5 are reported in Table 7. Norm values for the mean and deviation were available for the 5F-WEL and 16PF5; however, means and standard deviations were not available for the total score for the DSES. The observed mean for the DSES was 4.38 with a standard deviation of 1.35.

The observed mean score for the 5F-WEL ($M = 84.46$), while 7.91 points higher than the norm mean, was within one standard deviation of the norm mean ($M = 76.55$) as reported by Myers and Sweeney (2004b). There was a 9.19 point difference between the standard deviation

Table 6. Certifications and Licensures Held by Participants

	N	%
CERTIFICATIONS AND LICENSES (Participants could identify more than one area.)		
Certified Rehabilitation Counselor	1	3.3
Certified/Licensed School Counselor	16	53.3
Licensed Marriage and Family Therapist	1	3.3
Licensed Professional Counselor	9	30
National Certified Career Counselor	1	3.3
National Certified Counselor	8	26.7
National Certified School Counselor	1	3.3

Table 7. Descriptive Statistics for Instruments

Instruments	Norm		Study	
	M	SD	M	SD
5F-WEL	76.55	11.10	84.46	1.91
16PF5				
Warmth	5.81	1.79	7.23	1.35
Reasoning	5.58	1.89	6.23	1.83
Emotional Stability	5.34	1.79	6.07	1.78
Dominance	5.23	1.70	4.53	1.74
Liveliness	5.64	1.85	5.44	1.72
Rule-Consciousness	5.54	1.80	5.67	1.81
Social Boldness	5.63	1.96	5.97	1.78
Sensitivity	5.36	1.82	6.40	1.79
Vigilance	5.67	1.90	4.57	1.85
Abstractedness	5.50	1.76	5.43	1.83
Privateness	5.36	1.82	5.27	1.80
Apprehension	5.66	1.77	5.10	1.78
Openness to Change	5.67	1.78	5.93	1.76
Self-Reliance	5.52	1.83	5.90	1.74
Perfectionism	5.43	1.84	5.17	1.78
Tension	5.30	1.66	5.13	1.75
DSES	n/a	n/a	4.38	1.35

of the norm group ($SD = 11.10$) versus the observed standard deviation for the study's participants ($SD = 1.91$).

Myers and Sweeney (2004b) reported the norm group for the 5F-WEL consists of 1,899 individuals. Information is available regarding the gender, age, and culture, and educational level of the norm group. The majority (820, 47.8%) of these individuals reported being female while 498 (29%) identified with the male gender. This data was missing for 399 individuals (23.3%). Five hundred-eighteen individuals (30.2) reported ages ranging from 18-25 while 182 individuals (10.6) reported ages between 26-35 years. Individuals in middle adulthood (26-55 years) represented 23.4% (400) of the norm group, and 98 individuals (5.7%) indicated ages over 56 years. Data regarding age was missing for 494 individuals (28.8%). A significant majority (1179, 68.7%) of the individuals in the norm groups identified their cultures as white. African Americans represented 11.5% (198) of the norm group, and 45 (2.6%) individuals identified as Hispanic. Two hundred forty-five individuals (14.3%) indicated other cultures, and data was missing for 50 (2.9%) individuals. Finally, nine individuals (0.5%) reported an educational level of less than high school. The majority of individuals in the norm group (499, 29.1%) identified the completion of high school as their educational level. Other educational levels included technical/trade school or A.A. Degree (129, 7.9%), Bachelor's degree (334, 19.5%), Master's degree (360, 21%), and Doctoral/Professional degree (246, 14.4%). Data was missing for 81 individuals (4.7%) (Myers & Sweeney).

All scales for the 16PF5 were within one standard deviation of the norm mean. There was slightly less variability in mean on the Warmth scale. The norm mean for this scale was 5.81

with a standard deviation of 1.79 while the observed mean was 1.42 points higher ($M = 7.23$) with a standard deviation of 1.35.

Russell and Karol (2002) reported the norm group for the 16PF5 consisted of 10,261 individuals. Females were 50.1% (5137) of the norm group while 49.9% (5124) of the norm group consisted of males. The majority of the norm group (7994, 77.9%) identified as white. Other races represented were black/African American (1113, 10.8%), American Indian (79, 0.8%), Asian (368, 3.6%), Multiracial (149, 1.5%), Hispanic origin (887, 8.6%), and other (558, 5.4%). Russell and Karol reported the following age ranges for the norm group: 15-24 (3714, 36.2%), 25-34 (4282, 41.7%), 45-54 (1614, 15.7%), 55-64 (577, 5.6%), and 65 and over (74, 0.7%). Three educational level were reported: high school diploma or less (2541, 24.7%), some college (2901, 28.3%), and college graduate (4819, 47%) (Russell & Karol).

Reliability Statistics for Instruments

Internal reliability was calculated using Cronbach's alpha. Table 8 contains information regarding the internal reliability of the instruments used in the study. The internal reliability for the 5F-WEL (.933) was slightly higher than the norm group (.90).

The reliability for many of the scales of the 16PF5 was similar to those of the norm group; however some scales were significantly different. Low alphas were reported for the participants for warmth (.496), sensitivity (.560), and vigilance (.387). These were significantly lower than those of the norm group which were .69, .79, and, .73, respectively. There also was a difference for emotional stability between the participants (.706) and the norm group (.79). In addition, alphas for some scales were slightly higher than those of the norm group. The internal reliability for the dominance scale for the participants was .736 while it was .68 for the norm

Table 8. Cronbach's α for Participants and Norm Groups

Instruments	Study α	Norm α
5F-WEL	.933	.90
16PF5		
Warmth	.496	.69
Reasoning	.725	.75
Emotional Stability	.706	.79
Dominance	.736	.68
Liveliness	.767	.73
Rule-Consciousness	.809	.77
Social Boldness	.910	.87
Sensitivity	.560	.79
Vigilance	.387	.73
Abstractedness	.770	.78
Privateness	.758	.77
Apprehension	.829	.80
Openness to Change	.782	.68
Self-Reliance	.844	.79
Perfectionism	.727	.74
Tension	.790	.79
DSES	.943	.94

group. The alpha for participants (.844) for the self-reliance scale was slightly higher than that of the norm group (.79). Finally, there was also a difference in internal reliability on the openness to change scale. The alpha for participants was .782 while it was .68 for the norm group.

The reliability for the DSES was very similar to those for the norm group. Underwood and Teresi (2002) reported internal reliability of .94 and .95 for the DSES. The reliability for participants in this study was .943.

Results of the Correlation

Quantitative analyses were used to answer the following research question:

What is the relationship between the overall wellness, spirituality, and the personal dispositions of distinguished practicing counselors?

The results of these analyses will be reviewed in this section. Pearson Product Moment correlations were used to measure these relationships. All correlations are reported at the correlation of $p < .05$ alpha level. A correlation matrix of all scales is available in Appendix E.

Relationships between Spirituality and Personal Dispositions

The DSES and 16PF5 were used to measure the relationship between spirituality and personal dispositions. The Pearson Product Moment correlations for these factors are presented in Table 9. Only one personal disposition was found to have a significant relationship with spirituality. A positive relationship was found between the disposition of rule-consciousness and spirituality, $r = .397$ and $p = .030$. No dispositions were found to have a significant negative relationship with spirituality.

Table 9. Study Correlations between DSES and 16PF5

	Daily Spiritual Experience	
Instruments	<i>p</i> -value	Correlation
Warmth	.748	.061
Reasoning	.952	.012
Emotional Stability	.072	.333
Dominance	.202	-.240
Liveliness	.328	-.185
Rule-Consciousness	.030	.397*
Social Boldness	.959	-.010
Sensitivity	.315	.190
Vigilance	.914	-.021
Abstractedness	.100	.306
Privateness	.663	-.083
Apprehension	.300	.196
Openness to Change	.294	.198
Self-Reliance	.752	-.060
Perfectionism	.819	-.044
Tension	.097	-.308

Relationships between Total Wellness and Personal Dispositions

The 5F-WEL and 16PF5 were used to measure the relationship between total wellness and personal dispositions. The Pearson Product Moment Correlations are presented in Table 10. Four of the 16 dispositions were found to have significant relationships with total wellness. A positive relationship was found between emotional stability and total wellness, $r = .468$ and $p = .009$.

Three dispositions were found to have significant negative relationships with total wellness. Apprehension was negatively correlated with total wellness, $r = -.461$ and $p = .010$. There was a negative correlation between perfectionism and total wellness, $r = -.367$ and $p = .010$. Finally, a negative relationship was found between tension and total wellness, $r = -.530$ and $p = .003$.

Relationship between Total Wellness and Spirituality

The relationship between total wellness and spirituality was measured using the 5F-WEL and DSES. Table 11 contains the Pearson Product Moment Correlation between the 5F-WEL and 16PF5. No significant relationship was found between total wellness and spirituality.

Variance between Groups

In order to address potential concerns regarding differences between those who volunteered for the qualitative portion, analyses were conducted to compare the results of those who volunteered for both portions of the study and those who chose to only participate in the quantitative portion of the study. Of the 30 participants who participated in the quantitative portion of the study, 26 volunteered for the qualitative portions as well. Independent samples t-tests and a multivariate analysis of variance were used to compare the two groups.

Table 10. Study Correlations between 5F-WEL and 16PF5

	Total Wellness	
Instruments	<i>p</i> -value	Correlation
Warmth	.830	.041
Reasoning	.245	-.219
Emotional Stability	.009	.468**
Dominance	.713	-.070
Liveliness	.526	.121
Rule-Consciousness	.985	-.003
Social Boldness	.257	.214
Sensitivity	.285	.202
Vigilance	.307	-.193
Abstractedness	.051	.359
Privateness	.256	-.214
Apprehension	.010	-.461**
Openness to Change	.089	.316
Self-Reliance	.139	-.277
Perfectionism	.046	-.367*
Tension	.003	-.530**

Table 11. Study Correlations between 5F-WEL and DSES

Instruments	Total Wellness	
	<i>p</i> -value	Correlation
DSES	.141	.275

Independent samples t-tests were used to compare differences in spirituality and total wellness between those who volunteered to participate in the qualitative portion of the study and both portions of the study and those who chose to only participate in the quantitative portion of the study. Of the 30 participants who participated in the quantitative portion of the study, 26 volunteered for the qualitative portions as well. Independent samples t-tests and a multivariate analysis of variance were used to compare the two groups.

Independent samples t-tests were used to compare differences in spirituality and total wellness between those who volunteered to participate in the qualitative portion of the study and those who did not. A Levene’s test was conducted to measure the equality of variances in the DSES and 5F-WEL. Table 12 contains the results of these analyses in which group one consists of those who volunteered for the qualitative portion of the study and group two, those who did not. No significant difference in the equality of variances was found for the DSES with $F = 3.423$ and a significance of .075. There was no significant difference in means found for the DSES. The independent samples t-test resulted in $t = 1.763$, $df = 28$ with a significance of .089. Additionally, no significant difference was found in the equality of variances for the 5F-WEL with $F = 1.88$ and a significance of .826. The independent samples t-test also resulted in no significant difference in means for the 5F-WEL with $t = .826$, $df = 28$ with a significance of .416.

Table 12. Levene's Test of DSES and 5F-WEL

	N	Group Statistics		Leven's Test	
		Mean	Std. Deviation	F	Sig.
DSES				3.423	.075
1	26	4.50	1.01		
2	4	3.59	.358		
WEL				1.888	.180
1	26	84.92	8.07		
2	4	81.51	3.25		

The results of the independent samples t-test can be found in Table 13.

A MANOVA were used to determine any variance in the scores of the 16PF5 for those who volunteered for the qualitative portion of the study and those who did not. The MANOVA resulted in no significant differences in the scores of the 16PF5 for those who volunteered to participate in the qualitative portion of the study and those who did not with $F = 1.048$ and a significance of .473.

Conclusion

The results of the quantitative portion of the study were reviewed in this chapter. This purpose of this portion of the study was to determine the relationship between spirituality, total wellness, and personal dispositions among participants. The DSES, 5F-WEL, and 16PF5 were use to measure the relationships between these factors. Few significant relationships were found among the factors. Significant positive relationships were present between the disposition of rule-consciousness and spirituality as well as the disposition of emotional stability and total wellness. Three significant negative relationships were found between the dispositions of

Table 13. Independent Samples T- Test of DSES and 5F-WEL

		Group Statistics		T-Test			
		N	Mean	Std. Deviation	t	df	Sig.
DSES					1.763	28	.089
1	26	4.50	1.01				
2	4	3.59	.358				
WEL					.826	28	.416
1	26	84.92	8.07				
2	4	81.51	3.25				

apprehension, perfectionism, and tension and total wellness. No significant relationship was found between spirituality and total wellness. Finally, no significant variance was found between those who volunteered to participate in the qualitative portion of the study and those who did not.

In this sequential mixed-methods design, the results of the previously described quantitative portion of the study were used, in conjunction with the theoretical foundation, to develop the interview protocol for the qualitative portion of the study. The results of the qualitative portion of the study will be reviewed in Chapter Five.

CHAPTER 5

QUALITATIVE RESULTS

Chapter Introduction

The purpose of the present study was to measure the relationships between the overall wellness, spirituality, and the personal dispositions of practicing counselors and explore the counselors' perceptions of these factors in their clinical work. A mixed-methods, multi-site study was used to address the quantitative and qualitative nature of the study's purposes. The following research questions focused the study:

1. What is the relationship between the overall wellness, spirituality, and the personal dispositions of distinguished practicing counselors?
2. How do counselors perceive the impact of these factors on their counseling practice?

The rationale for the study, review of the literature, and the study's methodology were presented in previous chapters. The results from the qualitative portion of the study, answering the second research question will be presented.

Participants

All participants in the quantitative portion of the study were invited to participate in the qualitative portion of the study. Twenty-six of the 30 participants in the quantitative portion of the study volunteered to participate in the qualitative portion of the study. The researcher contacted four of the volunteers to request participation in the qualitative portion of the study. E-mails were returned as undeliverable for three of the four individuals initially contacted. Three more individuals were reached successfully. Participants continued to be contacted until saturation was reached. This occurred with five participants; however, it should be noted that

additional participants would have been contacted if needed. These individuals submitted copies of their résumés and professional disclosure statements and photographs of their office spaces; however, one individual was unable to submit a photograph of her office space. In addition to the prior submission of the documents, all volunteers participated in a 20-40 minute phone interview.

All five participants in the qualitative portion of the study were female. They ranged in age from 29-58 with a mean age of 49 years. All identified as Caucasian. Participants had been practicing in the field of professional counseling for an average of 17.8 years with a range of 8-27 years. All primarily identified with the specialization of school counseling at the time of the interviews; however, three participants held state licensure as professional counselors. Two of these participants had prior experience in a mental health setting. One of the three entered a doctoral program in Counselor Education between submitting her documents and the interview. She was involved in a practicum at a mental health counseling site for her training. Additional information regarding each participant is presented in Table 14.

Interview Protocol

In order to enhance the findings of the quantitative portion of the study, the quantitative results were used to develop portions of the interview protocol (Appendix D) for the qualitative portion of the study. Additional questions were included to explore each of the factors of the study: wellness, spirituality, and personal dispositions. Questions 1, 2, 2a, 3, 3a, 3b, and 3c assessed the impact of personal dispositions in the work of practicing professional counselors. Given the multiple dispositional traits counselors could possess, multiple scenarios and types of questions were used to explore these. Spirituality was explored in questions 2a, 4, and 4a as

Table 14. Description of Participants

Participant	Age	Years in Practice	Licenses	Geographic Location	Current Position
A	48	12	School Counseling Initial I	Pacific Northwest	School Counselor
B	53	14	LPC	Rocky Mountain Region	School Counselor (Title 1 Funded Position)
C	57	27	LPC, NBCT	Southwest	Doctoral Student
D	58	23	LPC, Licensed School Counselor	Central Plains	School Counselor
E	29	8	Licensed School Counselor K-12	Midwest	(Semi-Retired) School Counselor

counselors were asked to describe the significance they find in their work. Questions 2a also explored the impact of wellness on the practice of professional counselors. Aspects of wellness and behaviors to promote wellness were presented throughout the interviews as well. The relationships between wellness and the negative dispositions of apprehension, tension, and perfectionism were explored in questions 5 and 5a as participants were asked to explore a time when they might have been more prone to display these dispositional traits. Questions 6 and 6a were designed to expand on the relationship between wellness and emotional stability by identifying specific behaviors related to promoting wellness and maintaining emotional stability. Finally, question 7 explored the relationships between wellness and perfectionism and spirituality and rule-consciousness. It should be noted, however, that more information regarding the relationship between spirituality and rule-conscious was gained from questions 5 and 5a than question 7.

In addition, as participants discussed information related to the quantitative findings, follow-up questions were used to explore these ideas further. For example, although question five did not specifically address the relationship between spirituality and rule-consciousness, participants discussed this relationship in answering this question. Additional questions were used to explore this relationship further.

Analysis of the Qualitative Data

A qualitative analysis was used to answer the following research question:

How do counselors perceive the impact of wellness, spirituality and personal disposition on their counseling practice?

The results of this analysis will be reviewed in this section. The constant comparative method was used to analyze the qualitative data (Glaser & Strauss, 1967). The researcher constantly compared the data from one case with the data from another leading to tentative categories and subcategories. Comparisons continued until the categories were constructed (Merriam, 1998). Five themes were developed during this analysis: commitment to the philosophies of the profession, a foundation of ethical conduct, coordination, social networks, and personal fulfillment.

Commitment to the Philosophies of the Profession

As described in Chapter Two, the profession of counseling is rooted in a humanistic, developmental philosophy that focuses on the holistic wellness of individuals (Gladding, 1997; Sweeney, 2001). Participants described their commitment to this philosophical foundation in five areas: development, relationships, advocacy, results-oriented, and personal and professional growth. Participant A described this commitment as “that feeling of responsibility towards humanity.” All participants expressed the importance of the need to take risks in each of these areas in order to be successful. Each of these areas will be described in detail.

Development. Participants described a personal connection with the possibility of being a part of the growth and development of clients. This connection with the development and growth of individuals drew participants into the profession, and they also described it as part of what keeps them in the profession. When asked what makes the profession a desirable career, participant D stated, “You can assist people in growth and change.” Participant B stated, she liked “the idea of being able to do some preventative types of things” with clients to facilitate their development throughout the lifespan. This participant went on to describe the importance of

being in a school setting that supports this philosophy, “I happen to be in a school that does see the child as a whole and knows the importance of getting those emotional issues straightened out.”

This focus on development was present in the photographs of offices, résumés, and professional disclosure statements of participants. Participant B described her duties as “preventative and developmental classroom, small group, and individual counseling.” This was the first duty listed under her current job description. Participant E displayed a copy of the American School Counseling Association National Model by her desk in her office space. In her professional disclosure, participant A described one of her duties as providing “lessons that are designed to enhance the academic, career, and personal/social development of students.”

The commitment to the development and growth of clients was an internal experience of significance for participants. Participant C described this commitment to the process of growth and development as “meaningful” while participant C described the experience of feeling “some real joy” when clients grow and succeed. Participants’ commitment to the growth and development of their clients was an internal philosophy and experience as well as a behavior present in their choices as clinicians. Their personal commitment to a developmental perspective had a role in their career choice as well as their willingness to remain in the field of counseling.

Relationships. As participants described what they enjoyed about the practice of counseling, they talked about their commitments to their relationships with their clients. Much like their commitment to a developmental philosophy, the relationships participants had with

their clients had personal meaning. Participant C stated “the relationship that you build, the rapport” gave meaning to her work in counseling.

The relationships with clients and their families was also a key factor in what drew participants to the profession of counseling as well as being part of what keeps them in the profession. Participant D stated

I love that I know them all. Do you know what I’m saying? They are not just kids that I don’t know what their room looks like at home, and not because I’m so much in their lives, but because here’s the picture, and I know their stories, and I know their history, and I know what Mama and Daddy did do and haven’t done, and I know about uncle. I love that I can know them that much.

In describing their experiences as school counselors, all participants stressed the importance of being available to students during the day. They each told of similar schedules in which all paperwork and non-student related work was done before students arrived and after they left. The significance of the commitment to building relationships with clients was, not only the philosophical underpinning of their work, but also a source of strength when work became challenging.

Advocacy. Section A.6.a of the American Counseling Association *Code of Ethics* states, “When appropriate, counselors advocate at individual, group, institutional, and societal levels to examine potential barriers and obstacles that inhibit access and/or growth and development of clients” (p. 5). All participants talked about the importance of advocacy in their work. Three of the five counselors specifically chose to work in settings helping the “underserved” or at-risk

populations because of the importance of being an advocate for the underrepresented. When asked to further describe the significance of being an advocate for clients, participant stated

I think that that's been a role that I've had in many different directions, particularly those that you, you find some students who need more, not necessarily that they need different things, they need more things. The interventions aren't always the same.

Participant A described the significance of being an advocate as “probably seeing the different steps changing systems, how changing systems effects not just the kids that you personally talk to but also the overall school environment, so it's more of acting locally, thinking globally.”

Participant D stated that advocacy “would be the definition of a school counselor.” Despite the presence of advocacy in the participants' interviews, only one participant included advocating as one of the job duties on her résumé. In addition, participant A's office contained a bulletin board displaying materials related to social justice and advocacy.

In addition to their personal experiences of advocacy, two participants described how counselors they admire demonstrate advocacy. Participant C stated the counselor she admired was an “advocate – not only for counseling but for her children.” Participant A further described how she admired one counselor's work advocating for clients. She stated

The reason I admire her is because she is one of the few white women that I know who constantly questions her position and ability to make change based on her position of privilege. She is a tireless advocate for kids who don't get noticed whether they're special ed. or talented/gifted kids, where, wherever she sees a

need not being met she's the first person to figure that out, take some risks, and challenge systems that don't work for kids.

While the American Counseling Association *Code of Ethics* (2005) contains a formal statement regarding the importance of advocating as a professional duty, participants described this to be particularly central to their counseling practice. In addition to being central to their practice, some participants identified this as a characteristic of counselors they admired.

Results-Oriented. Participants placed particular importance on observing change and the positive results for their clients. This orientation was present in both their discussions of their work with clients and the development of their counseling programs. Participants spoke about this in terms of the personal value and meaning of seeing clients succeed. Participant A described the value of “seeing kids, not only when they are in crisis, but also in times they are celebrating their successes.” In her professional disclosure statement, this same counselor stated her goal was “to help students understand how they can become successful life-long learners and make positive contributions to our society.” Participant C described her role in developing a new treatment program at an alternative school:

If you're at a traditional campus and you do the same things and get the same results, then let's try something different. This is the model program for our state and has done real well. It's a lot different than when I was there... Unfortunately, you have a good program, and it doesn't have that meaning. We were getting results, too.

Several participants further described the results-oriented approach in talking of the professional counselors they admire. Participant C stated, “She knows and sets goals, and she is a

high achiever.” of the counselor she admired. Participants stressed their admiration for the willingness of these counselors to learn and implement new techniques in order to get results. Participant E described the counselor she admired as “always willing to try something new if the way she was approaching something wasn’t working.” Participant A stated, “You know innovative and willing to, knowing she is trained one way, but she is willing to go with the way that things have been proven to work with kids most recently” in describing the counselor she admired.

Personal and professional growth. Just as participants spoke of their focus on the development of their clients, they also addressed their commitment to their own personal and professional growth. Participant C stated

I have worked real hard to improve my skills, and I continue to do that. I learn everyday... It is an honor and a privilege to work with the people that I work with as clients and as students. I’m inspired by them.

In reflecting on her comparison of herself with the counselor she admired, participant E responded

Well, I think I’m a work in progress, yet I think those are the characteristics, you know. For me, I try to keep them in the back of my mind or keep in my mind as I try to make decisions or myself not having those characteristics, “Ok, this is not really good. I should not be so negative. I should be more positive, or more innovative, or...” You know, whatever it is. You know, for me, I think it’s trying to make a conscious effort to keep working towards those things. I think by doing that that it just becomes a part of who I am. I have varying success. Some days I

do better than others at getting close to being the kind of woman that she is, but that's, you know, I would hope that I could be like that some day.

Participant D explored her areas for growth in reflecting on the counselor she admired. She stated

I think I'm too verbal sometimes... I don't measure up... I don't know that I'm always as kind-hearted as I would like to be. I wish that I could always... You know, I tend to be the one that says, "Oh, but, but," and I see that happen enough, and I wish could be more always seeing the positive side of things.

For participant D, the acknowledgement of mistakes also led to growth.

I think most counselors make mistakes, and I hope nothing big but just things you wish you had done a little differently, but I mean, you can live, and you can learn if you haven't done anything terrible.

In addition to their personal reflections on their personal and professional growth, four of the participants specifically identified professional trainings they had attended in their résumés.

Foundation of Ethics

Participants spoke of ethical conduct throughout the interviews. A commitment to professional ethics was described as a foundation to counseling practice. Discussion regarding ethical practice was focused in four areas: ethical understanding to reduce anxiety, professional gatekeeping, professional boundaries, and self-care. Each of these areas will be discussed further in this section.

Ethical Understanding to Reduce Anxiety. All participants stressed the importance of a thorough knowledge of professional ethics. When asked about a time that they were anxious in

their work, four of the participants described handling crisis situations or “the biggies” as participant D called them. Examples included suicidal clients, reporting abuse, and pregnant minors. In addition to the anxiety of addressing the presenting situation, participants expressed the anxiety was heightened by the fact that certain elements regarding their clients’ safety were out of the counselors’ control. Participant D described, “I guess that what I would call a little anxiety over what’s happening and is it going to be handled correctly and is intervention going to take place and is it going to be appropriate.” In addition, all participants addressed these ethical issues in their professional disclosure statements.

Participants stated this anxiety was mediated by a thorough understanding of ethical principles. Participant D stated, “I know exactly what to do, and I do it.” This was followed by a step-by step description of how to address specific ethical dilemmas. Participant A described the anxiety producing situations in more detail.

Probably the most anxiety producing situations for me would be, oh, when I feel like there’s a possibility of a student being in danger, and especially if it’s something I can’t control, maybe a suspicion of sexual abuse or other kind of physical abuse that I have no proof of, or if a child has asked me specifically not to share information that is pretty important, and of course, I follow the law on that one, but those would probably be the most anxiety producing moments for me... I’m not willing to risk, not only my own safety, but the safety of my children for anything.

The anxiety is mediated further by participants’ internal assurance that they have acted correctly. When asked how she handled the anxiety, participant B stated, “I, you know, know

that I've done everything that I possibly can... and you just have to take some comfort knowing that you've done what you can do."

Professional gatekeeping. Participants expressed reactions to their obligations as gatekeepers for the profession. Participant B stated, "I have a hard time when people that are counselors cross those boundaries. It makes me furious." Two participants talked of times they had been in a gatekeeping role with professional colleagues. Participant B described the experience, "He is no longer practicing, and that make me feel like he can't do harm to anyone else. I feel good about it." For these counselors, their ethical obligations extended beyond their clients to the clients of their colleagues.

Professional boundaries. Participants described the importance of professional boundaries in two areas: relational boundaries and physical boundaries. Establishing these boundaries was particularly important to participants' wellness and burn-out prevention. Participant D described the relational boundary in the following terms, "My job is a job and not a lifestyle." She went on to say

By that I mean, I am not somebody who has kids over to my house after school, who I give my personal phone number to call me on the weekends if they're having a bad time... I see other counselors who, who almost make their job their lifestyle, and that doesn't work for me. I don't even think it's healthy. I don't see that it looks healthy watching them do that, so I want to give my best and my all every day.

Participant C described it as

a practice knowing how to leave school at school or work at work... You know you could easily bring the clients' problems home with you, and I think I'm pretty good at separating that because it's my professional life versus my personal life.

All participants described a physical boundary between their work and personal lives; however, this boundary varied from participant to participant. Participants B and C stated they would stay late at work or go to work on the weekends. Both of these individuals described this time as "relaxing" because there was no one else in the office or building, and they had no obligations outside of work during those times. Participant E described her concerns with taking work home

You know, occasionally, I'll take work home. I don't like to do that just because that burns me out, but sometimes that's just how I deal with it is I just get it done.

Participant D stated, "I'm not up here late every night... I think the job is very fulfilling. It does have a clock boundary and even an energy boundary." Despite the variance in the physical boundaries described by participants, all participants had them and noted they were critical to their well-being.

Self-Care. All participants talked about the need for self-care behavior in order to maintain wellness and prevent burn-out. In describing self-care, participant C stated "I think wellness, a practice of wellness – exercising and eating healthy and gathering and getting with friends and not talking about work or school or anything." Participant B described her routine

I try to really relax and stay home and do something fun to get my mind off of work. I have actually gone to counseling myself and taken some anxiety or stress management types of biofeedback types of things that really helped me.

Participant C described her response following a difficult period in her life.

I took off three months. Even though my friends told me I needed to do that, I was like, “Oh, you’ve got to be kidding! I’ve got so much work to do!” I think sometimes you have to say, “This is enough!”, to comfort yourself. I think you have to allow yourself sometime to debrief. If you need a break, you need to take the break... You cannot take care of others if you are not taking care of yourself.

Participant A stated, “I have a lot of fun. You know, good clean fun like card games, you know, and other things.” Two participants, A and C, talked about the importance of finding humor in their work as a means of self-care. Participant C stated, “You have to have a real good sense of humor.”

Participants’ offices also contained evidence of items of self-care. Several offices contained artwork and plants to create an aesthetically pleasing environment in which to practice. Participant A had a collection of sea shells on her desk. Others had water and snacks available to them on their desks.

Coordination

Participants described three characteristics that impacted their success as professional counselors: collaboration, flexibility, and diligence. These characteristics had a particular influence on their abilities to coordinate the many tasks and roles involved in being a professional counselor. This section will review these characteristics in greater detail.

Collaboration. Counselors, regardless of setting, collaborate with other professional to improve the quality of services available to their clients. This includes coordinating multiple services when needed. This characteristic was particularly evident as participants described those

professional counselors they admired. Four of the five participants specifically identified the counselors they admired as being strong collaborators. All those that listed job duties on their résumés identified collaborate as one of their job functions.

Flexibility. Participants expressed excitement regarding the variability of their daily work. Participant E described this variability.

I love the variety. I come to work and have something different every day, and never really knowing what the day is going to be like. I think I would get bored if I was doing the same things over and over every day, if it was predictable.

Participant A stated

The unpredictability of what your days and weeks and years are like. I mean we, I feel like, especially in schools that are like a dynamic, ever-changing environment, there's a certain level, even though we keep a schedule and a calendar, there's a certain level of kind-of random things.

Other participants shared similar responses to the variety in the profession. Due to the unpredictable nature of the work of counseling, participants stated flexibility was required to be a successful counselor. Like collaboration, participants identified this as one of characteristics of those counselors they admired.

Diligence. Participants described the importance of being diligent in their work. Again, counselors often juggle multiple tasks and roles throughout the day. For the participants, diligence and perseverance are required to ensure they “keep caught up”. Participant B stated

I know that I have a lot of diligence. I don't give up very easily at all. I feel like I have a good work ethic. I have a principal that requires that of me. I started here,

uh, nine years ago on a three year grant, and I'm still here because the staff has chosen to use Title I money to keep me here, and I'm pretty expensive, so I hope they feel like I'm doing that good of a job. I feel like they do, or they wouldn't keep me.

Again, this characteristic was identified by participants as they described those counselors they admired.

Social Networks

Both Adler (1927) and Myers and Sweeney (2004a & 2005b) stressed the importance of social relationships on the well-being of the individual. Participants discussed the importance of social relationships on their wellness and development. Four categories of social networks were discussed by participants: administration, family and friends, consulting colleagues, and venting colleagues. These four categories will be reviewed in more detail in this section.

Administration. All participants described the importance of administrative support in their professional work. Administrative support impacted both participants' willingness to accept their current positions as well as their willingness to remain in these positions. Participant E described the impact of the administration on her decision to accept her current position, "I think when I interviewed being impressed with the principal, being impressed with the, just the things they were talking about doing at this school." The importance of the administrative social network was present from the beginning of their current employment for these counselors. Participant A talked of increased recognition of counseling by school administration, "A deeper understanding from the administration about the importance of school counseling has been a big boost especially in terms of desirability."

The importance of supportive administrators during ethical dilemmas was stressed by four participants. In describing a professional gatekeeping situation, participant B stated

I had a very good principal to back me up all the way. That made a very big difference. Had I been in a different situation with a different principal that did not back me up, I think I would have had a whole different outlook on the whole thing.

Family and friends. Family and friends were especially significant as these relationships were those external from work. Participants noted it was in these relationships that they could not focus on work related issues. Participant A described this as a “community” stating, “I feel like I have a good community of people to support me, and I think that’s my biggest gift that I have in the world.” In discussing her wellness, participant C described the importance of

gathering and getting with friends and not talking about work or school or anything. I’ve got a pretty good circle of friends that around that have other interests, you know. That makes a big difference, so you’re not always dwelling on what’s going on with your clients.

Some participants chose to bring their family and friends into their work by displaying photographs of them in their offices.

Consulting colleagues. Participants described two different groups of professional colleagues. The first are the consulting colleagues or those with whom they discuss professional concerns with for feedback or validation. Participant E stated

I have a good support system of colleagues, too, that if I'm anxious or stressed about things, certainly just go and bounce it off them and get their perspective... I would say the biggest comfort I get is just maybe from my colleagues.

Participant B stated, "I get a lot of support from other counselors, specifically at the school level. We have monthly meetings and that type of thing."

Participant C stated she can

consult with them about a particular situation that I'm concerned about. What do you think about this? Am I doing the right thing? Do you have any other suggestions? That kind of dialogue really is helpful as far as processing and getting the right... getting some validation, I guess, as well as ideas on what else to do.

Venting colleagues. The second group of professional colleagues, venting colleagues, is those with whom participants express their feelings regarding work, particularly frustration. While some colleagues might fall into both categories for participants, their roles are very different depending on the needs of the participants. Participant A stated

I have to say that the, having built strong relationship with my co-workers, the other counselor in the building as well as the administrator. If I need something, if I need a place to vent, if I need a place to talk or where I can feel, you know, vulnerable, because I'm not willing to do that with the kids, I feel like I always have a place to do that, so I feel like I'm good enough in my job that people are willing to do that for me if I need it.

Participant D described the experience of venting to a colleague.

I can have some emotional reaction, but I have a wonderful, dear friend, who is also a professional counselor, and we have often talked about how nice it is to be able to discuss these kinds of things with one another and be able to adhere to confidentiality and ethics, so that's just a lifeline for me, to be able to discuss those. You know, I get to tell my story, and this is how I felt, and this is how it happened, and that usually does it for me.

All participants distinguished between the times they consult with colleagues those in which that are venting. In addition, it was important that these be other professionals who are bound by the same ethical standards of confidentiality.

Personal fulfillment

All participants used the word "fulfillment" to describe the personal significance they receive from their work as professional counselors. This sense of personal fulfillment in their work as professional counselors was coupled with feeling "valued." Participants described three elements relating to personal fulfillment in their professional work: patience, choice, and the internal experience. Each of these elements will be described in this section.

Patience. Patience was required by participants in two ways. The first was patience with client change. Participant C stated it is necessary to "be very, very patient. You know, don't overreact on everything." Because these counselors were results-oriented, patience was required in order to cope when clients were slow to change.

In addition to the need for patience with client change, it was necessary for participants to be patient in receiving feedback and fulfillment in their work. Participant E described a recent experience.

It's a challenge from day to day as well. You know, some days, there was a few weeks in January where there wasn't really any significance in anything. Like everything I was trying wasn't working, and you have a couple weeks where, you all of the sudden it changes. Kids coming in, and you could tell they were using the stuff we had talked about – strategies for doing better in school, kidding with their friends or their family, or resolving conflict. That, and they were coming back, and what they were saying was that it was working. You know, in talking to parents, "Yeah, this is working," or "I appreciate your working with my kid." You know, getting that feedback that what I'm doing is valuable to other people, and that it's working. That the purpose it's trying to serve, that it is serving that purpose. You know, so I think it's the biggest thing is getting that feedback that we're seeing those results.

Several participants mentioned the notes they received from clients as sources of validation during times like those described previously. Participant D discussed the notes she received.

I have to tell you that any little note that a kid, or a parent, or a teacher has written me – those kind that you don't get very often – I've saved every one of them. I guess, I know that sometimes, maybe, I mean, I've had validation that what I do is worthwhile to other people, so that while somebody might not be able to say right now, "Thank you." I don't expect them to say thank you, but I do know from history that, that it can be a good thing. I guess that's comforting to me.

Choice. All participants chose to be in their current positions. For two participants, D and E, geography played a factor in their decision. The remaining participants found personal

fulfillment in the specific locations they chose to work because the work was with underserved populations. For these participants, the ability to work with underserved individuals provides significance in their work.

Internal experience. All participants described some type of internal experience that gives significance and personal fulfillment to their work as professional counselors. Two participants described this experience as a “gift”. Participant E stated

I mean for anybody in the helping profession, you know, it seems like that’s what you hear people say all the time, “I’m here to help people.” You know, that’s the gift I was given was to connect with people and to be able to work with people in that kind of way.

Participant B directly connected this gift to her spiritual experience.

I just have learned over the years that I can easily build trust with children and that they can talk to me about pretty much anything, so in choosing a profession I actually went back to get another bachelor’s in teaching but ended up with a Master’s in Psychology and School Counseling, and I feel like God led me that way, that what I’m doing is part of what He wants me to do, and I feel really that I have a gift for that, and if I was doing something else, I don’t feel I would be so fulfilled.

Participant C stated, “Counseling is a calling for me. It is a very fulfilling profession.”

Participant D described this internal experience.

I guess it’s a feeling in my heart. It’s a feeling in my stomach. You know, when I see what could have happened but doesn’t happen, or when I see a bad situation, I

see that a kid makes changes and better choices, and I think, “Oh, well, if he or she hadn’t done that.” I think I was able to assist in that.

The Professional Counselor as an Integrated Whole

In order to explore how these participants perceived the impact of wellness, spirituality, and personal dispositions on their professional practice, they submitted copies of their résumés and professional disclosure statements and photographs of their office space in addition to participating in a phone interview. While participants were able to compartmentalize the different personal and professional aspects of their lives through ethical practice, establishing boundaries, and social networks, being a professional counselor was part of their personal identities. Participant D stated, “My job is a job and not a lifestyle.” Despite this boundary between the personal and professional life, these counselors described how experiences in their personal lives have shaped their professional lives and vice versa.

The previous sections highlighted the patterns the researcher developed from the analysis of the qualitative data in the form of specific categories; however these categories intersect, much like a puzzle, to create a picture of how these counselors view the impact of wellness, spirituality, and personal dispositions in their practices. Participants did not describe any of these categories as being able to stand alone without the others. For example, participants emphasized the importance of finding personal fulfillment in their work. A part of this meaning and significance came from, not only their patience, choice, and internal experience, but also in their commitment to the philosophies of the profession. They discussed how those philosophies were important to the personal fulfillment they received from being professional counselors. Participants described the personal significance of their relationships with those in their social

networks as well as those professional counselors they admired. The personal dispositions described in the coordination section were important facilitated positive self-care and wellness practices. Participants described and presented evidence of spirituality, through personal meaning making, wellness, and personal dispositions in their practice; however these were not separate, distinct categories. Rather, they work together to create an integrated, whole person in these professional counselors. Participant E explained this in her description of the professional counselor she admired, “It was just the whole of who she was, and so I think it was just all those pieces combined kind of made up who she was and who she is.”

Results of the Member Checks

All participants were sent copies of the previously described results. It was requested that they review them and provide any feedback regarding the analysis. Three of the five participants replied confirming the analysis to be accurate. A follow-up e-mail was sent to the remaining two participants two weeks later. They provided no response regarding the accuracy of the qualitative analysis.

Conclusion

The results of the qualitative portion of the study were reviewed in this chapter. The purpose of this portion of the study was to explore how these counselors perceive the impact of wellness, spirituality, and personal dispositions on their counseling practices. In this sequential mixed-methods design, the results of the previously described quantitative portion of the study were used, in conjunction with the theoretical foundation, to develop the interview protocol for the qualitative portion of the study. Participants submitted three documents for analysis and participated in a phone interview. This data was analyzed using the constant comparative

method. Three iterations of analysis were presented culminating in the idea of the professional counselor as an integrated whole of the three factors of wellness, spirituality, and personal dispositions. A discussion of the results of this study will be presented in Chapter Six.

CHAPTER 6

DISCUSSION AND IMPLICATIONS

Chapter Introduction

In Chapters Four and Five, the results of the quantitative and qualitative portions of this study were presented, respectively. Chapter Four included a discussion of the participants, instruments used, results of the correlations, and results of the variance analyses. Chapter Five included a discussion of the participants and the three iterations of analysis. A discussion of the study's participants, instruments, results, and limitations and implications will be presented in this chapter. In addition, the results of the quantitative and qualitative portions of the study will be integrated.

Discussion of Methodology

Discussion of Participants

Participants for the quantitative portion of the study consisted of 30 practicing professional counselors who had received state or national awards for counseling practice. The researcher contacted 542 professional counselors who met the above criteria. Forty-five (8.3%) responded agreeing to participate; however, only 30 individuals (5.53%) returned the completed assessments. In addition to decreasing the reliability of the findings, this low return rate limits the generalizability of results. Additionally, the researcher was unable to obtain demographics of the profession, including percentages of specializations and is, therefore, unable to state whether the sample is a representative sample of the population. The reason for this low return rate is

uncertain; however, some potential participants who worked in the school settings noted the timing was not conducive to their participation.

Five volunteers from the quantitative portion of the study participated in the qualitative portion of the study. All of these participants were Caucasian females. As previously stated three e-mails to potential participants were returned undeliverable, two of these potential participants were males. In addition, though three of these participants held state licenses as professional counselors and had experience in a mental counseling setting, all five participants identified themselves with the school counseling specialization. The five participants of the qualitative portion of the study were not representative of the larger sample of the quantitative portion; therefore the generalizability of the qualitative results is limited as well.

Discussion of Instruments

Three instruments were used in the quantitative portion of the study: the 5F-WEL, DSES, and 16PF5. Descriptive statistics and reliability coefficients for each instrument are presented in Chapter Four. Low reliability was reported for three scales of the 16PF5: warmth, sensitivity, and vigilance. These were significantly lower than those of the norm group. Means for all scales of the study sample were within one standard deviation of the norm group mean.

High reliability was reported for both the 5F-WEL and DSES. Additionally, reliability for the sample for both instruments was similar to those of the norm groups. Descriptive statistics for the norm group for the DSES were not available. Underwood and Teresi (2002) described their efforts to ensure the DSES could be used with individuals of all religious and spiritual traditions; however, one participant noted on the completed instrument, “This is misleading for me because

I am non-theist. I do have ‘holy’ or ‘spiritual’ connections to others in ways that lift me up, but I do not believe in a traditional higher power.”

While slightly higher than the mean for the norm group, the mean for the sample for the 5F-WEL was within one standard deviation of the mean of the norm group. This difference could be the result of the demographics. Myers and Mobley (2004) reported the norm group for the 5F-WEL consisted of a significant number of undergraduate students, a population with lower wellness whereas professional counselors are trained under a wellness model of intervention.

Discussion of the Results

Discussion of the Quantitative Results

Relationship between spirituality and personal dispositions. One personal disposition, rule-consciousness, was found to have a significant positive relationship with spirituality. Cattell, Eber, and Tatsuoka (1970) described rule-conscious as “the extent to which cultural standards of right and wrong are internalized and use to govern behavior” (p. 89). It should be noted that rule-conscious lies along a continuum. Those with higher rule-consciousness demonstrate higher internalization of the cultural morals and ethics. Russell and Karol (2002) stated individuals who score high in rule-conscious believe they should adhere to a strict moral code. One component of spirituality is the ability of the individual “develop a value system” (ASERVIC, n.d.a., para. 3). A review of the literature regarding spirituality and ethics resulted in articles regarding the ethical practice of including spirituality in counseling (Steen, Engels, & Thwealt, 2006; Tan, 2003; Weld & Eriksen, 2007); however, no research was found integrating counselors’ spirituality with ethics. It is possible that counselors’ spiritual experience provides a foundation for the internalization of ethical practice and behavior. This is evident in the title of ASERVIC,

the Association for *Spiritual, Ethical, and Religious Values in Counseling*. As religion is one way individuals can experience spirituality, future research might include further exploration regarding whether this relationship is specifically related to adherence to certain religious doctrine. At the same time, this finding is juxtaposed to York's (2001) suggestion that spirituality is an "ethical no-man's land" (p. 367). Additionally, given this relationship, future studies should explore the relationship between spirituality and adherence to professional ethical standards.

No other significant relationships were found between spirituality and personal dispositions. This could be due to the minimal sample size. Given its p -value of .072, it is possible that with a larger sample size, a positive relationship would have been found between emotional stability and spirituality.

Relationship between total wellness and personal dispositions. A positive relationship was found between emotional stability and total wellness. Russell and Karol (2002) stated individuals who score high "tend to take life in stride and to manage events and emotions in a balanced, adaptive way" (p. 44). Myers and Sweeney (2005b) described the Coping Self of the IS-WEL as "the combination of elements that regulate our responses to life events and provide a means for transcending their negative effects" (p. 33). Given these definitions, this result is not surprising.

Three personal dispositions had negative significant relationships with total wellness: apprehension, perfectionism, and tension. Russell and Karol (2002) described high scorers in apprehension as tending "to worry about things and feel apprehensive and insecure" (p. 52) while tension "is associated with nervous tension" (p. 55). The significant negative relationship

between these factors and total wellness is not surprising. Perfectionism, however, is associated with the dichotomy of “perfectionistic versus tolerates disorder” (Russell & Karol). Individuals who score high in perfectionism strive to do things correctly. The negative relationship between perfectionism and total wellness could be due to the inflexible nature of individuals who score very high in perfectionism. In addition, the ability to tolerate disorder might support individuals’ abilities to cope with the negative life events as described in the Coping Self definition by Myers and Sweeney (2005b). Future studies should explore the relationship between each of these dispositions and the five second-order factors of the IS-WEL.

Again, these results were impacted by the minimal sample size for a correlational study. The positive relationship between abstractedness and total wellness had a p -value of .051, just missing the $<.05$ level. It is possible that with a larger sample size this relationship would be found to be significant.

Relationship between total wellness and spirituality. No significant relationship was found between total wellness and spirituality. Bigbee (2008), using the 5F-WEL and an abbreviated version of the DSES, reported a significant positive correlation between daily spiritual experience and total wellness. The results of the current study were not consistent with those of Bigbee’s study. Again, these findings could be due to the minimal sample size of the study. In addition, the concerns regarding wording expressed by one participant described earlier could have impacted these results. Future studies should include a larger sample and multiple instruments to assess spirituality.

Discussion of Qualitative Results

The professional counselor as an integrated whole. The third iteration of the qualitative analysis described how participants' professional identities were shaped by both their personal and professional experiences. In addition, these professional counselors described the impact of the factors of wellness, spirituality, and personal dispositions on their practice; however, these factors did not impact practice in isolation. Rather, they overlapped and integrated to impact both counselor development and practice. This was described by one participant, "I think it was just all those pieces combined kind of made up who she was and who she is."

Given the limited significant relationships found in the quantitative analysis, this result was surprising. Participants placed emphasis on meaning throughout the interviews, yet there were few significant relationships between spirituality and the other factors in the quantitative portion of the study. While it possible that the participants experiences were not reflective of the results of the quantitative portion of the study, it is also possible that more significant relationships would have been found had the sample in the quantitative portion of the study been larger. In addition, the DSES may not have been an accurate measure of the spiritual significance participants described during the qualitative portion of the study.

Commitment to the philosophies of the profession. Participants described their commitment to the philosophies of the profession in five areas: development, relationship, advocacy, results-oriented, and personal and professional growth. Each of these areas involved risk-taking on the part of the counselor as well as providing personal meaning and connection to the profession for the participants. The commitment to a developmental perspective was not surprising given that counselors are trained from this perspective; however, this could have been

intensified by the fact all participants primarily work with children and youth. As the majority of human development models focus on these populations, it is possible these counselors had heightened awareness of or focus on the developmental perspective. One participant described this as “being able to help people with growth and change.” Evidence of participants’ dedication to this philosophy was present in their professional disclosure statements, items in their offices, and interviews. Additional qualitative research with professional counselors across specializations would further inform these results.

The emphasis placed by participants on the counseling relationship was predictable as CACREP Accreditation Standards (2008) requires that counselors receive training in “helping relationships” (p. 11) and participants described working with people is motivation for entering this profession. Given that school counselors have significantly more access to their clients than those in other settings, future studies could explore whether counselors in other specializations place similar personal meaning and emphasis on their relationships with clients. Participants described this relationships as providing meaning to their work.

Advocacy is central to the specialization of school counseling as they are required to work with multiple individuals and groups that might require advocacy including students, teachers, administrators, and school boards (American School Counseling Association, 2003). In fact, one participant stated advocate “would be the definition of a school counselor.” Therefore, it is not surprising that these counselors deemed it important in their work. While counselors are expected to advocate on behalf of the profession and clients, it remains to be seen whether counselors in other specializations would find this aspect of their work as important as these

school counselors. The researcher identified no current research exploring the view of advocacy across counseling specializations. Future research could focus on this exploration.

These counselors were results-oriented in their work. They spoke of how seeing positive change in their clients was validating. Due to a current focus on school counseling program accountability (American School Counselor Association, 2003), it was not surprising that participants were focused on results; however the personal meaning of the results was surprising. Future studies might assess whether mental health counselors describe evidence-based practice in a similar way.

Finally, participants described a deep commitment to their personal and professional growth as counselors. This commitment extended beyond meeting continuing education requirements for certification or licensure. They described themselves as a “work in progress” and being “inspired” by their clients. Future research should explore in greater detail the experiences and behaviors associated with this growth. In addition, the efficacy of these experiences and behaviors should be explored.

The quantitative findings are further enhanced by these results. Participants described the meaning they found in these philosophies. As meaning making is one part of spirituality, it is possible that this commitment described by participants is part of the professional value system internalized by these counselors. In this case, the commitment to the profession could be one element of rule-consciousness. This possibility is further supported by the inclusion of personal and professional growth in this category.

Foundation of ethics. Another second iteration code was the participants’ foundation in professional ethics. This foundation was described in three areas: ethical understanding to reduce

anxiety, professional gatekeeping, professional boundaries, and self-care. While the *ACA Code of Ethics* (2005) requires professional counselor to take preventative measure to decrease the likelihood of impairment, participants described a thorough knowledge of ethics as decreasing anxiety and impairment. These counselors, however, described ethical dilemmas as times of heightened anxiety in their work. Participants stated that during these times they relied on their thorough understanding of professional ethics. They stated, “I know what to do,” in response to these dilemmas. This is a new perspective. Additional research should be done to determine if thorough ethical knowledge truly reduces anxiety during professional crises and ethical dilemmas. If so, what level of understanding is required?

Participants discussed the roles they played as gatekeepers for the profession. No current literature was found addressing how practicing counselors, rather than counselor educators, have served as gatekeepers for the profession. It was surprising that two of the five participants had turned professional colleagues due to impaired practice. They also described experiencing negative emotions upon learning or observing on unethical behavior by a colleague; however, this was balanced by positive experiences upon addressing the issues. One participant stated she felt “like he can’t do harm to anyone else. I feel good about it.” Given the professional, ethical obligation to gatekeep for the profession (American Counseling Association, 2005), future research opportunities include an evaluation of practicing professional counselors’ willingness to serve as gatekeepers for the profession, particularly if there ways in which professional counselors could be better supported in their gatekeeping role. The literature regarding counselor educators and gatekeeping consists of models for evaluating counselor development and

implementing gatekeeping procedures (Brear, Dorrian, & Luscri, 2008; Lumadue & Duffey, 1999; Vacha-Haase, Devenport, & Kerewsky, 2004).

Professional boundaries were described in two ways: relational and physical. Boundaries are discussed in the *ACA Code of Ethics* (2005); therefore, professionals should be aware of these. For the participants, professional boundaries not only protected the interests of their clients but also the well-being of the participants. One participant describe the work of a counselors as having “a clock boundary and even an energy boundary.” In addition to establishing professional boundaries, participants described their personal self-care routines.

The quantitative finding regarding the relationship between spirituality and rule-consciousness is further expanded by these results. Participants described their commitment to ethics using similar terms as those used to describe rule-consciousness. Like the philosophies of the profession previously described, professional ethics were internalized in for participants. Ethics, then, became part of their value systems. It is possible that a relationship exists between spirituality and ethical practice. In addition, participants stressed the importance of a thorough, working knowledge of professional ethics in decreasing anxiety during times of heightened tension. While regression analyses were not part of this study, participants indicated that, in practice, a relationship exists among tension, rule-conscious, and wellness.

Coordination. The professional counselors who participated in this study described three dispositional traits, not assessed in the 16PF5, necessary to coordinate the multiple tasks required of counselors: collaboration, flexibility, and diligence. As these traits were not assessed in the quantitative portion of the study, the description of the personal dispositions of practicing counselors is enhanced by these findings. Participants’ descriptions of the impact of these

characteristics on their work were very specific to the school settings. While all counselors should collaborate with their clients' other service providers when warranted, it is possible that collaboration is not a priority for professional counselors in some settings. For example, professional counselors with limited access to other professionals might give other aspects of their practice priority over collaboration. Participants noted the importance of the variability of their work days. The day was described as "having something different each day" and "unpredictable." Because of this variety in the day, participants stressed the need for flexibility. Participants connected the dispositional traits of flexibility and diligence with increased wellness. Their descriptions of flexibility were opposite of the definition of the disposition of perfectionism. Given the quantitative findings regarding the negative relationship between perfectionism and wellness, future research should explore the relationship between flexibility and wellness in counseling practice. In addition, participants focused on diligence as a means of preventing burnout. This was equated with having a "good work ethic."

Social networks. Participants reported four social networks from which they received support for their professional work: administration, family and friends, consulting colleagues, and venting colleagues. The role of venting colleagues should be explored further. Professional counselors are trained to consult with colleagues (Remley & Herlihy, 2001); however participants stressed the positive importance of the cathartic experience when venting to colleagues. They acknowledged it was important that these were professional colleagues who were also bound by confidentiality. One participant described this relationship stating, "I can have some emotional reaction, but I a wonderful, dear friend, who is also a professional counselor... I get to tell me story, and this is how I felt, and this is how it happened." Participants

emphasized the importance of social networks in maintaining emotional stability. This was particularly evident in their descriptions of not “dwelling on” experiences with clients when interacting with family and friends. In addition, they spoke about the cathartic experience with venting colleagues and the importance of having this emotional outlet. The Social Self is one of the second-order factors in the IS-WEL. Using this model, it can be assumed that these social networks are a part of the overall wellness of the participants. This study did not explore the relationships between the second order factors of the IS-WEL and personal dispositions.

Certainly the administration network might be setting specific to the schools, and this should be addressed in future research. Future research, particularly utilizing an Adlerian framework, could explore how professional counselors compartmentalize these multiple relationships.

Personal fulfillment. Participants expressed the desire and need for personal fulfillment in their work. Some of this fulfillment is met through the previously described categories; however, participants described this fulfillment in three areas; patience, choice, and internal experience. The desire for validation of the value of their work was expressed by participants, and this validation was often delayed by clients or never given. This required counselors to demonstrate patience or seek validation elsewhere. Some participants described storing notes from clients as a bank for when that validation is delayed. Much like the commitment to the philosophies of the profession, the personal fulfillment participants gained from their work as professional counselors was a source of meaning-making for them. Participants connected this desire for fulfillment with decreased burnout and increased wellness. These findings diverge from the quantitative findings of this study in which no relationship was found between spirituality and wellness. These qualitative results, however, are consistent with the findings of Bigbee (2008)

who found a positive, significant relationship between spiritual experience and wellness. Future research could provide greater depth of understanding regarding how counselors across settings cope with the delayed validation of the value of their work. An exploration and identification of specific measures, like saving notes from clients, could inform the practice of future professional counselors.

The internal experience of being a professional counselor was described by all participants. This experience was described as “a gift” and “a feeling.” It seemed to be a source of strength, validation, and peace during difficult times. Future studies might explore this internal experience further, particularly regarding its impact on the development of the professional counselors. This additional research might facilitate a means of operationalizing this experience allowing for further study.

Major Findings

This was the first study, identified by the researcher, to explore the relationship among wellness, spirituality, and personal dispositions in practicing professional counselors. Prior to this study, limited research was available on the wellness of practicing professional counselors. Myers and Sweeney (2008) called for increased study on this topic, particularly utilizing qualitative and mixed-methods research methodologies. The researcher sought to add to this limited literature in this study by using a mixed-methods approach to exploring counselor wellness, particularly as it relates to spirituality and personal dispositions. Additionally, much of the literature to date addressing the personal dispositions of practicing professional counselors used to the five-factor model described in Chapter Two. This study utilized the 16PF5 allowing for expanded dispositional assessment.

Some relationships were identified between personal dispositions and both wellness and spirituality. Rule-consciousness had a significant positive relationship with spirituality. This finding is similar to that of MacDonald (2000) and Saroglou (2002) who found a positive relationship between spirituality and conscientiousness; however, the instrument used to measure spirituality in MacDonald's study was still under construction at the time of the study raising questions regarding his findings. In addition, a positive relationship was found between wellness and emotional stability. This finding differs from the work of Brunstein, Schultheiss, and Grässmann (1998) whose research on emotional well-being and motive dispositions equated emotional stability with wellness rather than a dispositional trait. It should be noted that Patterson and Eisenberg (1983) found stability to be one of four key personal dispositions found in effective counselors.

It was surprising that no other significant positive relationships were found as previous research had indicated. Most surprising was the absence of a relationship between spirituality and wellness, particularly given that spirituality is a component of the IS-WEL. In addition, Bigbee (2008), using an abbreviated version of the DSES, found a significant positive relationship between daily spiritual experience and total wellness among a sample of undergraduate students. In addition, Saroglou (2002) found a positive relationship between openness to change and spirituality. No significant relationship was found between the factors in this study. As has been previously stated, potential concerns regarding the wording in the DSES and the minimal sample size of this study may have impacted these results.

Three significant negative relationships were identified in this study between certain dispositional traits and wellness: apprehension, perfectionism, and tension. All three of these

traits were associated with neuroticism, from the five-factor model, which was found to be one of the most consistent predictors of burnout among professional counselors (Bakker et al. 2006). By exploring a greater breadth of dispositional traits, the researcher was able to identify more specifically which dispositions might negatively impact counselor wellness. While participants in the qualitative portion of the study spoke primarily of dispositions that promoted wellness, they acknowledged these as lying along a continuum. For example, three participants noted that when diligence is lacking their wellness decreases and potential for burnout increases. One noted, “It’s when I get behind that I start to really struggle and the stress starts to hit.”

Major findings were developed, as well, in the qualitative portion of the study. Most importantly, there were significant differences in the findings of the quantitative and qualitative portions of the study. As previously stated, the qualitative data was used to enhance the findings of the quantitative analyses; however, few significant relationships were found in the quantitative portion of the study. At the same time, the third iteration of analysis of the qualitative data did not support the finding of few relationships between the factors of the quantitative portion of the study. Rather, participants viewed themselves as an integrated whole in which concrete differentiation between wellness, spirituality, and personal dispositions was difficult to determine.

Participants demonstrated a commitment to the philosophies of professional counseling in the areas of development, relationships, advocacy, a results-oriented focus, and personal and professional growth. Each of these factors had personal meaning for the participants as well as being means of maintaining wellness and preventing burn-out. This commitment extended beyond the individuals’ adoption of the philosophies learned in during their counseling training.

Participants described these factors as things that drew them to the profession, kept them in the profession, and gave their work personal significance. They had a personal investment in their commitment to these philosophies.

In addition, participants spoke of the importance of ethical practice. One of the most surprising factors was the way in which these counselors talked about their knowledge of professional ethics. While the ACA *Code of Ethics* (2005) stated counselors must not work while impaired and work to prevent burnout, participants spoke of the importance of a thorough knowledge of ethics in reducing anxiety and preventing burnout. They also addressed the importance of gatekeeping for the profession and specifically described times in which this had occurred. Establishing professional boundaries as well as self-care were a significant part of the ethical practice of these counselors. The knowledge of professional ethics and the ability to implement them effectively and appropriately reduced anxiety in critical situations, prevented burnout, and promoted wellness. Bakker et al. (2006) found that neuroticism when combined with increased negative experiences, the rate of burnout among counselors increased. Having a clear understanding of ethical principles and how to apply them, might mediate the impact of these negative experiences as described by participants. It should be noted that the descriptions these counselors provided of ethical practice and the meaning of ethics were similar the definition of Rule-Consciousness as presented by Russell and Karol (2002) which was found to have a positive relationship with spirituality in the quantitative portion of the study.

Both the philosophies of the profession and professional ethics were internalized by participants. These factors were described as part of the professional values systems of participants. Participants explained how these values impacted their behaviors and decision

making, thus describing how the relationship between rule-consciousness and spirituality might play out in counseling practice.

Professional counselors play multiple roles during their daily work; therefore the ability to coordinate and integrate these roles is critical. Participants demonstrated the importance of three traits in coordination: the ability to collaborate, flexibility, and diligence. While the ability to collaborate and diligence have not been explored as dispositional traits of professional counselors, flexibility, or adaptability, was described by Cormier and Cormier (1985) and Gabbard, Howard, and Dunfee (1986) as a characteristic found in effective counselors. As these dispositional were not assessed in the quantitative portion of the study, participants enhanced the results of the quantitative findings by including three additional dispositional traits. In addition, they indicated, qualitatively, positive relationships between wellness and flexibility and diligence. In comparing the participants' descriptions of flexibility and the definition of perfectionism, they seem to lie on opposite ends of a continuum. If so, the quantitative negative relationship between wellness and perfectionism was further enhanced by participants' descriptions of the positive trait, flexibility.

Social networks were critical to these counselors' abilities to maintain wellness. This is certainly in line with the IS-WEL which has as one of its second order factors the Social Self. Participants talked about their need support from the professional administration, family and friends, consulting colleagues, and venting colleagues. Guy (1987) found that ineffective counselors experienced loneliness and isolation as well as the need for love. These participants talked about the importance of these social networks in maintaining a positive practice. In addition, these social networks were important to several aspects of maintaining ethics.

Administrative and colleague support was important during ethical decision making, and family and friends and venting colleagues provided support for the self-care of these counselors.

Participants connected these social networks with their abilities to deal with the range of emotions involved in professional counseling. These networks provided administrative support, opportunities for escapes, and spaces for emotional release. It is possible that a quantifiable relationship exists between the Social Self and emotional stability.

All participants spoke of the personal fulfillment they experienced in their work as professional counselors. The dispositional trait of patience was required to maintain stability when these counselors felt they were not experiencing validation and fulfillment in their work. Patience was related to diligence in that counselors must continue their work despite the lack of validation. The ability to work with the population of choice was important for these counselors. For some, this choice was related to their chosen specialization while others focused more on their work with underserved populations. These participants found meaning and significance in the ability to work with their chosen populations. All participants described an internal experience as a part of their counselor practice. For some, it was described as “a gift” while another described counseling as “a calling.” Participants also gained personal significance from these experiences. These professional counselors integrated this significance with decreased burnout and increased wellness; therefore, these findings diverge from the findings of the quantitative portion of the study.

The major findings of this study have been presented. These findings as they relate to the three factors explored in this study, wellness, spirituality, and personal dispositions, follow.

Wellness

Previous research had shown relationships between wellness and spirituality and some personal dispositions. In the quantitative findings of this study, wellness was found to be positively correlated with emotional stability and negatively correlated with apprehension, perfectionism, and tension. Previous research has explored emotional well-being as a part of wellness rather than a dispositional trait (Brunstein et al., 1998). While emotions are included in the Coping Self of the IS-WEL, the results of this study raise the issue of whether emotional stability is an element of wellness or a dispositional trait positively correlated with total wellness. Despite Bigbee's (2008) findings to the contrary, no significant relationship was found between wellness and spirituality.

Participants in the qualitative portion of the study addressed the importance of their personal wellness in their counseling practice. They addressed the importance of their personal and professional growth by recognizing and acknowledging ways in which they continue to develop themselves. These counselors described their self-care behaviors and the need for boundaries in order to maintain wellness and prevent burnout and impairment. The trait of flexibility was important in dealing with the constant unknown of their day-to-day activities. They specifically described the Social Self in their reviews of the importance of social networks in maintaining wellness. The trait of patience was important in order to maintain them through times in which validation and feedback was limited.

Spirituality

Spirituality had one significant relationship in the quantitative portion of the study. Spirituality was positively correlated with Rule-Consciousness. This was similar to earlier

findings (MacDonald, 2000; Saroglou, 2002). This relationship is particularly interesting given the emphasis qualitative participants placed on professional ethics. The descriptions of ethical practice given by the participants were similar to the definition of Rule-Consciousness (Russell & Karol, 2002).

For the purposes of this study, spirituality was defined as “personal, private beliefs that enhance one’s life; hope and optimism; purpose in life, moral values, transcendence, overall spiritual well-being” (Myers & Sweeney, 2005a, p. 21). Throughout the interviews, participants spoke of the personal meaning and fulfillment they experienced in their work as professional counselors. This meaning was present in their commitment to the philosophies of the profession and particularly in the internal experiences they described.

Spirituality is a component in the Essential Self of the IS-WEL (Myers & Sweeney, 2004a, 2004b, 2005b, 2008). As spirituality is a component of wellness in this model. It was surprising that no quantitative relationship was found between these factors; however despite the lack of quantitative findings, participants described the importance of their work as professional counselors in giving them meaning and purpose. This meaning, in turn, promoted their wellness during difficult times.

Personal Dispositions

The significant relationships found in the quantitative portion of the study between some personal dispositions and wellness and spirituality were described in the previous sections; therefore this section will focus on the findings regarding personal dispositions from the qualitative portion of the study. Participants described several dispositional traits in two ways: those they observed in themselves and those they observed in others. These professional

counselor demonstrated commitment to the profession and their clients. This was particularly evident in the results-oriented approach they brought to their work. It was important for their clients that they see results, but these counselors also described the validation they received when clients made progress. This validation was critical to their burnout prevention.

Participants were ethical in their practice and stressed the importance of ethics. All participants described counselors they believed to be impaired or practicing unethically. They experienced negative feelings related to their interactions with those they believed to be unethical. As has been previously noted, there are similarities between participants' descriptions of the importance of ethics and the definition of the disposition of rule-consciousness in the 16PF5 (Russell & Karol, 2002).

In order to coordinate their multiple roles as professional counselors, participants identified three dispositions: the ability to collaborate, flexibility, and diligence. These traits were necessary in order for these counselors to maintain wellness given the many demands placed on them throughout the workday. It should be noted these demands involve, not only time commitments, but also the emotional demands of the counseling process. In addition, diligence was necessary during the times when counselors were not receiving validation and feedback or seeing results.

Participants placed particular emphasis on the disposition of patience. Patience was required, not only with their clients, but also with the experience of being a professional counselor. Both because of and in spite of the meaning these counselors placed on their work, validation was important. Counselors described times when they did not experience validation in

their work. During these times, patience was necessary in order to maintain wellness and to maintain a connection to the personal meaning and significance they found in their work.

The major findings of this study have been reviewed in this section. Focus was given to both the quantitative and qualitative portions of the study as well as the three factors explored in this study: wellness, spirituality, and personal dispositions. The limitations of this study will be reviewed in the following section.

Limitations

There are several limitations to be considered in the current study. These include limitations related to defining the factors of spirituality and wellness, the samples, self-report data, the measurement of spirituality and personal dispositions, and the analysis of qualitative data. The first limitation concerns the factor of spirituality. As described in the Chapter Two, multiple definitions of spirituality exist (ASERVIC, n.d.a.; Daly, 2005; Lesser, 1999; Myers & Willard, 2005; Pargament, 1999). One of the challenges in defining spirituality is addressing the relationship between religion and spirituality. As described in Chapter Two, Myers and Willard (2003) and Teasdall (1999) acknowledged that for some practice within an established religion is a spiritual experience; however, despite this overlap, one does not have to be in religious practice to have a spiritual practice. In addition, the society's changing perceptions of spirituality and religion, as described in Chapter Two, pose further challenges to defining these constructs. For the purposes of this study, the definition by Myers and Sweeney (2005a) was used to operationalize spirituality.

A second limitation of this study is the definition of wellness. Health organizations, medical doctors, counselors, psychologists, and the popular media have posed definitions for

wellness (Dunn, 1961; Hettler, 1984; Merriam-Webster Online Dictionary, 2008; Myers, Sweeney, & Witmer, 2000; WHO, 1964). Given these multiple contexts in which wellness is addressed, the varying definitions and the operationalization of definitions might focus on some factors of wellness more than others, and in some cases, omit some factors. In addition, during this study, there was potential overlap between the wellness factor of emotional well-being in the study by Brunstein et al. (1998) and the dispositional trait of emotional stability in this study. For the purposes of this study, the definition of wellness by Myers, Sweeney, and Witmer (2000) was used.

Another limitation of the study is the sample size. In order to address issues related to the effectiveness of the study's participants, the population was narrowed to include only those counselors who had worked for a minimum of five years and received a state or national counseling award for practice. Additionally, because a list of these individuals is not readily available, an internet search was conducted to identify potential participants. Despite contacting 542 professional counselors who met these criteria, only 45 (8.3%) agreed to participate, and the minimum required for correlational data, 30 participants (5.53%), returned the data. This minimal size poses a potential limitation to the quantitative findings.

Additionally, there are potential limitations with the sample who participated in the qualitative portion of the study. Despite the experiences of participants across specializations, all participants were Caucasian females who primarily identified with the specialization of school counseling. As noted in Chapter Five, other individuals who had agreed to participate in the qualitative portion of the study were contacted to schedule an interview; however, the e-mails

were returned as undeliverable. This more homogeneous sample for the qualitative portion of the study limits the generalizability of the findings.

Data used in this study were obtained via self-report, with the exception of some professional disclosure information that was available via the internet. Confidentiality was ensured in order to promote truthful responses from participants; however it is possible that participants responded in such a way as to present themselves in a desirable manner. In addition, there is no way of knowing if there is a difference between participants and those who declined participation.

The difficulties in defining spirituality lead to difficulties in measuring the construct. As described earlier in this chapter, one participant noted the limitations of the DSES and stated she did not feel it was an accurate measure. Despite this, the reliability for this instrument in this study was high at .943 and within range of those reported by the instrument's author of between .94 and .95 (Underwood & Teresi, 2002).

There are limitations associated with the use of 16PF5. There are many theories associated with personality development. Differing dispositional traits are present with each theory leading to an unknown number of traits that could be addressed (Schultz & Schultz, 1994). The 16PF5 was used because it measured a variety of dispositional traits. Varying dispositional traits are included in some theories. Despite the fact that there is some overlap in these traits, it is possible that some traits were not measured by the 16PF5.

Finally, limitations are associated with qualitative data. There is limited generalizability of qualitative data (Maxwell, 2005; Merriam, 1998; Yin, 2003). In order to address this, multiple individuals participated in the qualitative portion of the study, and individuals were recruited

until saturation was reached. Despite this, there is limited generalizability of this data. In addition, there is potential for researcher bias (Merriam). The role of the researcher was addressed in Chapter Three. Member checks were utilized to limit the impact of researcher bias in the analysis of qualitative data.

Implications

Having reviewed the limitations of this study, the implications of the findings will be reviewed as they pertain to three areas. These three areas are counseling practice, counselor education, and future research.

Counseling Practice

Given the population of this study, practicing counselors, this study has implications for counseling practice. As stated in Chapter Two, it can inform the work of professional counselors as they strive toward optimum wellness and further from impairment. While there is debate among theorists regarding whether individuals can develop certain dispositional traits, Bahner and Berkel (2007) suggested that professional counselors could benefit from a greater awareness and understanding of their dispositional traits. Two positive relationships were found between personal dispositions and spirituality and wellness: rule-consciousness and emotional stability. Recognition of these relationships on the part of professional relationships can inform counselor movement toward optimal wellness. Development of these dispositional traits might facilitate greater wellness in individuals; however there continues to be debate among personality theorists regarding whether individuals can develop specific dispositions or whether they are inherent (Schultz & Schultz, 1994). Conversely, three traits were found to have negative relationships

with wellness: apprehension, perfectionism, and tension. Counselors who possess these traits might benefit from behavioral change in order to prevent impairment and burnout.

The qualitative findings also have implications for counseling practice. Participants described the importance of the personal significance and meaning their work and how this meaning often carried them through times when validation was scarce. For some, this was directly connected to their internal experience of their counseling practice. Professional counselors might benefit from identifying this personal meaning for themselves.

Participants in the qualitative portion of the study stressed the importance of solid understanding of ethical principles. They described the importance this understanding had in reducing their anxiety. Remley and Herlihy (2001) described the importance for counselors of not only having knowledge of ethical practice but also the skills to apply that knowledge. Given the importance of this for participants, professional counselors might benefit from thorough knowledge of ethical procedures in addition to the administrative procedures specific to their agencies and schools. Counselors should be skilled in applying ethical decision making models and following ethical principles (Remley & Herlihy).

Social networks played a critical role in the wellness and professional development of the participants. Professional counselors should develop social relationships with individuals both in and out of the profession. Participants' reports regarding their relationships within the profession were particularly interesting as they distinguished between colleagues with whom they vent and those with whom they consult. While consultation is stressed in the literature regarding ethical practice, the emotional venting described by participants does not appear to be addressed (Remley & Herlihy, 2001). The need for a place of emotional release regarding work was critical

to the wellness and burnout prevention of the counselors in the study. The importance of developing relationships with colleagues on site as well as through professional organizations is highlighted by this finding. Local professional organizations are of particular importance. These organizations should be easily accessible and identifiable to counselors in the areas they serve.

Finally, professional counselors could benefit from developing practical means of remembering the significance of their work. Throughout the interview processes, participants described times in which they felt little validation or feedback regarding their work and it became important to rely on other things for that support. They described specific behaviors they implemented to address this need. Some utilized social networks while others kept notes of thanks and validation from previous clients. These behaviors will likely be different for each counselor; however, acknowledging the likelihood of this occurrence and developing plans to address it could be beneficial to preventing counselor impairment.

Counselor Education

One purpose for the selection of the narrow population for this study was to increase its applicability to counselor education. A greater understanding the work of professional counselors who have been recognized for excellence could, potentially, better inform the best practices in counselor education. As noted in Chapter One, some counselor education programs have begun utilizing personal dispositions to evaluate student admissions and program progress; however there is limited information regarding the dispositions of effective professional counselors and the impact of these dispositions on professional practice. The positive relationship wellness and emotional stability as well as the negative relationships between wellness and apprehension, perfectionism, and tension support the importance of promoting counselor wellness throughout

counselor training. Scholars recently have begun to explore the role of wellness in counselor education and recommend specific interventions throughout the training process (Myers, Mobley, & Booth, 2001; Witmer & Granello, 2005). A focus on the wellness development of counselors-in-training could impact the development of some dispositional traits.

As previously described, Bahner and Berkel (2007) stressed the importance of counselor awareness of their dispositional traits. Counselor education programs could further promote counselor development by providing opportunities for counselors-in-training to develop this awareness of their positive and negative traits. A focus on both would allow counselors-in-training to develop their positive traits and implement plans to decrease the impact of those traits that might have a negative impact on clinical practice.

The analysis of the qualitative findings had implications for counselor education programs, as well. While participants spoke of philosophical and theoretical components of their work, professional counseling requires practical application, and this was evident throughout the qualitative portion of the study. Counselor training should include practical application for the philosophical and theoretical knowledge. For example, all participants stressed the emphasis of ethical practice on their wellness and burnout prevention. Most importantly, they described the importance of knowing how to respond. While counselors-in-training are required to have an understanding of ethical practice (Council for the Accreditation of Counseling and Related Educational Programs, 2009), they would benefit from opportunities to practice these behaviors and develop skills in addressing ethical dilemmas prior to being practicum and internship.

Counselor impairment and gatekeeping was important to participants. Counselors-in-training might benefit from the development of specific self-care plans. Supervisors and faculty

should monitor the abilities of counselors-in-training in implementing these plans both prior to and during the practical experiences.

Counselor training and wellness could be supported by a programmatic emphasis on the development of professional social networks. For participants, some of the professional colleagues in their social networks were individuals and colleagues they met during their training. Counselor education programs should provide opportunities for students to develop among themselves and encourage the development of these relationships. In addition, particular emphasis should be given to counselor participation in professional organizations as participation in these organizations also provides a means of establishing collegial relationships once in practice.

Finally, the professional counseling practice had personal significance and meaning for participants. This meaning was a source of support and fulfillment during difficult times in counseling practice. Counselor educators should provide counselors-in-training opportunities to begin exploring this meaning for themselves. In addition, it is possible that the personal meaning these counselors found in their work changed and developed as they developed as professionals, therefore, counselors-in-training should be given multiple opportunities to explore this meaning and should be encouraged to continue this process as they continue in the profession.

Future Research

The findings of this study have a number of implications for future research. The purpose of this study was exploratory in nature; therefore, the identification of opportunities for future research was an expected outcome. The analyses of the both the quantitative and qualitative portions of the study resulted in opportunities for future research. Given the significant limitation

of the sample size of the quantitative findings, future research should attempt to replicate this study with a larger sample size. A larger sample size might allow the research to compare the findings across specializations.

As previously stated, there are multiple theories of personality with differing dispositional traits. Counselor education could benefit from a thorough assessment of dispositional traits of effective professional counselors utilizing multiple assessments of personality. This would allow the identification of traits to expand beyond those in the 16PF5. In addition, this study focused solely on the total wellness of participants; however, future research should address the varying aspects of wellness and their relationships with personal dispositions and spirituality. For example, the second- and third order factors of the 5F-WEL were not included in this study. Including these factors would identify if certain aspects of wellness relate to certain dispositional traits. The difficulty in defining spirituality, particularly in distinguishing spirituality from religion, was discussed in Chapter Two. Future research could explore the relationships between wellness, religion, and personal dispositions. This shift would allow researchers to further explore the differences between religion and spirituality.

Within the quantitative portion of the study, a positive relationship was found between spirituality and rule-consciousness. Participants in the qualitative portion of the study placed particular emphasis on ethical practice, and their descriptions of ethical practice were similar to the definition of rule-conscious. Given this similarity, further research is needed regarding a possible relationship between ethical practice and rule-conscious as well as ethical practice and spirituality.

Similarly, a negative relationship was found between wellness and perfectionism. Participants in the qualitative portion of the study described the importance of flexibility in their practice. The description of those who score low on perfectionism was similar to the descriptions provided by participants regarding flexibility. Further research is needed regarding this the potential similarities between those who score low on perfectionism and the flexibility described by participants.

Additionally, participants described the importance of solid knowledge of ethical practice on the reduction of anxiety during critical situations. Further research is warranted regarding a potential relationship between counselor anxiety and ethical knowledge. A greater understanding of this relationship could inform how counselors how decrease impairment and prevent burnout.

Participants in the qualitative portion of the study stressed the meaning and personal fulfillment they received from being a professional counselor. This meaning undergirded their work across multiple roles and tasks and was a source of support when validation was limited. Due to the importance these counselors placed on the meaning of their work, additional exploration is required regarding the development of this meaning across the careers' of professional counselors as well as the impact of meaning on counseling practice.

Finally, a description of the participants as professional counselors was developed through the analysis of the qualitative data. These counselors were described as an integrated whole consisting of dispositional traits, philosophical beliefs, personal growth and development, and spirituality. Additional research is needed to fully develop this picture of “the whole” of the professional counselor.

Conclusion

The purpose of this exploratory, sequential mixed-methods case study was to explore the relationships between the wellness, spirituality, and personal dispositions of practicing professional counselors. Alfred Adler's (1927) Individual Psychology was the theoretical foundation used to inform both parts of the study including the selection of assessment instruments and the development of the interview protocol. Thirty professional counselors, who had been recognized for excellence in practice through the receipt of state or national awards, participated in the quantitative portion of the study. They completed three assessment instruments. A positive relationship was found between rule-consciousness and spirituality as well as between emotional stability and perfectionism. Negative relationships were found between wellness and three personal dispositions: apprehension, perfectionism, and tension. The interview protocol was developed following the analysis of the quantitative data.

Five volunteers from the quantitative portion of the study submitted copies of their résumés and professional disclosure statements as well as a photo of their office space. In addition, they each participated in a 20-40 minute interview. The constant comparative method was used to analyze these data, and member checks were conducted to support the internal validity of the analysis. Following the data analysis, a picture of the professional counselor was developed in which the wellness, spirituality, and personal dispositions of the counselors were elements of "the whole of" the professional counselor impacting all aspects of professional practice. This analysis was confirmed through the member checks.

This study was the first study to utilize mixed-methods to explore counselor wellness. In addition, it is the first to explore the three factors of wellness, spirituality, and personal

dispositions. This study is the initial step in exploring this new configuration of ideas. The current study, as well as future research on the topic, can inform both the practices of professional counselors as well as the practice of counselor education. Further information regarding the relationships between wellness, spirituality, and personal dispositions can inform the prevention of burnout and impairment among professional counselors as well as ways in which they can increase the effectiveness of their counseling practice. Future research should focus the relationships among these factors with a larger sample size as well as further exploration regarding the specific application of these factors in counseling practice and counselor education.

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APPENDICES

APPENDIX A

INITIAL E-MAIL

I am writing to request your participation in my dissertation research regarding the relationship between wellness, spirituality, and personal dispositions in practicing professional counselors. The study will consist of completion of three assessment instruments. In addition, you may be asked to participate in a brief interview and submit a copy of your professional disclosure statement, resume or vita, and a photograph of your counseling space. The total estimated time of commitment is approximately 1 hour. All interviews will be taped and transcribed. Participant names and other identifying information, however, will be omitted in the transcription and removed from your disclosure statement. The tape will be destroyed once the transcription is complete. I am attaching a copy of the informed consent to this e-mail for additional information. Please contact me at (423) 736-7997 or via e-mail at Lpierce@utk.edu to discuss your participation in or any questions you have regarding this study or my request. Thank you for your time and consideration regarding your participation. I look forward to hearing from you.

Sincerely,

Marinn Pierce

L. Marinn Pierce, M.S., Ed.S., NCC

Doctoral Candidate

Counselor Education

The University of Tennessee

APPENDIX B

STUDY INFORMATION SHEET

I am a Counselor Education doctoral student in the College of Education, Health, and Human Sciences at the University of Tennessee. The purpose of this study is to measure the relationships between and among the overall wellness, spirituality, and the personal dispositions of practicing counselors and explore the counselors' perceptions of these factors in their clinical work.

Your participation in this study is voluntary and will require approximately 60 minutes of your time. You may choose not to participate and to withdraw from the study at any time without any adverse consequence. Participation will involve the completion of three assessment instruments designed to measure total wellness, spiritual experience, and personal dispositions. In addition, your participation is requested in a qualitative portion of the study involving interviews and the submission of your resume, professional disclosure statement, and a photograph of your counseling space.

In this study, there is expected to be minimal or no risk to you due to: (1) the nature and content of the research and (2) the fact that your confidentiality will be maintained. Potential risk might include emotional discomfort due to the potentially sensitive discussion of your professional development and counseling practice. In the event, you experience psychological distress related to your participation in this study, a referral will be made to a counseling center in your geographical area.

The information that you share in this study will be kept confidential. All of the data (assessments, transcripts, and submitted documents) will be stored securely and will only be available to the researcher and her advisor who may review the transcription of the recorded interviews. The recording will be destroyed upon completion of the transcript. In order to act in compliance with the University of Tennessee's Institutional Review Board (IRB), transcriptions, informed consent documents and other supporting material will be safely stored for the duration of the project in a locked file-box in the locked office of Dr. Tricia McClam (Claxton Complex 448) on the University of Tennessee campus. The transcription will be completed by the researcher and the audio-recording of your interview will be reviewed only by the researcher. All documents will be destroyed upon completion of the study. No written or oral report will contain information that will identify you. All of your responses will be held in confidence, with a pseudonym used instead of your name. The results of the evaluation may be published or presented at a conference.

Although there may be no direct benefit to you, the significance of this study lies first in the exploration of the wellness of practicing counselors. In addition, by exploring the relationship between and among counselor wellness, spirituality, and personal dispositions, the study can inform both the work of professional counselors and counselor educators. This exploration can inform the work of professional counselors as they strive toward wellness and thereby further from impairment. Counselor educators can utilize these findings as they develop their counselor training programs. A greater understanding of the relationship between and among counselor wellness, spirituality, and personal dispositions of professional counselors can support counselor

educators as they encourage their students in developing their personal wellness. Ultimately, by increasing the wellness of professional counselors, the level of impairment among counselors decreases thereby improving the direct services provided to clients. There is no monetary compensation for participation; however, by participating in this study, you are eligible for a drawing for one of three Target giftcards. Information from the study may be shared through scholarly publications and presentations at conferences.

If you have any questions concerning the research study, please contact me, Marinn Pierce, at 423-736-7997 (lpierce@utk.edu) or my faculty advisor Dr. Tricia McClam at 865-974-3485 (mcclam@utk.edu). If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the University of Tennessee's Office of Research Compliance at 865-974-3466.

By signing below, you confirm you have read this form, have received a copy of this form and are willing to participate in this study through the completion of the enclosed assessments.

Participant's signature _____ Date _____

Participant's name (Print) _____

By signing below, you confirm you that you have read this form, have received a copy of this form, and are willing to participate in both portions of the study including the completion of the enclosed assessments and the interview and submission of documents.

Participant's signature _____ Date _____

Participant's name (Print) _____

Researcher's signature _____ Date _____

APPENDIX C

DEMOGRAPHIC QUESTIONNAIRE

Age: _____

Gender: _____

Highest Counseling Degree Earned and Year of Graduation: _____

Certifications or Licensures Held: _____

Counseling Specialization (i.e. Mental Health, School, Student Development, etc.):

APPENDIX D

SEMI-STRUCTURED INTERVIEW PROTOCOL

1. What is it about being a counselor that appeals to you? (*Personal dispositions*)
2. What is it about the profession of counseling that makes it a desirable career for you? (*Personal dispositions*)
 - a. What keeps you in the field of counseling? (*Personal dispositions, spirituality, and wellness*)
3. Tell me about a professional counselor you admire. (*Personal dispositions*)
 - a. What personal characteristics do you admire in this person?
 - b. What is it about these characteristics that make them stand out to you?
 - c. How do you exhibit these characteristics?
4. How do you find significance? (*Spirituality*)
 - a. How do you find significance in your work? (*Spirituality*)
5. Tell me about a time you felt anxious in your work. (*Wellness and negative dispositions: apprehension, tension, and perfectionism*)
 - a. How did you address this anxiety?
6. How do you seek comfort in work? (*Wellness and emotional stability*)
 - a. How do you seek comfort from work?
7. Please describe a typical work day from morning to night for you. (*Wellness and perfectionism, Spirituality and rule-consciousness*)

The researcher will also use additional follow-up questions and responses to seek further details about and clarify participant responses. These follow-up statements may include:

1. "Tell me more about that."
2. "Could you provide an example of that?"
3. "What you are saying is ..."

APPENDIX E

CORRELATION MATRIX

Correlations between DSES, 5F-WEL, and 16PF5

	DSES	5F-WEL
DSES	1	.275
5F-WEL	.275	1
Warmth	.061	.041
Reasoning	.012	-.219
Emotional Stability	.333	.468
Dominance	-.240	-.070
Liveliness	-.185	.121
Rule-consciousness	.397	-.003
Social Boldness	-.010	.214
Sensitivity	.190	.202
Vigilance	-.021	-.193
Abstractedness	.306	.359
Privateness	-.083	-.214
Apprehension	.196	-.461
Openness to Change	.198	.316
Self-Reliance	-.060	-.277
Perfectionism	-.044	-.367
Tension	-.308	-.530

VITA

Laura Marinn Pierce is completed her Master's and Specialist in Education degrees at the University of North Carolina at Greensboro in 2005. She has clinical experience providing counseling in residential treatment, outpatient, intensive outpatient, and in-home settings. In 2009, she began her first appointment as an Assistant Professor in the Department of Psychology and Counseling at the University of Great Falls in Great Falls, Montana. She has presented at numerous regional and national conferences including the American Counseling Association, the Association for Counselor Education and Supervision, and the Southern Association for Counselor Education and Supervision. In addition, she has received several awards at the local, state, and national levels including the Tennessee School Counselors' Association Outstanding Multi-Level School Counselor of the Year (2007), the Upsilon Theta Chapter of Chi Sigma Iota's Outstanding Doctoral Student (2009), and the Donald Hood Student Research Award (2009) from the Association for Assessment in Counseling and Education. She completed her Ph.D. in Counselor Education at the University of Tennessee in May 2010.