TYING WELLNESS INTO ACTION: A PHENOMENOLOGICAL STUDY OF GRADUATE

COUNSELING FIELDWORK STUDENTS AT A CHRISTIAN UNIVERSITY

by

Daniel E. Reyes

Liberty University

A Dissertation Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

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ABSTRACT

Mental health professionals take more days off for illness than other health-care professionals do, and many practicing counselors perceive their colleagues as stressed, distressed, and even impaired. Hence, counselor-education programs should focus on equipping future practitioners to practice better self-care when dealing with work-related stress. There appear to be numerous gaps in the literature on encouraging wellness in counselors-in-training (CITs), and no rigorous empirical study has been conducted on CITs' wellness at a faith-based institution. This phenomenological study focused on investigating the lived wellness experiences of seven graduate counseling students at a Christian university, in a program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The study used the Conceptual Mapping Task (CMT) as the instrument for data collection and data verification. Five major themes that emerged were (a) experiencing a crisis/precipitating event, (b) implementing holistic approaches, (c) drawing strength from community support, (d) overcoming perfectionism, and (e) learning which things in life are nonnegotiable. The most significant finding, or the essence of this study, is the suggestion that these CITs' lived wellness experiences in graduate school included an increase of wellness awareness—transitioning from crisis, through determination, to becoming holistically well.

Keywords: Conceptual mapping task, counseling education, counselors-in-training, holism, indivisible self, phenomenology, wellness

Dedication

This research is dedicated to Jesus Christ, in Whom all my body-mind-spirit dimensions are perfectly connected. I also dedicate this work to my dear wife, Damaris, who patiently endured my pursuit of my doctoral degree all these years, and who took care of the house when I had to attend intensive courses hundreds of miles away. I am grateful to my daughters Claudia and Daliana for their support in letting me complete this project; I hope this will inspire both of them to pursue higher education and do it holistically well. And to my mom, Carmen, I dedicate this work as well, for leading my siblings Carmen Maria, Teresita, Raul, and me to the main source of wellness knowledge—the Holy Trinity, by Whom "I am fearfully and wonderfully made" (Psalm 139).

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CHAPTER ONE: INTRODUCTION

Herbert Freudenberger was the first practitioner to use the term *burnout*. Ironically, the first person he diagnosed with burnout was himself. In the early 1970s, after an extended period of extreme stress and exhaustion, he felt it impossible one morning to get out of bed. His initial description of his symptoms included headaches, shortness of breath, intense physical fatigue, and emotional reactions (e.g., frustration, depression, paranoia, anger, and isolation). Freudenberger's experience ignited a discussion worldwide among the health professions (Purtill, 2019). Consequently, on May 28, 2019, the World Health Organization (WHO) elected to include burnout in its most recent handbook of global disease. In it, burnout is described as a "syndrome arising from chronic workplace stress that has not been successfully managed" (World Health Organization, May 2019, p. 1).

Sadly, professional counselors today often exhibit the burnout symptomatology described by the World Health Organization. Moreover, counselors' management of burnout and its resulting impairment has not been entirely successful, as reflected in the second Counselor Liability Claim Report (CAN/Healthcare Providers Service Organization, 2019) of the Continental National American Group and the Healthcare Providers Service Organization. The distribution of the top four allegations against counselors, using the American Counseling Association (ACA) Code of Ethics (2014), shows how burnout contributes to unethical behaviors. Sexual and romantic relationships with clients make up 32% of closed claims, followed by the failure to practice within boundaries of competency (17.5%), improper sexual and romantic interaction with current supervisee (7.5%), and multiple relationships with client despite potential for client harm (5.9%; CNA/Healthcare Providers Service Organization, 2019). Thus, attention to how the counseling field has approached this problem is overdue.

Background of the Problem

Mental health professionals take more days off for illness than other health-care professionals do (Johnson et al., 2018; McCormack et al., 2018; Miller et al., 2011). Many practicing counselors perceive their colleagues as stressed (33.29%), distressed (12.24%), and even impaired (4.05%; Lawson, 2007). The level of work-related stress for mental health professionals is higher overall than it is in other fields; 41% reported feeling unwell, compared with 35% in other health-care professions (Johnson et al., 2018). Counselor burnout and impairment are clearly two significant components of this problem.

Counselor Burnout

Burnout is a particular issue; prevalence rates range from 21% to 67% (Johnson et al., 2018). Symptoms include emotional exhaustion (Johnson et al., 2018; Lee et al., 2018), depersonalization (McCormack et al., 2018), poor attitudes toward work, and—not surprisingly—high levels of stress (Johnson et al., 2018) and high rates of depression (McCormack et al., 2018). According to one recent study, 69% of psychological therapists surveyed in the United Kingdom were suffering from burnout (Westwood et al., 2017).

Stress and burnout among mental health professionals have been traced to intense emotional involvement with clients over long periods of time (Barnett & Molzon, 2014; Johnson et al., 2018). In inpatient units, violence against staff has been found to be higher than in other types of health-care facilities (Johnson et al., 2018). Caring for clients after suicidal ideation, suicide attempts, and self-harm requires constant monitoring and management on the part of caregivers, which is emotionally taxing (Barnett & Molzon, 2014; Soloski & Deitz, 2016). When suicide actually occurs, the impact on therapists is real, substantial, and sustained; it is often

reflected in a loss of self-esteem, feelings of guilt and anger, and disturbed relationships with family, friends, and colleagues (Johnson et al., 2018).

Additional factors that increase burnout in mental health professionals are related to involuntary detentions—that is, caring for clients who did not choose to receive therapy (Johnson et al., 2018)—and underfunding of services in mental health (Barnett & Molzon, 2014). For example, in the United States, growth in funding for mental health care has been slower than the growth in spending for physical health (Johnson et al., 2018). Consequently, staff at mental health centers have been stretched thin in stressful and pressurized environments (Johnson et al., 2018). Further, for counselors-in-training (CITs) there is the stress of trying to find jobs (i.e., jobs that will provide opportunities for training and growth), meeting and keeping up with clients, and having one's work evaluated week after week (Barnett & Molzon, 2014; Lee et al., 2018). In addition to work pressures, there are the everyday stressors that affect a counselor's personal life, such as issues with finances, personal health, and relationships with family and friends (Caple, 2018; Lee et al., 2018).

Counselor Impairment

Counselor impairment may be characterized by job dissatisfaction, cynicism, emotional numbing, and psychological distress, and by physiological addictions that lead to fatigue and illness (Miller et al., 2011). A disturbingly high level of cortisol, caused by stress, has been correlated to mood changes, reduced energy, sleep impairment, and even cognitive difficulties (Miller et al., 2011). This finding helps to explain why counselors experiencing increased cortisol levels have shown increased inflexibility, doubts about the effectiveness of psychotherapy, and distance from clients; some even decide to leave the profession (Miller et al., 2011).

Counselor impairment also from ineffective supervision has created a great deal of psychological damage—more than either sexual misconduct or burnout (Muratori, 2001). When supervisees work under impaired professionals, they may suffer under a misuse of power, because of supervisors' roles and evaluative duties (Muratori, 2001). Further, counselors who work with traumatized clients are at risk of developing vicarious trauma, the cumulative effect of working with this damaged population (Jordan, 2018). Such trauma occurs when a counselor connects empathetically with a client and consequently experiences trauma-related emotions. A counselor in this situation must listen, often repeatedly, to a graphic narrative of traumatic experiences (Jordan, 2018)—part of the cost of caring for trauma-affected clients (Jordan, 2018).

Counselor Compassion Fatigue

The term *compassion fatigue* has been used interchangeably with *secondary traumatic stress* (STS), and the symptoms of STS overlap with diagnostic criteria for *post-traumatic stress disorder,* or PTSD (Singer et al., 2019). Compassion fatigue is considered a post-effect syndrome resulting from prolonged exposure to the life events of clients (i.e., vicarious trauma), combined with burnout, stress, and poor self-care (Singer et al., 2019). These findings emphasize that frontline therapists are indeed at high risk. For example, a study among trauma workers reported that more than half of them—65%—were experiencing symptoms of PTSD (Wee & Meyers, 2002). A more recent study (Craig & Sprang, 2010) revealed that age is an essential factor in predicting compassion fatigue. Regression analyses from the study showed that younger and less-experienced practitioners had significantly higher scores for compassion fatigue and lower scores for compassion satisfaction (Craig & Sprang, 2010).

Counselor Wellness

Counseling as a profession was founded on a holistic wellness philosophy; it even encompassed spiritual and intellectual well-being (Myers & Sweeney, 2008). This might explain why the document "A Vision for the Future of Counseling: The 20/20 Principles for Unifying and Strengthening the Profession" (Kaplan & Gladding, 2011) listed wellness as one of its key objectives. Likewise, ACA has defined counseling as "a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (Kaplan, Tarydas, & Gladding, 2010, para. 1). However, research still reveals unresolved issues related to counselor wellness. For example, counselors are often reluctant to apply their own advice about wellness (Cummins, Massey, & Jones, 2007); they may preach wellness to their clients but not practice it themselves (Myers, Mobley, & Booth, 2003; Shillingford, Trice-Black, & Butler, 2013). It appears that counselors do not see their own impairment, and therefore do not seek help (Knight, 2013; Kottler, 2010). Reluctance to reveal impairment has been traced to shame, denial, professional priorities, fear of reprisal, and lack of responsibility (Pirtle et al., 2019).

Counselor wellness also addresses CITs' wellness formation. As Pirtle and colleagues (2019) have emphasized, CITs' daily challenges—both psychological and emotional—justify attention to their wellness, because counseling students have not yet established coping mechanisms to help with professional anxiety and stress (Pirtle et al., 2019). To date, four identified areas of interest for CITs' wellness formation are counselor education, counselor supervision, ethics, and spirituality.

Counselor wellness and education. Counselor educational programs that address wellness have seen significant results. CITs who participate in wellness workshops claim

increased wellness in general and other benefits as well, such as enhanced self-awareness, more meaningful connections with spirituality, and the ability to better sustain balance (Wolf et al., 2014). Moreover, Smith, Robinson, and Young (2007) discovered that master's-level counselor trainees who reported higher levels of wellness also reported more anxiety and stress. It seems there are still divergent views about the type of wellness training that is most effective (Pirtle et al., 2019). Another study found that one informal talk or lecture about wellness is not enough to maintain students' wellness at a healthy level (Ohrt et al., 2015) and contended that counselor-education programs need to reevaluate their curricula on wellness (Pirtle et al., 2019; Wester, Trepal, & Myers, 2009). It is unfortunate that few empirical studies have addressed the implementation of wellness courses in counselor-education programs (Perepiczka & Balkin, 2010; Pirtle et al., 2019). According to Roach and Young (2007), only 48% of counselor-education programs promote wellness.

Counselor wellness and supervision. It is crucial for professional counseling to address counselor wellness. Wellness is said to be the backbone of counseling (Burk et al., 2014), so counseling programs should be enhancing wellness in a variety of ways (e.g., through the supervisory relationship and through the classrooms; Dillman Taylor et al., 2018). Clinical supervision has become a vital part of counseling education and is generally viewed as the best platform for monitoring counselors (Pirtle et al., 2019). Definitely, supervisors have the responsibility for evaluating supervisees' effectiveness, and that includes their level of wellness (Puig et al., 2012). By virtue of their role, supervisors have unique opportunities to (a) familiarize supervisees with best approaches for wellness, (b) follow up on supervisees' wellness and well-being, and (c) demonstrate how wellness influences client outcomes (Lambie & Blount, 2016). Researchers have established that wellness is an essential part of both counselor-

education programs and clinical supervision (Lenz et al., 2012)—and by correctly modeling self-care behaviors to their supervisees, supervisors are promoting the value of wellness (Barnett & Molzon, 2014).

Research has also suggested that wellness should be discussed and integrated within the supervisory dyad (Blount, Taylor, Lambie, & Anwell, 2016). It is important, specifically, to assess the degree to which both supervisors and supervisees practice wellness behaviors (Blount et al., 2016). Supervision of CITs has been seen as the best way to actively encourage the practice of self-care strategies (Barnett & Molzon, 2014; Lee et al., 2018) and to help supervisees keep a balance between professional obligations and their personal lives (Barnett & Molzon, 2014; Jordan, 2018). Supervision should be highly intentional and should proactively address burnout, distress, and problems with competence (Barnett & Molzon, 2014), and it should also develop healthy and career-long behaviors and habits among supervisees (Bernard & Goodyear, 2014; Jordan, 2018).

Counselor wellness and ethics. For professional counselors, there are ethical implications of inappropriate self-care. Clinicians should take steps to appropriately monitor their own signs of impairment—mental, physical, or emotional—and take time for self-care (ACA, Code of Ethics, 2014, section F.5.b.). Self-growth is an expected component of counselor education (section F.8.c.). Supervisors are responsible for monitoring supervisees' development—both clinical and professional—and this may include helping them to recognize a need for self-care (ACA, Code of Ethics, 2014). Supervisors are obligated to monitor the services provided by supervisees (F.1.a.); evaluate supervisees (thus gaining an understanding of their limitations, and securing remedial assistance when needed; section F.6.b.); provide supervisees with feedback on their performance (section F.6.a.); assist in identifying the right

services for supervisees who need counseling (section F.6.c.); and require supervisees to address any issues that have the potential to affect performance in the workplace (section F.8.d.).

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) also promotes counselor health (CACREP, 2016). Core standards focus on preventing impairment, promoting wellness, and encouraging clients' best functioning and growth (CACREP, 2016). These standards highlight the counselor's need for appropriate strategies of self-care (section 2.F.1.l.) and the need for faculty to assess their students' progress systematically by examining their knowledge and skills (section 4.F.). For doctoral students in the education and supervision program, CACREP standards cover assessment of supervisees' development and other relevant characteristics, including self-care (CACREP, 2016, section 6.B.2.f.).

Counselor wellness and spirituality. Spirituality is a relevant factor in professional counseling. A division of ACA addressing this subject is the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC). ASERVIC "is devoted to professionals who believe that spiritual, ethical, religious, and other human values are essential to the full development of the person and to the discipline of counseling" (ACA, 2020a, para. 12). Thus, given the foundational wellness orientation of professional counseling, counseling programs should address spirituality (Myers & Williard, 2003; Sweeney, 2019). The essential self, one of the five dimensions of the Indivisible Self model, describes spirituality as an individual's existential sense of meaning, purpose, and hopefulness toward life (Myers & Sweeney, 2004, 2005). Besides, purpose in life as a factor related to spirituality has been called the most influential predictor of CITs' overall psychological well-being (Merryman et al., 2015), as well as a significant predictor of CITs' self-efficacy (Karaman et al., 2018). These findings relate to

the work of Blount and Lambie (2018), which indicated that religiosity and spirituality have a high correlation with both perceived wellness (how well an individual believes he or she is) and aspirational wellness (how well an individual wishes to be).

Moreover, since Christian educational institutions have traditionally emphasized spiritual formation and integration, wellness should be addressed at these levels as well (Canning, 2011; Chandler, 2015; Sink, Cleveland, & Stern, 2007; Tan & Castillo, 2014). It is stated that the history of the development of wellness as a concept through the last two centuries shows strong ties between the wellness movement and Christian thinking (Miller, 2005). Further, Christian institutions have highlighted the interconnectedness of body, mind, and spirit (1 Thessalonians 5:23), which echoes Adler's theory on the indivisibility of the self (Sweeney, 2019). Additionally, Christianity has conceptualized human functioning on the basis of a holistic and systemic model (Chandler, 2015; Macmurray, 1996). It means involving the entire person, including his or her spiritual, emotional, relational, vocational, and intellectual abilities (Chandler, 2015). This philosophical framework is demonstrated in Christian institutions' emphasis on students' development, including physical, social, emotional, professional, and spiritual health (Chandler, 2015; Sink et al., 2007). However, only a few research articles have been published on wellness in Christian higher education (Chandler, 2015; Sink, Cleveland, & Stern, 2007), and no rigorous empirical study has been conducted on the wellness of CITs enrolled at a graduate counseling program at a faith-based institution.

Problem Statement

Given the importance of wellness, the apparent lack of attention to this topic has ramifications for the field. It seems that the levels of burnout, stress, and impairment are high among professional counselors. Additionally, self-care mirrors the care clinicians provide to

others, so it is not a luxury but an ethical mandate (Corey et al., 2018). Therefore, counselor-education programs should be developing new initiatives to better equip future practitioners. As demand increases for better-equipped mental health professionals and family therapists, counselor education should seek to find creative ways to integrate wellness as an ethical mandate into the curriculum.

To sum up, there are numerous gaps in the literature on encouraging wellness in CITs, and more rigorous empirical studies are needed. If wellness is indeed part of ACA's definition of counseling (ACA, 2020b), if it is foundational for professional counseling and counselor education (Kaplan & Gladding, 2011; Sweeney, 2019), if the most critical piece in the practice of counseling is the person of the counselor (Ohrt et al., 2015; Thomas & Sosin, 2011), and if no empirical study has been conducted on CITs' wellness at a Christian university (Chandler, 2015), this subject is overdue to be explored.

Statement of Purpose

The purpose of this qualitative study is to investigate the lived wellness experiences of CITs at a graduate counseling program at a Christian university. It is anticipated that counseling education will benefit from a better understanding of the CITs' experiences and the identified wellness factors.

Research Questions

To shed light on this issue, the following research questions were addressed:

1. What are the key experiences of wellness among student participants in a master's-level counseling program at a Christian university?

2. How have the CIT participants attempted to implement wellness behaviors while enrolled in the counseling program?

3. What personal factors do CIT participants perceive as hindering their overall wellness?

4. What professional factors do CIT participants perceive as hindering their overall wellness?

Assumptions and Limitations

The seven research participants were master's-level CITs currently enrolled in a faith-based counseling program. Participants recruited for this study were asked about their interest in wellness. The study assumed that participants might have already learned and applied wellness principles in their career journey. In other words, the participants in this study were already familiar with wellness and self-care practices.

Regarding the study limitations, first of all, I acknowledge the inherent bias involved in qualitative research correlated to personal experience, a familiar location or setting, and a small group of participants. Secondly, I have been familiar with the theme of wellness my entire life because of the faith tradition I affiliate with, which emphasizes a healthy lifestyle. This personal knowledge interfered, to some extent, with my ability to remain neutral. To reduce these biases, I analyzed the data with the Conceptual Mapping Task (CMT), a useful tool for verification of qualitative counseling research (Impellizzeri, Savinsky, King, & Leitch-Alford, 2017). This tool is explained in my discussion of research method (see Chapter 3). A fifth issue concerns the use of only English-speaking participants, rather than a more diverse sample. Future research could be expanded to multilingual or multiethnic groups, as well as to multidenominational faith traditions.

Definitions

The terms listed below are some concepts and contextual meanings to which I refer throughout the chapters:

Burnout. Extreme stress and exhaustion reflected in physical, mental, and emotional symptomatology (Purtill, 2019).

Counselors-in-training (CITs). Graduate students working toward a clinical mental health or family therapy degree who are currently enrolled in a CACREP-accredited counseling program.

Self-care. "The collection of positive actions that promote wellness and effective coping" (Corey et al., 2018, p. 3). "Routine positive practices and mindful attention to one's physical, emotional, relational, and spiritual selves in the context of one's personal and professional lives" (Wise & Barnett, 2016, p. 210).

Wellness. "Wellness refers to a holistic approach in which mind, body, and spirit are integrated. It is a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated in a purposeful manner with a goal of living life more fully" (Myers, Sweeney, & Witmer, 2000, p. 251).

Wholeness. The way to form a complete and harmonious whole; unity, as well as the state of being unbroken. From a biblical perspective, to be perfectly well in body, mind, and spirit.

Significance of the Study

Although master's-level counselors have reported higher levels of wellness compared with those in other careers (Robinson & Young, 2007), more-effective training in wellness is needed for CITs (Pirtle et al., 2019). Counseling education offers the best platform for enhancing a culture of wellness, because of the opportunity it presents for encouraging healthy habits early. Counseling programs must have new tools with which to empower their programs—to strengthen the person of the counselor. Furthermore, few empirical studies have addressed the implementation of wellness courses in counselor education (Pirtle et al., 2019), and none have

studied a faith-based counseling program. Thus, the findings from this study suggest useful tools for faculty and department directors at CACREP-accredited programs. Furthermore, the results provide insight into ways to enhance wellness within the context of their faith. This work also provides potential direction for clinicians who seek to understand wellness and best practices for clients, gatekeepers, and clinical supervisors.

Theoretical Framework

The theoretical framework of this study is based on one fundamental construct of Adlerian psychology, the *indivisible self* (Ansbacher, 1969). The theory provides the holistic framework associated with wellness; the latter discusses some ethical implications of the teaching and practice of wellness.

The Indivisible Self

Alfred Adler was one of the earliest advocates in psychotherapy for wellness (Ansbacher, 1969). His view of the self as indivisible established the idea of holism as the foundation of wellness (Myers & Sweeney, 2004). The father of individual psychology, Adler used the term *individual* in its Latin sense of being indivisible (Adler, 1956; Ansbacher, 1969), so wellness for Adler took into account the person as an indivisible whole—holistic, not in parts (Adler, 1925; Sweeney, 2019).

Three of Adler's theoretical tenets regarding the indivisible self are socio-teleo-analytic (Sweeney, 2019). By *socio*, Adler meant that people exhibit an inherent desire to be part of a larger social whole. There is a striving to belong and a willingness to improve others' welfare (Sweeney, 2009). By *teleo*, Adler meant the striving nature of humanity—the way people tend to be goal-driven. They think, feel, will, or act by the perception of a goal (Ansbacher, 1969). The self develops and achieves, compensates for defeat by success, and makes an effort to understand

the mysterious creative power of life (Ansbacher, 1969). *Analytic* refers to humans' ability to observe, examine, or understand their own behavior (Dreikurs, 1971; Mosak, 1973).

To summarize, these theories stress purposiveness and the indivisibility of the self as central components in understanding human behavior (Myers & Sweeney, 2004). These theories focus not on the elements but on the whole, and on the importance of social context (Ansbacher & Ansbacher, 1967).

Social Interest

The main point about social interest, as portrayed by Adler, has to do with individuals' concern for others (Wolf et al., 2014). The idea of social interest suggests that without healthy concern for self, concern for others—that is, the community—can be compromised (Wolf et al., 2014). Consequently, developing social interest is necessary to promote the well-being of individuals (Rareshide & Kern, 1991). In other words, if counselors realize that their personal self-care habits may directly influence their clients, social interest may motivate them to practice self-care and wellness (Wolf et al., 2014).

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Organization of Remaining Chapters

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This dissertation consists of five chapters. The first describes the theme of the study, why the investigation needed to be conducted, and the study's potential contributions to counseling education. Chapter 2 reviews the empirical literature about wellness and the theoretical foundation to be applied. Chapter 3 focuses on the research design, the methodology, and the participants, as well as on issues of trustworthiness and ethical procedures. Chapter 4 describes how the data were collected and analyzed and the extent of the supporting findings or results. Chapter 5 interprets the findings and highlights the limitations of the study, with recommendations for further research.

Chapter Summary

The dearth of counseling programs addressing wellness among CITs could compromise the counseling profession. Attention by clinical supervisors and faculty to self-care and wellness education is supported by the ACA Code of Ethics (2014) and by CACREP's (2016) standards. Research shows that counseling-education programs play an essential role in fostering a culture of wellness among CITs. However, more studies are needed that focus specifically on Christian institutions. Valuable insights from Adler's theoretical framework link the practitioners' desire for self-care and the welfare of others. I believe that findings from my research questions—about the extent to which a faith-based master's-level counseling program engages students in wellness behaviors—would aid in the educational development of future counselors.

CHAPTER TWO: LITERATURE REVIEW

The purpose of this study is to explore participants' lived experiences of wellness in a faith-based counseling program. I will investigate (a) how a counseling program has engaged counselors-in-training (CITs) in wellness behaviors, (b) how the CITs have attempted to implement wellness behaviors seen as necessary, and (c) what personal and professional factors the CITs have perceived as hindering the implementation of wellness principles in their programs. In this chapter, I review the current research literature on the subject of wellness. Section one introduces Alfred Adler's theoretical work on wellness and current Christian thinking on wellness. Section two summarizes the literature on issues of wellness in CITs, clinical supervision, and counseling education.

Theoretical Framework of Wellness

Wellness as a concept can be traced back over 2,000 years to the early teachings of the daughters of Aesculapias, the god of healing (Myers & Sweeney, 2007). According to ancient Greek mythology, Panacea, Aesculapias's first daughter, taught that the correct intervention to sustain health was treating disease. However, her sister Hygeia averred that teaching positive ways of living well helped to prevent illness. For years, professional counseling has partnered with the wellness movement to promote a healthy lifestyle, following Hygeia's approach (Myers & Sweeney, 2007).

Two central approaches characterizing this movement are the *clinical tradition* and the *psychological tradition* (Hattie, Myers, & Sweeney, 2004). Clinical tradition addresses illness—fixing problems, assessing dysfunctional diagnoses, and searching remedial treatments to restore mental health. The psychological tradition addresses wellness and emphasizes the evaluation of life satisfaction—a more subjective pursuit. It seeks to enhance functioning through prevention

and wellness promotion (Hattie et al., 2004), instead of only looking at the amelioration or remediation of dysfunction.

Moreover, contrary to the idea of the duality of mind and body (proposed by Descartes and others during the scientific revolution), a new paradigm has emerged that integrates body, mind, and spirit in mental health and medicine (Jung, 1958; Koenig, 2012; Maslow, 1970; Myers & Sweeney, 2008). Although the term *wellness* is used to suggest both the prevention of disease and the development of better health, it is defined as the way to live in optimal health and well-being—physically, mentally, and spiritually (Dunn, 1959; Myers, Sweeney, & Witmer, 2000). It is presented as a lifestyle that transcends specific environments and embraces the multidimensional nature of wellness (Pirtle et al., 2019). Two philosophical frameworks supporting these concepts come from Adler's (1956) theory of holism and contemporary Christian thought on wholeness (Caning, 2011; Reed & Wallace, 2007).

Adlerian Theories of Holism

Adler (1870–1937) is recognized as the father of the modern wellness movement (Myers, 2009). A fundamental principle in Adler's psychology was the indivisibility of the person. In its most fundamental form, this principle embraced the interaction between physical and psychological well-being (Sweeney, 2019). For Adler, the concept of health and wellness encompassed a mind–body unity, interrelated and interdependent (Witmer, 1985). That interaction occurs in a dynamic and unique goal-oriented approach that includes interest in others' well-being (Sweeney, 2019). In other words, Adler's theories of wellness link elements of social interest because they encourage being responsible, cooperative, and creative members of society—people who enjoy and like themselves and others (Sweeney, 2019).

The Indivisible Self

This concept establishes holism as the foundation of human wellness (Myers & Sweeney, 2004). The term *individual psychology* was coined by Adler and is sometimes misunderstood; some may assume it points only to the individual, or that it is equivalent to positive psychology (Sweeney, 2019). In general, people use the word "individually" to connote "a distinct, a single human being, as distinguished from a group" (Individual, n.d.). However, for Adler, the concept took into account the whole-person environment—the person as an indivisible whole, holistic, not in parts (Sweeney, 2019). Incidentally, what Adler had in mind was the Latin definition of the word *individual* (Ansbacher & Ansbacher, 1967), equivalent to individualis/ individu(us): in—suffix + divid(ere)—divide, meaning undivided, or an indivisible entity (Individual, n.d.).

Integral to indivisibility's indivisible-self theory are Adler's five major life tasks, identified as work, friendship, love, spirituality, and self (Dreikurs & Mosak, 1967; Mosak, 1977). *Work* pertains to life transitions from childhood to adulthood with the societal expectation of becoming responsible, cooperative, and capable of dealing with life's challenges (Sweeney, 2019). *Friendship* conveys that individuals can cope with labor or life's requirements by serving others (Dreikurs, 1953). *Love* demands exceptional courage and faith in self and other parties, including respect, appreciation, and caring expressed or demonstrated (Sweeney, 2019). *Spirituality* addresses the quest for purpose and meaning in life, and the fifth task, *self*, concerns one's underlying attitudes and convictions about self-direction (Sweeney, 2019). These tasks describe the self as a complete and harmonious whole, self-directed or self-oriented; its purposefulness is central to understanding human behavior (Myers & Sweeney, 2004). The emphasis is "on the whole rather than the elements, the interaction between the whole and parts, and the importance of man's social context" (Ansbacher & Ansbacher, 1967, pp. 11–12).

Social Interest

Social interest is considered the cornerstone of mental health in Adlerian psychology (Rareshide & Kern, 1991). It is related to one's social desire, or the need for belonging in the context of three major life tasks: work, friendship, and love (Myers, 2009). Adler defined social interest as "a genuine concern for others, a cooperative approach toward life, and striving for the ideal community" (Rareshide & Kern, 1991, p. 464). His view of man as a social being stands in opposition to the idea of the autonomous self and to the antisocial, primary-narcissistic theories of Freud's followers (Bruder-Bezzel, 2017).

According to Adler, all psychological functions have social connections and influence social conditions (Bruder-Bezzel, 2017). Individuals have an innate sense of community and of dependency on each other (Bruder-Bezzel, 2017). This innate sense can be developed and cherished; it is cared for through conscious social connections, cooperation, closeness, emotional connectedness, the willingness to be useful, and an ethical responsibility for the weak (Bruder-Bezzel, 2017; Wolf et al., 2014). Adler stressed that all preconditions of the physical and the spiritual realms are encountered and fulfilled in the community (Adler, 1925). Hence, individuals' religion, language, mind, nationality, and ethnicity all have an effect on one other (Adler, 1925).

Models of Wellness

Constructed on Adlerian theories, the Wheel of Wellness Model was designed by Witmer and Sweeney (1992; see Fig. 2.1). The model placed spirituality as the core, and hierarchically most crucial, element of wellness (Mosak & Dreikurs, 1967).

Fig. 2.1. Wheel of Wellness Model (Witmer & Sweeney, 1992).

After extensive research across multiple disciplines, researchers devised the Indivisible Self Model of Wellness, or IS-Wel (Blount et al., 2016; Myers & Sweeney, 2004, 2008; see Fig. 2.2), based on the previous model. Its holistic approach incorporates psychosocial-emotional, physiological, and spiritual dimensions (Myers & Sweeney, 2004), and there are a number of empirical research studies supporting its validity and reliability (Myers & Sweeney, 2008; Sweeney, 2019; Witmer & Sweeney, 1992).

Additionally, contextual variables—local, institutional, global, and chronometrical—comprise an essential part of the IS-Wel (Myers, 2009). However, the model's main concepts are highlighted by its five factors: the *creative self*, the *coping self*, the *social self*, the *essential self*, and the *physical self* (Myers, 2009). These five factors are linked to Adler's five major life tasks—work, friendship, love, spirituality, and self. An important assumption of the IS-Wel is its

premise that one neglected life factor will have negative consequences on the whole self (Wolf et al., 2014).

The creative self combines those elements in our lives that create a unique place among others in the social context (Myers & Sweeney, 2004). Its five components cover *thinking, emotions, control, work*, and *positive humor*. The four components of the coping self are *realistic beliefs*, *stress management*, *self-worth*, and *leisure*. Myers (2009) stated that irrational beliefs are often the source of frustrations and disappointment. However, it is possible to cope successfully with irrational beliefs if individuals learn how to manage the inevitable stress (Myers, 2009).

The social self has only two subfactors—*friendship* and *love*—and both exist on a continuum (Myers & Sweeney, 2004). Sexuality is seen as creating a distinction between love and friendship, while isolation, alienation, and separation lead to poor health with greater susceptibility to premature death (Sweeney, 2009).

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Fig. 2.2. The Indivisible Self Model (Myers & Sweeney, 2004, 2008).

By contrast, the essential self covers four elements: *spirituality*, *self-care*, *gender identity*, and *cultural identity*. Here, spirituality has a broader meaning, not limited to religiosity (Sweeney, 2019). It includes an existential sense of meaning, purpose, and hopefulness through life (Myers & Sweeney, 2004). Gender and cultural identity affect how we experience ourselves, how we relate to others, and how we find meaning in connection to life, self, and others (Myers, 2009). In other words, the way we perceive and view ourselves (i.e., identity) influences how we view and interact with others. Self-care focuses on a proactive effort to live long and live well (Sweeney, 2009); conversely, carelessness, avoidance of health-promoting habits, or abandonment of one's well-being could be potential signs of despair, reflecting the loss of a sense of meaning and purpose (Myers & Sweeney, 2004).

Lastly, the physical self relates to *exercise* and *nutrition*, representing one of the most promoted—and, unfortunately, often overemphasized—concepts (Sweeney, 2019). The importance of exercise and nutrition is well established, and the data are robust (Sweeney, 2019), but sometimes the physical aspect is emphasized at the expense of other components of holistic well-being.

Summary of Adler's Theory

Adler's theory of individual psychology suggests that internal conflict over issues of lifestyle and goal-directed or purposeful behavior may disrupt major domains of one's life (Velez, 2012). Additionally, the IS-Wel model and its five factor dimensions encourage a balanced approach to wellness through social interest. It is also an illustration of how Adler's theories have been embraced by the fields of counseling and psychotherapy. Two of the most influential studies about what makes people live longer and happier lives seem to prove the relevance and applicability of Adler's methodology to the mental health mainstream: the Blue

Zones worldwide health project (Buettner, 2012, 2017), and the Harvard Study of Adult

Development (Mineo, 2017), which covers nearly 80 years.

Christian Thinking on Wellness

Although ancient Greek philosophers and scholars have framed the concept of wellness,

Christian contributions on this subject should also be considered. Before Adler unveiled his

theories, Americans in the early nineteenth century demonstrated an interest in healthy living;

this health-reform movement reflected the people's dissatisfaction with the way medicine was

practiced (Damsteegt, 1978). In addition, some Christian denominations, such as the Methodists

and Quakers, pioneered a temperance movement (Damsteegt, 1978), building on the work of

thinkers like John Wesley, Dr. Benjamin Rush, and Lyman Beecher. By the end of the eighteenth

century, the view was prevalent among health reformers that a healthy body was the result of a

healthy mind and spirit (Miller, 2005).

Dr. John Harvey Kellogg (1852–1943) championed the Christian reformers group,

highlighting biblical principles as a platform for living well (Miller, 2005). Under his guidance,

the Battle Creek Sanitarium in Battle Creek, Michigan, changed not only the way medicine was

practiced, but the way wellness is viewed today. Dr. Kellogg's interventions focused on teaching

people how to live healthy lives and stressed consuming a vegetarian diet, rich in fiber and low

in fat; fresh water; and fresh fruit, grains, nuts, and yogurt (Miller, 2005). The sanitarium also

prescribed strict abstinence from alcohol, caffeine, and tobacco and recommended systematic

physical exercise in a fresh-air environment (Miller, 2005).

It is interesting to note that some prevalent tenets of modern Christian thinking on

wellness correspond to theological concepts—*sin* (McCracken, 2019), *salvation* (Grundmann,

2014), *shalom* (Allen, 2020), *sanctification* (Damsteegt, 1981), and *stewardship* (Caning, 2011).

The inclusion of these tenets helps to place wellness in the context of this study at a Christian institution and contributes toward a better understanding of how Christian thinking may have influenced or permeated the participants' experiences of wellness.

Sin Tenet

In order to understand how Christianity has approached health and specifically wellness, the primary tenet should address sin. According to the scriptural perspective, sin is defined as a failure to conform to God's moral law (McCracken, 2019). For example, the Old Testament uses for sin the Hebrew word *amal,* which means "evil" or "wickedness." It also implies something against God's nature, such as "iniquity" (McCracken, 2019). In the New Testament, the Greek words used for sin are *hamartia*—"offense" or "missing the mark"—and *paraptoma*, which means "trespasses" or "willful transgression" (Romans 14:13, 20; McCracken, 2019). To put it a different way, sin goes beyond an act of wrongdoing and is a state of alienation from God (Morgante, 2002). Furthermore, sinful acts come from a corrupted heart (Isaiah 29:13, Jeremiah 17:9) and also from a state of enmity with God (Treier, 2017). Thus, there is a universal dimension to sin since "all have sinned and fall short of the glory of God" (Romans 3:23), and "all have turned away, all have become corrupt; no one does good; not even one" (Psalm 14:3; McCracken, 2019).

Consequently—because of sin—physical, psychological, social, and spiritual domains are broken, and humankind has difficulty functioning well in daily living, making decisions rationally, and understanding the relationship with God and others (Greggo & Sisemore, 2012). Further, Jones and McMinn (as cited in Greggo & Sisemore, 2012; Johnson, 2010) quote 2 Timothy 2:15 to define illness as the result of a broken relationship with Christ for individuals who have not accepted God as the core of their being. These authors also stress that when wrong

beliefs are not challenged and replaced with truth, as found in God's Word, they become the

foundation on which behavior is based. Thus, believing in and accepting Christ is critical to

health and healing.

Additionally, Roberts and Langberg (as cited in Greggo & Sisemore, 2012; Johnson,

2010) view illness in connection with actions and attitudes, such as a disposition to anger,

grudge-bearing, revenge, lust, adultery, divorce, and hatred of enemies. Other manifestations are

greed, acquisitiveness, hypocrisy and ostentation, arrogance and disrespect for what is excellent,

anxiety about necessities, being judgmental of others, and blindness to one's own faults (Greggo

& Sisemore, 2012). To summarize, the Christian worldview about wellness comes from an

understanding of how the Fall has fully affected mankind's well-being and environment

(McCracken, 2019).

Salvation Tenet

Christian traditions embrace the bond between faith and health and the idea of salvation

and healing belonging together (Hotz & Mathews, 2012; Hunter, 2013). The salvation tenet is

rooted in the meanings of the word *health* in the Scriptures. For example, the Hebrew term for

health, *rapha*, is translated as soundness, peace, healing, deliverance, and salvation. Likewise,

the Greek terms *hugianio* and *soteria* convey a similar meaning but have a more abstract

interpretation, encompassing the concepts of well-being, health, release, preservation,

deliverance, and salvation (Grundmann, 2014). In other words, both biblical languages suggest

the concepts of redemption and salvation when speaking of health (Grundmann, 2014).

Hence, when the Scriptures refer to Christ healing someone, the translated verb also

conveys the idea of being preserved, rescued, or saved. Even Jesus' name suggested that He

came to save—Matthew 1:21 reads, "and thou shalt call his name Jesus for he shall save his

people from their sins" (Grundmann, 2014). By contrast with the Greek healing cult of Asclepius, which viewed Asclepius as savior, Christ delivers from all kinds of human misery, including freedom from death for eternity. In the Greek belief system, Asclepius had healing power to postpone death only for a short time (Grundmann, 2014).

Shalom Tenet

In the context of salvation is the Hebrew word *shalom,* which has passed into Christian currency (Allen, 2020). This word essentially means wholeness or completeness, beyond the most commonly accepted meaning of *peace.* Shalom generally describes a person or community's well-being and encompasses a related meaning of physical health (see Isaiah 53:5; Allen, 2020). It is not surprising that Matthew 8:17 takes that concept and applies it to the healing and salvific ministry of Jesus (Allen, 2020). Christians also highlight the biblical teachings about abundance, thriving, and flourishing in life; after all, Jesus characterized Himself as "the way, the truth, and the life" (John 14:6), "living water" (John 4:10), "the bread of life" (John 6:35), and "the good shepherd" (John 10:14; Canning, 2011). As Hotz and Mathews (2012) put it, "rather than thinking of health as the absence of disease, the Bible encourages us to think of health as the presence of the conditions necessary for us to flourish, to become what God intends for us" (p. 12).

This tenet is amplified in John 10:10 ("I am come that they might have life, and that they might have it more abundantly"), which encourages a *present* experience of wholeness or completeness, as opposed to a promise only granted at the end, at the eschaton (Finley, 2019; Grundmann, 2014; Reed & Wallace, 2007). It is based on two different translations of the Greek word rendered "life"—*bios* and *zoe. Bios,* the root from which we get the term *biology*, refers to physical life, the physical state of being (Reed & Wallace, 2007). *Zoe* points to the essence of

life, spiritual life, and who we are, and carries a deeper and more mystical meaning than *bios* (Reed & Wallace, 2007); it refers to the internal motivator that defines who we are and why we do what we do. Thus, "zoe life is what makes our biological bios life worth living, giving us direction, vision, purpose" (Reed & Wallace, 2007, p. 8).

Sanctification Tenet

Based on the concepts of *imago Dei* and *gloria Dei*, the sanctification tenet stresses believers' care for the body as the temple of the Holy Spirit. According to 1 Corinthians 10:31, the body does not belong to us (Damsteegt, 1981). The sanctification tenet encourages us to offer our bodies as "a living sacrifice, holy, acceptable unto God," as a way to truly worship Him— Romans 12:1 (Damsteegt, 1981). It opposes the self-centeredness and tyranny that are characteristic of ideals of fitness and beauty (Grundmann, 2014). Sanctification emphasizes that whatever Christians do should be done for the glory of God, including eating and drinking—1 Corinthians 10:31 (Damsteegt, 1981). In this context, Morgante (2002) states that Christian theology on wellness points to responsibility and obedience to God's law, which includes natural laws.

On the other hand, Chandler's (2015) study proposes a whole-person formation model (see Fig. 2.3) that endorses the concept of sanctification. The three approaches integrated in this model include *imago Dei*, God's love, and the seven primary dimensions; it also explains how to apply all of it to spiritual formation (Chandler, 2015). The seven primary dimensions are spirit, emotions, relationships, intellect, vocation, physical health and wellness, and resource stewardship (i.e., of God-given resources such as the Earth, money, and possessions). As suggested by Chandler (2015), compromising one dimension has consequences for the others. For example, weakness in the physical dimension has an impact on spiritual, emotional,

relational, or vocational dimensions—a concept that aligns with Adler's theory of the indivisibility of the self (Sweeney, 2019). Additionally, based on Chandler's (2014, 2015) model, ethics influences all of the seven life dimensions. Stated otherwise, spiritual formation influences wellness or whole-person integration (Chandler, 2014, 2015) as wellness influences sanctification (Damsteegt, 1981).

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Fig. 2.3. Whole-person formation model (Chandler, 2014).

Stewardship Tenet

The sanctification tenet links God's ownership of His creation and His creatures to stewardship (Caning, 2011). According to Caning, stewardship means actively managing resources that we neither own nor have responsibility for generating. Canning (2011) also pointed out that life stewardship involves its use and its preservation—a concept rooted in biblical teachings. Stewardship goes beyond care for resources, focusing as well on our well-

being and the commitment to love and care for fellow believers, a concept that echoes Adler's theory of social interest (Bruder-Bezzel, 2017; Canning, 2011). For example, Tan and Castillo (2014) differentiated self-care from selfish care or self-centered care. They remarked that self-care means, for Christians, living wisely—living healthy lives in order to manage stress and prevent burnout (Tan & Castillo, 2014). When Christians engage in proper self-care, this "eventually leads to the helping and the healing of others" (Tan, 2011, p. 9). Burns, Chapman, and Guthrie (2013) stressed that self-care is so critical that it becomes synonymous with spiritual formation.

According to Tan and Castillo (2014), Christian counselors should be aware of the temptations of their profession—sinful desires of pride, self-dependence, self-sufficiency, and independence from God's will. In the same way, McMinn and Meek (1996) stressed that "an accurate sense of self allows us to recognize our responsibility to God, others, and ourselves" (pp. 44–45). Burns and colleagues (2013) wrote, "Poor physical health translates into less effective ministry. Self-care is not selfish. It is a necessary part of staying involved in fruitful ministry for a lifetime" (p. 98). Linking previous authors' thoughts (Canning, 2011; Sink et al., 2007), Tan and Castillo (2014) concluded that "self-care" amounts to "God-care" for us and "we-care" or "community-care" for others, in the context of Christ's love.

Summary of Christian Thinking on Wellness

On the one hand, the philosophical view of Adler's theory of holism shows a solid empirical platform applicable to the scope of this study: The participants' lived experience of wellness is addressed through the lens of a complete and harmonious self—whole, united, and unbroken. On the other hand, the current philosophical tenets in Christian thinking further the understanding of wellness from a Christian worldview. This approach, ideally, should seek the

believer's wholeness—a perfect harmony of body, mind, and spirit (*wholeness* is a term that definitely conveys the meaning of wellness in Christian thought). The following section analyzes the current empirical research on wellness in counseling education and investigates why more study of this topic is needed.

Wellness in Counseling Education

The mission statement of ACA promotes the growth and development of all counselors and encourages ethical practices that protect all consumers (ACA, 2020b). CACREP's standards (2016) similarly emphasize prevention, education, and advocacy of CIT wellness. ACA's "20/20 Principles for Unifying and Strengthening the Counseling Profession—A Vision for the Future of Counseling" (Kaplan & Gladding, 2011) highlights advocacy for optimal human growth through promoting prevention and wellness. Wellness, then, can truly be said to be the crux of the mental health profession (Dillman Taylor et al., 2018). Research on wellness in counseling programs has found that the most effective counselors are those who are continuously working on wellness (Yager & Tovar-Blank, 2007).

Further, studies demonstrate that well counselors are more helpful in their services than those experiencing distress and impairment (Lawson & Myers, 2011; Lenz, Oliver, & Sangganjanavanich, 2014; Lenz & Roscoe, 2011; Lenz & Smith, 2010). Distressed counselors can negatively affect the quality of counseling, demonstrate behaviors that devalue their clients, and engage in incompetent practices that significantly harm clients (Lawson et al., 2007; Lee et al., 2010). Current tenets in professional counseling indicate the need for, and importance of, research into CITs' wellness and self-care (Merrill, 2019); in other words, counselor education should attend to the person of the counselor before the counselor becomes the practitioner (Orht

et al., 2015). The following section investigates issues of wellness in CITs, clinical supervision, and counseling education.

Counselors-In-Training

Some of the most-researched topics in the area of CIT wellness relate to identity, personality, psychological well-being, self-care, and the development of wellness. A chronological-thematic structure will serve to review how these issues have evolved and why more study is needed.

Counselor identity. Counselor identity has been linked to counselor wellness as a vital construct for ethical behaviors (Hendricks, 2008; Testa & Sangganjanavanich, 2016). In other words, as theory serves practice, so identity serves ethics. Wellness is conceptualized as foundational for the professional identity of counselors (Mellin, Hunt, & Nichols, 2011). This means that counselors' focus on prevention, wellness, and the development of a biopsychosocial approach defines their identity (Mellin et al., 2011). Identity development has been characterized among CITs by advances from external to internal conceptualization (Gibson et al., 2010), by the integration of the personal self and the professional self, or by congruent matching of personal and professional identity (Prosek & Hurt, 2014). Personal-identity development encompasses the counselor's skill in maintaining a balanced lifestyle and managing stress (Shuler & Keller-Dupree, 2015).

Thus, the counselor's unique identity and emphasis on wellness must be at the center of discussions about the future of professional counseling (Reiner, Dobmeier, & Hernandez, 2013). Research has found that greater professional identity strengthens one's overall wellness (Foss-Kelly & Protivnat, 2017) and that counseling education should promote and encourage wellness models to help CITs identify potential mental and physical problems (Enochs & Etzbach, 2004).

This study follows these recommendations and focuses on exploring counselors' wellness identity, orientation, and innovation, in contrast to the current focus on pathology (Mellin et al., 2011). Studies also suggest the need to address CITs' idealistic career hopes versus a more realistic view of the profession (Moss et al., 2004). Through self-awareness and self-examination, CITs can identify the need for change and areas requiring personal attention while still seeing themselves as instruments of change (Shuler & Keller-Dupree, 2015).

Personality. One of the first studies on wellness and personality stressed that a better understanding of one's personality and its priorities influences perceptions toward wellness (Britzman & Henkin, 1992). The authors, relying on Adlerian theory, identified five personality priorities—achieving, outdoing, pleasing, detaching, and avoiding. All of these personality types can benefit from renewed commitment, but certain types (i.e., the avoiding and detaching types) need more encouragement regarding wellness than the others (Britzman & Henkin, 1992). A later study by Dillman Taylor and colleagues (2018) explored the predictability of personality priorities on CITs' perception of wellness. Using four personality priorities—*comfort*, *pleasing*, *control*, and *superiority*—the researchers found that the comforting and pleasing styles were negative predictors for wellness because some people tend to place others first at the expense of their own well-being (Dillman Taylor et al., 2018). Furthermore, the superiority personality type common among millennials might be a positive predictor for wellness not only because of its superiority-focused view of self (and its high expectations) but because of its focus on being better than others and being right (Dillman Taylor et al., 2018).

Psychological well-being. After conducting a survey of CITs ($N = 97$), Harris and colleagues (2013) found a correlation between psychological well-being and perceived wellness. Three of the most influential psychological factors were positive relationships with others,

environmental mastery, and purpose in life (Harris et al., 2013). Although awareness of personal wellness was significantly high, 32% of the participants had never entered into personal counseling, which is a concern, because unresolved psychological issues are common among CITs (Harris et al., 2013). Likewise, Merryman and colleagues' (2015) research, using a sample of 100 CITs, showed a significant relationship between psychological well-being and perceived wellness. Participants who scored higher on the construct of psychological well-being also scored higher on the construct of perceived wellness, suggesting that perception of one's wellness affects overall mental health (Merryman et al., 2015). Unlike other researchers, these authors found that 80% of the participants were paying attention to self-care and that 64% have experienced individual therapy (Merryman et al., 2015). However, routine assessment is needed of CITs' perceptions of wellness (Harris et al., 2013) and their psychological well-being throughout the counseling program, to reduce impairment and create lifelong wellness behaviors (Merryman et al., 2015). Also needed are systematic methods in counseling education to evaluate and improve CITs' wellness (Harris et al., 2013).

Self-care. Traditionally, there has been some overlap between the terms "self-care" and "wellness" in the counseling profession (Bradley, 2013). Aspects of self-care include attention to family, healthy eating habits, outdoor activities, exercise, reading, and meditation (Thompson et al., 2011). Self-care is seen as a purposeful behavioral effort guided by proactive behavioral choices (Thompson et al., 2011). In a sample of 96 participants, a strong correlation was found between CITs' self-care and their stress levels (Mayorga et al., 2015). This means that the less students engaged in self-care, the higher their levels of stress (Mayorga et al., 2015). Another study has pointed out that CITs' engagement in self-care routines fosters a perception in counselor educators of better career performance (Doherty, 2019). In a corresponding result,

Ellis (2019) found that CITs' self-care practices were mediated by counselor self-efficacy and by the behaviors that counselors sustained over their careers.

From this literature review, it is evident that there is a real need for infusing self-care into counseling-program courses (Bradley, 2013). Studies are needed on the effectiveness of self-care to protect against a lack of compassion and on the impact of self-neglect on counselors' enthusiasm, life-work balance, and professional boundaries (Thompson et al., 2011). The responsibility of counselor educators to teach CITs how to take care of themselves should be addressed as well (Thompson et al., 2011). Future studies should investigate a causal connection between self-care (or the absence of self-care) and CITs' stress levels (Mayorga et al., 2015). Additionally, there is a pressing need to include, in CITs' coursework and curricula, information and materials that address self-care, stress, burnout, and compassion fatigue (Mayorga et al., 2015).

Wellness. Smith and colleagues (2007) investigated the relationship between wellness and psychological distress among CITs. Participants ($N = 204$) were selected from nine counselor-education programs across five states. Findings pointed to (a) negative relationships between wellness and psychological distress, (b) wellness as an indicator of lower levels of distress, (c) psychological-distress levels similar to those found in clinical settings, and (d) symptoms of common mental health disorders among CITs, such as anxiety, mood, and adjustment disorders (Smith et al., 2007). Further, a qualitative focus-group study of 12 students over a one-year period researched how effective counseling programs address wellness (Burck et al., 2014). Major themes emerging from the inquiry were the importance of infusing wellness into training programs (or enhancing wellness awareness and integration) and "walking the talk"

on wellness (Burck et al., 2014). One participant put it plainly: "I can't tell somebody else that it will work for them if it hasn't worked for me" (Burck et al., 2014, p. 45).

The quantitative-qualitative study by Wolf and colleagues (2014) examined the effectiveness of a co-curricular, workshop-style wellness program. Findings showed that if CITs are not encouraged to practice self-care, they may be less likely to practice personal self-care after graduation and after becoming practitioners (Wolf et al., 2014). The study revealed that the promotion of a wellness philosophy throughout the counseling program encouraged CITs to address their own wellness needs, and further, that if CITs do not focus on their own wellness needs, they may fail in approaching their clients' wellness needs (Wolf et al., 2014). Other studies correlated trait emotional intelligence and wellness behaviors (Merrill, 2019) and found a decrease of state and trait anxiety when students were enrolled in a course on wellness (Pirtle et al., 2019).

To sum up, there is a lack of emphasis on wellness across the curriculum of counseling-education programs (Pirtle et al., 2019). Evidence suggests that counselor education does not support the prioritization of wellness (Merrill, 2019). If wellness is the backbone of counseling, and if client wellness begins with counselor education (Burck et al., 2014), wellness in counselor education is certainly worthy of continued research (Smith et al., 2007). Research is needed to explore (a) the factors that are prominent in maintaining wellness among CITs (Burck et al., 2014), (b) the difference between addressing the topic of wellness systematically and addressing it sporadically (Pirtle et al., 2019), (c) the influence of counselor wellness on client outcomes, (d) the ways individual and institutional barriers affect the integration of wellness into counseling education, and (e) the long-term impact of wellness initiatives on counselors' physical, mental,

and spiritual health (Wolf et al., 2014). The present study sought to meet most of these needs by investigating CITs' lived experiences of wellness at a faith-based counseling program.

Clinical Supervision

Clinical supervision is considered a vital arm of counseling education (Pirtle et al., 2019) and the best platform for monitoring counselor wellness (Blount et al., 2016). Two central purposes of supervision are supervisees' personal-professional development and client safety (Vespia, Heckman-Stone, & Delworth, 2002). Supervisors provide psychoeducation, model correct counselor behaviors, and evaluate supervisees' counseling skills (Blount & Mullen, 2015), so supervision offers an ideal venue to address counselor wellness. An investigation of different concepts and models follows.

Wellness in supervision. Supervision teaches CITs to take care of themselves before they care for others, for "it is not possible to give to others what you do not possess" (Corey, 2000, p. 29). Clinical supervision benefits from implementing a wellness strategy (Cummins, Massey, & Jones, 2007), because such an approach may decrease counselor burnout, empathy fatigue, and ineffective counseling practice (Merrill, 2019; Mullen & Gutierrez, 2016). Effectiveness of wellness integration in supervision is related to increased professional quality of life and use of career-sustaining mechanisms in CITs (Lawson, 2007; Lawson & Myers, 2011); this improvement in professional quality of life affects both supervisees' self-efficacy and their performance in counseling services (Mullen, 2014).

Using a quasiexperimental research design, Ohrt and colleagues (2015) investigated CITs ($N = 88$) enrolled in practicum and internship classes. The treatment group only received information and materials about counselor burnout and wellness. Results from the study indicated no difference in wellness between the treatment group and the control group,

suggesting that an informal talk or lecture about wellness is not enough to maintain or increase healthy levels (Ohrt et al., 2015).

Conversely, Blount and colleagues (2016) concentrated their research on clinical supervisors. The main research question addressed supervisors' perceptions of supervisees' wellness. Findings showed a trickle-down effect—a parallel process in which the way the supervisor approached the supervisee affected how the supervisee approached the client. In fact, the study demonstrated several things—that creating a wellness identity in supervision aids in supporting holistic wellness in supervisees, that wellness provides the foundation of future counselors' work with clients, that implementing a wellness plan for supervisees has value, that continuously assessing and evaluating supervisees' levels of wellness is important, and finally, that operating from a wellness-supervision paradigm is essential (Blount et al., 2016).

Wellness models in supervision. Recent models of supervision have shown a trend toward integrative-based modalities (Bernard & Goodyear, 2014; Blount & Mullen, 2015; Lambie & Sias, 2009). Integrated models have focused on specific trainee groups (Carlson & Lambie, 2012; Lambie & Sias, 2009) or on specific purposes (Luke & Bernard, 2006; Ober, Granello, & Henfield, 2009; Reyes & Cobarrubias, 2019). For example, the Integrative Wellness Model (IWM) has been specifically applied to supervisees' developmental needs (Blount & Mullen, 2015). It incorporates different models of supervision, matching CITs' developmental needs and theoretical tenets of wellness (Blount & Mullen, 2015). IWM phases of supervisee development move from *low awareness* (phase 1) to *pursuit of awareness* (phase 2) and finally to *increased awareness* (phase 3).

The advantages of implementing the IWM are several. The model provides supervisors with unique opportunities to practice wellness, to monitor supervisees' wellness, and to assess

how those wellness behaviors influence client outcomes; they can also support supervisees'

growth, skill development, and awareness of professional dispositions (Blount & Mullen, 2015).

However, the construct of supervision models based on wellness needs further clarification and

articulation (Lenz & Smith, 2010; Meany-Walen et al., 2016). One example of this effort is the

Action Chart of Wellness (Reyes & Cobarruvias, 2019), based on the IS-Wel, which describes

different steps to facilitate the assessment and implementation of wellness in supervision.

Current clinical supervision issues show that more research is needed on wellness in the

different phases of a counseling program and also in the years after graduation (Meany-Walen et

al., 2016). In short, there is a need for targeted and effective follow-up. Similarly, Ohrt and

colleagues (2015) have suggested tracking CITs from practicum to graduation to capture a

holistic perspective of their clinical experiences. Research is also needed on the structure of

current psychoeducational wellness interventions and the need for more experiential wellness

activities for supervisees (Meany-Walen et al., 2016; Ohrt et al., 2015). Limited studies on

supervisees' wellness are available that examine the overall effect of wellness within the

supervisory dyad (Blount et al., 2016)—that is, that assess the degree to which supervisors and

supervisees actually engage in wellness behaviors (Blount et al., 2016; Ohrt et al., 2015).

Accordingly, this qualitative research, conducted to better understand CITs' unique journey with

wellness, was supposed to influence clinical supervision, a fundamental arm of counseling

education (Pirtle et al., 2019).

Counseling-Education Program

Evidence-based practices in the field of counseling education have shown that when

counseling programs provide wellness courses, CITs report higher levels of wellness (Roach,

2005). Thus, there are sound reasons to approach wellness as more than just a topic for an informal

talk; it should be considered to have "real potential to serve as a primary contributor to counseling's future" (Ginter, 2005, p. 490). As Ramey and Liebert (2011) observed, the underlying philosophy of counselor education regarding wellness is the foundation for both CITs and counseling professionals. This explains why Chi Sigma Iota— the international honor society for counselors, dedicated to promoting excellence in professional counseling—encourages the pursuit of wellness (Chi Sigma Iota, 2010). The following section reviews current research on wellness-program design, implementation, and promotion in counseling education.

Wellness-program design and implementation. Myers and Sweeney (2008) have advocated for designing wellness programs that train CITs in a positive and holistic way. Their goal is to minimize distress but also to maximize wellness opportunities among trainees (Myers & Sweeney, 2008). The Wellness Cube Model, created by Foster (2010—see Fig. 2.4), illustrates the efforts in the field to infuse wellness into counseling education. This model incorporates wellness coursework throughout the counseling program and consists of four dimensions—wellness factors, experiential exercises, Adlerian principles, and didactic concepts (Foster, 2010).

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Fig. 2.4. The Wellness Cube Model (Foster, 2010).

In addition, Velez's (2012) study investigated the relationship between CITs' levels of wellness and psychological distress. A total of 14 CACREP-accredited programs in 12 states participated, and 198 students were involved. Findings from this research were similar to the results of other studies (Smith et al., 2007) that have suggested that the participants were as disturbed as the clinical patient sample population (Velez, 2012). The author stressed an inverse relationship between wellness and distress: Those with lower levels of wellness had higher levels of distress, and those with higher levels of wellness had lower levels of distress. The study made several recommendations regarding the design of counseling programs; the author encouraged shifting from the predominant skills-based model to one that encapsulates the totality of the counselor (and includes wellness training), in addition to teaching wellness within coursework and linking wellness with a commitment to the ACA Code of Ethics (Velez, 2012).

Burnett's (2012) study compared a sample of school counselors and counselor educators ($N = 156$) and focused on how prepared they felt to implement wellness strategies. Results showed no difference in total preparedness scores and years of experience (Burnett, 2012). The study also found no differences in sense of wellness preparedness between those who had graduated from a CACREP-accredited program versus those who had completed a program not so accredited. Some 21% of participants reported using a specific model of wellness in their counseling teaching, compared with 64% who did not use one. Not surprisingly, those who used a wellness model also reported spending more hours on curricula activities related to wellness (Burnett, 2012).

Wellness promotion. The promotion of wellness has been found to be beneficial for faculty, helping them to better understand students' wellness and self-care needs (Gleason, 2015). Strategies for the promotion of wellness include funding wellness workshops and off-

campus activities, as well as structuring or integrating holistic perspectives of wellness in existing curricula (Gleason, 2015). Marshall's (2018) research on counselor educators ($N = 118$) investigated wellness-promotion behaviors. The author wrote that if well counselors create well clients, then well counselor educators create well counselors. By this statement, Marshall meant that when wellness-promotion behaviors increase, so do wellness levels. The study also predicted that although counselor educators would score well on encouraging and supporting wellness, they would score lower on actually incorporating wellness into their curricula. Additionally, wellness-promotion behaviors were linked to the type of teaching philosophy employed (Marshall, 2018); this corroborated previous studies (Wolf et al., 2014).

Summary of Wellness in Counseling Education

Since wellness in counseling education has received little research attention to date (Pirtle et al., 2019), this study was designed to address that need. As indicated by the literature reviewed above, there is an immediate need to explore (a) creative approaches on the promotion of wellness behaviors, not only for personal outcomes, but also for community benefit (Marshall, 2018); (b) philosophical perspectives integrating body, mind, and spirit (Merrill, 2019); (c) implementation of a holistic wellness model (Blount et al., 2016; Burnett, 2012); and (d) steps to maintain levels of wellness within the counseling program and professional practice (Meany-Walen et al., 2015; Ohrt et al., 2015; Velez, 2012; Wolf et al., 2014).

Likewise, there was a need for qualitative and phenomenological approaches that provide a greater understanding of CITs' lived experiences with wellness (Dixon, 2019). Students have pointed out, in reference to their counseling programs, that there is seldom anything in place to assist them with wellness (i.e., anything structured); faculty just ask if they have been taking care of themselves (Dixon, 2019). This means that wellness in counseling education needed to be

investigated. There is also a lack of information about wellness in diverse educational settings and among CITs' diverse populations (Dixon, 2019; Gleason, 2015).

Chapter Summary

First of all, scholarship has shown a solid empirical and philosophical platform on holism applicable to the scope of this study. Second, if wellness has been named the crux of the mental health profession, the foundation of professional counseling, and the primary contributor to counseling's future, counseling education should put these principles into practice. Third, if the view of Christian thinking on wellness is holistic (body, mind, and spirit), this perspective should definitely influence how Christian students integrate wellness. Finally, from this review of the literature covering four major areas—CITs, clinical supervision, and counseling education—it is evident that more research was needed. The present study, qualitative and phenomenological in approach, explores (a) factors that are prominent in maintaining wellness among CITs, (b) differences between addressing the topic of wellness systematically and addressing it sporadically, (c) influences of counselor supervision on supervisees' wellness, (d) individual and institutional barriers that affect the integration of wellness into counseling education, and (e) the impact of a wellness initiative on counselors' physical, mental, and spiritual health. To date, no rigorous study has investigated these issues in depth in a counseling program at a Christian university.

CHAPTER THREE: METHOD

The proposed study explores the lived wellness experiences of CITs enrolled in a counseling program at a Christian university. This chapter introduces the study's research methodology—which was qualitative-phenomenological by design—and states the rationale for conducting this research, along with the process and criteria by which participants were recruited. Descriptions follow of data collection, data verification, and the research instrument employed. A second main section describes data-analysis procedures, the research methods of verification, and the ethical considerations of the study.

Research Questions

This study was based on its main research question: "What are the key experiences of wellness among student participants in a master's-level counseling program at a Christian university?" Other accompanying research questions were, "How have the CIT participants attempted to implement wellness behaviors while enrolled in the counseling program?"; "What personal factors do CIT participants perceive as hindering their overall wellness?"; and "What professional factors do CIT participants perceive as hindering their overall wellness?"

Research Design

Qualitative research is the path of studying subjects "in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them" (Denzin & Lincoln, 2011, p. 3). Qualitative methodologies include narrative research, grounded-theory research, ethnographic research, case-study research, and phenomenological research (Creswell & Poth, 2017). All five methodologies are implemented when little or no information is available regarding a specific phenomenon (Creswell, 2014). Additionally, qualitative studies

are useful when investigating an incident that participants share with one another (Creswell, 2014; Yanow & Schwartz-Shea, 2006).

Beyond those commonalities among all five approaches, there are foundational differences. For example, narrative research focuses on exploring the life of an individual, whereas grounded theory seeks to develop a theory grounded in data from the field (Creswell & Poth, 2017); ethnography research describes and interprets a culture-sharing group, but case study develops an in-depth description and analysis of a case or multiple cases (Creswell & Poth, 2017). Phenomenological research is implemented when the goal is to investigate the essence of a phenomenon or experience through the eyes of the participants (Campbell, 2011). According to Moustakas (1994), phenomenological research involves returning to an experience, returning to comprehend the experience, arriving at the essence of the phenomenon experienced, and making sense or meaning of that experience. The following section adds key arguments about why the phenomenological methodology is the most suitable for this particular study. It describes two specific traditions within the phenomenological method and their key features.

Phenomenological Method

McLeod (2011) describes the attitude of Finlay (2008) in phenomenology as "retaining a wonder and openness to the world while reflexively restraining pre-understandings" (McLeod, 2011, p. 86). That openness to inquiry, from Husserl's (1931) perspective (the founder of phenomenology philosophy), has a holistic aspect—the appreciation of the nature of humankind's experience as a whole (McLeod, 2011). Openness to inquiry in phenomenology is also grounded in the researcher's self-reflection and the process of bracketing off one's assumptions about the phenomenon (Creswell & Poth, 2017). Once the experience is described

in detail, the sense of that experience is expressed in fresh language, which results in overthrowing and building a new understanding of self and relationships (McLeod, 2011).

Researchers implementing phenomenology methods have developed, through decades, different traditions on the use of phenomenological principles. The four main traditions are the Duquesne school of empirical phenomenology, the conceptual-encounter method, existential-phenomenological investigations, and dialogal phenomenology. Due to the interest of this study in implementing the principles of the Duquesne school and the conceptual-encounter method, only these two approaches are discussed.

The Duquesne tradition. Probably the most successful contribution of the Duquesne school has been the codification and systematization of the phenomenological method (McLeod, 2011). Although there are several versions of the Duquesne method, this study used Moustakas's (1994, 1996) modification of phenomenological analysis. Its ultimate research goal focuses on the essence of the phenomenon researched, as it exists in the participants' concrete experiences. Different steps to reach that goal include (a) collecting a verbal account or written transcript of the described experience, (b) carefully reading those materials to get a sense of the whole, (c) extracting the most significant statements, (d) eliminating repetition or irrelevant concepts of the phenomenon, (e) identifying the major themes, and (f) integrating these major themes or meanings into a single descriptive statement of the phenomenon (Moustakas, 1994, 1996). During this process, the researcher keeps an attitude of openness as it relates to the phenomenon, and adheres to the principle of horizonalization (i.e., no one meaning predominates over any other—Moustakas, 1996).

Additionally, the researcher should spend time dueling in the described experience while magnifying, amplifying, and paying particular attention to detail (Moustakas, 1996). In other

words, the expectations of this tradition require a total immersion in the subject, reflecting on it and finding meaning and patterns in it. In summary, all of these procedures and rules were applied to this phenomenological research on wellness, as presented below.

The conceptual-encounter tradition. Built upon the human science approach of the Duquesne school, Joseph de Rivera (1976, 1981) developed this method to do phenomenological research differently. Its primary research goal "is to produce a map of personal experience" (McLeod, 2011, p. 94). At the center of this method is the researcher's interaction with the participant, who agrees to engage as a research partner. The method requires that the researcher study the human experience and carry out some preliminary reflections on the subject, including deep scrutiny of relevant empirical and historical-philosophical literature (Rivera, 1976). The purpose is to allow the investigator to get into the study sensitized to the topic, having pondered the multiple aspects of the phenomenon being studied (Rivera, 1976, 1981).

The procedures of the conceptual-encounter method differ slightly from those of the Duquesne school. The conceptual-encounter tradition incorporates more descriptive features, such as maps, patterns, and models. After all, the tool of this study for data collection—CMT—mostly aligns with this tradition. In the conceptual encounter, the investigator first asks facilitative questions to elicit different descriptions of the experience from the participant. Then the investigator shares with the participant or research partner abstract ideas about the essence of the experience, checks that the concepts are understood, and asks the participant to explain how well his or her conceptualization fits the experience described earlier. "Through the ensuing dialogue, the investigator gets confirmation of some of the features of his or her abstract model of the phenomenon" (McLeod, 2011, p. 95), and by the end of all these procedures with multiple

research partners, the investigator develops a final version of the essential features of the phenomenon being investigated (McLeod, 2011).

To summarize, the conceptual encounter has been described as a dialectical process in which the researcher relies not merely on his or her own personal experiences but also on the dynamic interplay between the researcher and the participant (McLeod, 2011). Further, adequate conceptualization takes time, and at the beginning, the investigator may not be aware of any particular emerging pattern from the experiences analyzed. Conceptualization becomes a continual process as the investigator moves back and forth among interviews, observations, reflections, and literature inquiry. According to Rivera (1981), the resulting findings will be the nuances and patterns of the phenomenon studied.

Built on the phenomenological method and both phenomenological traditions described above, the following features, summarized by Creswell and Poth (2017), were considered and employed in this study:

1. Emphasis on exploring a specific phenomenon—a single concept or idea.

2. Exploration of the phenomenon with a group of individuals who have lived or experienced the phenomenon.

3. Discussion about these lived experiences from both subjective and objective perspectives.

4. Isolation of the researcher from his or her personal experiences to focus solely on the participants' experiences with the phenomenon.

5. Data-collection procedures involving interviews with individuals who have experienced the phenomenon.

6. Data-analysis procedures detailing what the individuals have experienced and how the individuals have experienced it.

7. A conclusion consisting of a descriptive passage that summarizes or discusses the essence of the experience.

The Researcher's Role

The primary role of a researcher in the phenomenological tradition is bracketing data through interviews (Campbell, 2011), so I conducted in-depth interviews with CITs to explore their lived wellness experiences at a faith-based counseling program. The researcher also has the responsibility of accurately honoring and reporting the participants' experiences through phenomenological research (Hayes & Singh, 2012; Creswell, 2014). Therefore, when conducting the study, I respected participants' authenticity, demonstrating unconditional positive regard and empathy—foundational components of qualitative inquiry (Hayes & Singh, 2012). As McLeod (2011) pointed out, qualitative research is an interpersonal and relational activity. However, I carefully approached interactions for building rapport in a manner that did not interfere with the primary role of a researcher, and I avoided taking the role of a counselor or counselor educator. That approach also helped me to set aside any preconceived notions and to keep the research focused on the study subjects.

Locating the Researcher

Since January 2011, I have been employed as a clinical chaplain in Florida, in the Orlando area. There I see others fighting illness and facing death, and it has radically changed my perspective about life. By this I mean not only that I recognize the importance of appreciating and celebrating life, but also that I now reflect on how to help people through better care. Every day one physician commits suicide in the United States, the highest suicide rate of

any profession (Anderson, 2018). Further, the number of doctor suicides, 28 to 40 per 100,000 habitants, is more than twice the general population rate of 12.3 per 100,000 habitants (Anderson, 2018). Thus, I see not only the struggles of patients and their families but of caregivers as well, and I think that professional counseling is not immune to it.

Moreover, all of my life, I have been surrounded by the principles of wellness. My faith tradition has taught me to live a healthy lifestyle, to eat healthy foods, and to practice healthy habits that involve body, mind, and spirit. Without any hesitation, I can say that I did not choose this study topic on wellness; it was the wellness topic that chose me. More than a year ago, the theme I had selected for my dissertation was about factors of persistence in doctoral students enrolled in the counselor education and supervision track. However, the review of Adler's theory as part of a class project—specifically, the idea in Adler's psychology of the indivisibility of the person (Sweeney, 2019)—changed my research focus. The concept of health and wellness that encompasses a mind-body unity, interrelated and interdependent (Witmer, 1985), has revolutionized my spirit. This is where my heart is focused, and this is the source of my adrenaline and passion to accomplish this study task.

Research Participants

Seven CITs—graduate counseling students—were recruited from a CACREP-accredited Christian university. To be included in the study, CITs had to meet these main criteria:

1. They must be a graduate-level student in a mental health or in a marriage and family counseling program.

2. They must have a minimum of 30 hours of graduate-level courses completed in a CACREP-accredited counseling program.

3. They must be currently enrolled in practicum or internship courses. Due to the focus of this study on CITs' lived wellness experiences, it is essential that participants be far enough along in the counseling program to have had those experiences.

4. They must complete a prestudy Survey Monkey survey (Appendix A). The completion of this prescreening instrument is a fundamental requirement in order to confirm that the participant meets the inclusion criteria and to collect demographic data.

5. Participants must confirm that they are open to and interested in discussing issues related to personal and professional growth.

Research Recruitment

A convenience-sampling method was implemented upon receiving Institutional Review Board (IRB) approval. Two specific sources were used to recruit participants enrolled in a CACREP-accredited graduate counseling program at a Christian university. First, a recruitment flyer (see Appendix B) was designed and posted in a public location at the residential counseling center. Second, faculty and supervisors from the counseling department were briefed and asked to promote the study, since it engaged participants in conversations and reflections on the subject of counselors' wellness and self-care practices. Both interventions promoted the study topic and gave a brief description of the study and inclusion criteria. The second source of recruitment became the most effective, since permission was given by the residential program director to personally promote the study at one practicum and three internship classes. Having been granted this permission, I briefly described the study's purpose to the students and asked them to complete a printed copy of the prestudy Survey Monkey survey (Appendix A). The promotional

resources also asked about personal interest in wellness, provided researcher information, and offered an incentive—a $25 VISA gift card for each participant.

In the spring semester (2020), the number of residential students taking the practicum or internship classes was around 28. The number of surveys collected directly from the students was 25, or approximately 90% of the semester's total enrollment. The average age of those surveyed was 27 (6 males, 19 females). Concerning relationship status, 6 were married, one was engaged, and 18 were single/never married. In reference to ethnicity, 23 were Caucasian, one was Asian-American, and one was Latino-American. Regarding their faith-tradition background, 21 called themselves Christian, 3 Protestant, and one Protestant/Christian.

To the question of whether throughout their counseling program they had juggled multiple responsibilities while practicing self-care, all surveyed said "yes." However, when asked if they were willing to participate in a face-to-face interview on the subject of wellness, 8 responded *definitely would*, 10 *probably would*, 6 *probably would not*, and 3 *definitely would not*.

Once survey responses were processed, a list was created of about 18 potential participants. Later the most promising possible participants were ranked from 1 to 10, before being reduced through the selection criteria to the final seven. For clarification purposes, small sample sizes are often used in qualitative research methods—small compared with those used in quantitative methods. Qualitative studies are more concerned with garnering an in-depth understanding of a phenomenon, or focusing on meaning (Dworkin, 2012). Besides, the main point of in-depth interviews is not on making generalizations for the broader population but on inductive and emergent approaches (Dworkin, 2012), concentrating on creating categories from the data, analyzing relationships, and understanding the lived experience. Finally, there is the

concept of saturation. Most scholars argue that saturation—though considered a good factor in qualitative research—can reach the point that data collection no longer offers new or relevant data (McLeod, 2011).

In the present study, the preselection list of 18 potential participants was used to verify who did or did not meet all the essential criteria. Factors placing potential participants in the top 18 related to reported demographic data, since balance in the participant pool was desirable. For example, the preselected list of potential participants was made up of a mixed group of males and females and single or married individuals. Since this research focused on the subject of wellness, ethnic diversity was considered, but was not a determining factor.

Next, the potential participants who made the top 10 of the preselected list received an initial phone call (see Appendix C) from the researcher. The purpose of this follow-up screening was to verify their survey responses and lived wellness experiences while in the counseling program. (For details about this intervention, see the Data Procedures and Analysis Section, Part 1.) Those who fit the demographic criteria and appeared to be the most motivated became the final seven. Those who were considered but did not make the final seven were placed on a waiting list and were notified accordingly. There were also some students who were surveyed but either failed to meet all essential criteria or failed to provide complete responses; these students were excluded from the study and thanked for filling out the survey.

After sending a notification to the final seven participants (Appendix D), I made arrangements at the university's library to secure a safe and comfortable room for face-to-face interviews lasting between 75 and 90 minutes. To record the interviews, the digital app Otter was implemented; it captured valuable information communicated verbally and also generated a 100% automated transcript. Otter's transcripts are password protected through two locking

features—the device's access code, and the app's access code. This system ensured participant confidentiality.

Research Procedure and Analysis

Different research procedures are implemented to get different types of data. The amount of collected data adds to the study's trustworthiness (Creswell, 2014) and also enriches and describes the collected data (Hayes & Singh, 2012). In phenomenology studies, in-depth interviewing is frequently the preferred data-collection method (Creswell & Poth, 2017; Leavy, 2017). In-depth interviewing in qualitative research uses conversation as a learning tool; it is constructed to expand the understanding of human phenomena, but also to capture the meaning participants attach to their lived experiences (Leavy, 2017). Moreover, an in-depth interview is understood as an interpretive process between the interviewer and the interviewee (McLeod, 2011; Van Manen, 1990). As Giorgi (2009) wrote, the interviewer does not lead the participant, but directs the participant to share a detailed description of his or her experience.

Data verification is also considered an integral part of phenomenological research. For example, member-checking in scholarly literature has become a key strategy for data verification (Impellizzeri et al., 2017). This means that the researchers might ensure that each participant experience is described and authenticated accurately in the results reported (Hayes & Singh, 2012). There are different instruments for phenomenological data collection that integrate in-depth interviewing and data verification, but I chose the CMT (see Fig. 3.1; Impellizzeri et al., 2017). As indicated above, the CMT has a twofold advantage in phenomenological research: It uses in-depth interviewing as well as a built-in, and effective, member-checking methodology. Furthermore, I have been using the CMT in counseling practice, testing its effectiveness to conceptualize the client's problem and the problem's solution. A few years ago I also took a 6-

month seminar on brain mapping that familiarized me with the concepts. Additionally, my dissertation chair has been working and publishing research for a while in mapping conceptualization; this brought more quality and trustworthiness to this study. Finally, CMT's member-checking mechanism within a single-interview format has been used in several studies (Buckingham, 2012; Cervo-Jacobson, 2015; Henry, 2014; Impellizzeri, 2012; King, 2013; Savinsky, 2012). The next section describes the CMT constructs and the accompanying data process and analysis.

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Figure 3.1. Conceptual mapping task example (Impellizzeri et al., 2017, p. 36).

Conceptual Mapping Task (CMT) Description

Novak (2008) developed concept mapping as a research tool to measure student learning. Concept mapping has been used extensively in science education (Impellizzeri et al., 2017). A related but distinct instrument, the CMT, was originally introduced by Martin (1987) and later adapted by Leitch-Alford (2006). CMT's protocol, as modified by Leitch-Alford, includes four main phases:

Phase 1: Gathering information and building rapport. In this phase, the researchers focus on building a strong working alliance. Although the interviewer is not a counselor, it is vital for him or her to establish a safe emotional environment that encourages participant disclosure of personal material (Impellizzeri et al., 2017). Informed consent and the objectives of the study are reviewed during this phase (Creswell, 2013).

Phase 2: Hearing the participant's story. In Phase 2, the participant shares his or her lived experience of the phenomena. An open-ended focus question is asked, and then the interviewers record the participant's key concepts (Impellizzeri et al., 2017).

Phase 3: Creating the conceptual map. In this phase, the participant creates a *conceptual map* using the key concepts collected in Phase 2 (Impellizzeri et al., 2017).

Phase 4: Reflecting on the conceptual map. In this last phase, the participant is asked to reflect upon his or her newly created conceptual map (Impellizzeri et al., 2017). This process was described by Martin et al. (1989) as the act of responding to the map. Leitch-Alford's (2006) modified protocol uses additional exploratory questions to expand the responding experience.

To sum up, the CMT's four phases are designed to (a) emphasize the importance of rapport building, (b) enhance meaning for the participant, and (c) add a verification mechanism in the interview (Impellizzeri et al., 2017). CMT also involves a broader two-stage process—

tasks requiring free association or recall, and the translation of related concepts into a conceptual map (Impellizzeri, 2012).

Conceptual Mapping Task (CMT) Implementation

The data collection and analysis method for this study was adapted from King's (2013) CMT, which has four parts: (a) the screening instrument (e.g., e-mail, phone calls, or direct contact); (b) the initial interview instrument (see Appendix E); (c) CMT intervention; and (d) CMT analysis. The following section specifies how each part was implemented.

Part 1: The screening instrument. After collecting all 25 prestudy Survey Monkey responses (Appendix A), the next step was narrowing the big recruited group down to about 18 potential participants. As indicated earlier, the recruitment goal for the study was to have a mixed group in terms of both gender (male/female) and marital status (single/married). Ethnic diversity was considered desirable but not essential. Additionally, potential participants were expected to complete all the questions in the prestudy survey.

Thus, to select the final seven participants out of this group of 10, I ranked them from 1 to 10 and then placed an initial phone call (Appendix C), making the calls in numerical order. During the 10 to 15 minutes of the initial phone call, the researcher verified the collected demographic data, made sure a potential participant was capable of recalling a lived wellness experience, and shared about the study to determine interest. For this last aspect, the participant was asked this open-ended question: "In a very few words, how would you relate any lived experience while in graduate school to the following definition of wellness: 'Wellness refers to a holistic approach in which mind, body, and spirit are integrated. It is a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated in a

purposeful manner with a goal of living life more fully'" (Myers, Sweeney, & Witmer, 2000, p. 251).

An example of an answer showing a lived wellness experience and personal interest was, "I remember how stressed out I felt at the beginning of graduate school with the huge amount of assignments to complete… then a faculty [member] advised me to create a timeline for each task throughout the whole semester. I still keep practicing this… Stress management matters a lot to me, [and it's important for] truly succeeding in this career." An example of an answer showing poor recall and probably little interest was, "From the top of my head, right now, I don't remember any specific lived experience of wellness in the counseling program."

Depending on the answers, I made one of three decisions in real time over the phone: yes, no, or maybe. If the decision over the phone was a "yes," the selection process moved forward to the next stage (i.e., scheduling a time and location for the interview). If the answer was "maybe," it was possible to come back to those names later. The goal was to make a decision on the spot about whether a potential candidate was invited into the study or not; potential participants who showed more interest in participating and who fit the demographic criteria became the final seven. Arrangements for a face-to-face in-depth interview were communicated by e-mail (see Appendix D) or by a phone call.

Part 2: The initial interview instrument. The first minutes of the in-depth face-to-face interview were used to build rapport with the participant, thanking him or her for agreeing to contribute to the study. During the first part of the interview, two things were secured—the participant's signature on the informed consent document (Appendix F), and the participant's consent (from the same document) for an audio recording of the interview. Once these were given, the researcher and the participant moved to part 2 of the interview (see Appendix E). The

participant was asked to reflect for a while on the following statement, printed on an index card: "Wellness refers to a holistic approach in which mind, body, and spirit are integrated. It is a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated in a purposeful manner with a goal of living life more fully" (Myers, Sweeney, & Witmer, 2000, p. 251).

This is what the researcher said to each participant to start the in-depth interview:

"As we begin, I would like to hand you this index card with the same definition of wellness I used during our initial phone call. The difference now is that you would have time to expand, or to develop more fully, the narrative of your lived wellness experience. You can read it aloud or silently, whichever you prefer." The chosen definition from Myers and colleagues was then read. Then the researcher said, "Now, based on that definition, let us take 15 to 20 minutes, and in that time, I would like you to reflect both on your experience of practicing wellness, as well as on your experiences of learning about wellness in your counseling program."

At this point the researcher paused briefly and then repeated the statement:

"Based on the index-card definition of wellness, let us take 15 to 20 minutes, and in that time, I would like you to reflect both on your experience of practicing wellness, as well as on your experiences of learning about wellness in your counseling program."

During this recall time, the researcher recorded key ideas and concepts from the participant's narrative on small Post-it notes (2 in. × 2 in.), using one idea or concept per note (King, 2013). When the participant finished, the researcher displayed the Post-it notes and asked the participant to double-check each note for accuracy (Impellizzeri, 2012). This practice built into the research procedure by ensuring accuracy and by encouraging further reflection from the

participant. Through this time of checking, the participant was invited to develop new ideas or concepts and encouraged to make any correction or addition needed (Impellizzeri, 2012).

Part 3: The CMT intervention. The next intervention was directing the participant to organize the Post-it notes into a visual representation—a conceptual map (Impellizzeri, 2012; Leitch-Alford, 2006; Martin et al., 1989). To accomplish this task, the participant completed this set of interventions:

Intervention 1. The participant was asked "to place the Post-it notes® on a large sheet of newsprint on top of the lapboard, and to re-arrange, move, or re-organize the Post-it notes® until it feels that the conceptual map accurately represents the lived experience, and how each concept relates to each other" (King, 2013, p. 51). For verification purposes, the researcher kept asking, "Can you add any additional clarifications regarding the already-constructed conceptual map?" The researcher continued to interact with the participant, directing him or her throughout the remaining interventions.

Intervention 2. The participant was guided "to draw a geometric shape around each of the clusters, or around clusters within clusters, such as circle, triangle, etc." (King, 2013, p. 54).

Intervention 3. The participant was asked "to label each of the concepts or clusters of concepts" (King, 2013, p. 54).

Intervention 4. The participant was directed "to draw lines connecting concepts or clusters of concepts with each other. If there is any directional flow between the concepts, the participant is asked to note those directional relationships with arrows or some other indicator of their choice" (King, 2013, p. 54).

Once these tasks were completed, the researcher directed the participant to look at the conceptual map reflectively. He then brought up these probing questions, which were modified from King (2013), pages 54 and 55:

- "Now that you have created this conceptual map about your lived experience of wellness, what strikes you as you study your map?"
- "What do you see as the most important things you have learned about implementing wellness behaviors in your personal and professional life while operating as a graduate student in counseling?"
- "In your opinion, what factors have hindered you from experiencing wellness while enrolled as a graduate counseling student?"
- "Is there anything else that you feel compelled to say from this whole experience?"

The conclusion of the entire interview implemented this script:

"Thank you so much for your willingness to share your experience with me, and for your commitment to this study; it is definitely greatly appreciated. As I mentioned before, this interview has been recorded, and I just want to remind you that the audio content and your conceptual map will remain anonymous. Feel free to reach me later if you have any concerns regarding the confidentiality of your conceptual map or your audio recording. Again, thank you so much for participating."

A full transcript of the interview questions and statements is found in Appendix E.

A final procedure was fastening the Post-it notes to the newsprint temporarily, using clear tape. Then the conceptual map was photographed and laminated to preserve its integrity for

further study and reflection. The researcher also followed up with a thank-you note to the

participant, highlighting resources available on wellness and reiterating the study's

confidentiality commitment.

Part 4: The conceptual mapping task analysis. After completion of all individual

interviews, each interview was transcribed and evaluated—searched for themes and subthemes

(Campbell, 2011; Creswell, 2007; Creswell & Miller, 2000). Transcripts and conceptual maps

were compared with previous data for commonalities, as well as for saturation. For all the

research analysis in the study, I used Moustakas's (1996) modification and van Kaam's (1959,

1966) phenomenological analysis, as noted in Impellizzeri's (2012) study.

The interventions involved seven steps:

- Step 1: The researcher enumerated each expression salient to the experience—a
  process known as *horizonalization*.

- Step 2: Each of those expressions was tested for two requirements: (a) Did the
  relevant expression highlight a moment of the experience that is necessary for
  understanding of the phenomenon? And (b) did the expression make it possible to
  label the experience? If the experience could be so labeled, the expression was
  considered a horizon of the experience; if not, the expression was eliminated as an
  example of vagueness, repetition, or conceptual overlap. The horizons that
  remained were considered to be invariant constituents of the experience.

- Step 3: The researcher clustered the invariant constituents by theme.

- Step 4: Invariant constituents and accompanying themes were checked against the
  completed transcripts of each participant to ensure compatibility.

- Step 5: The invariant constituents and themes served to construct an individual textural description of each experience; examples were included from the transcribed interview.

- Step 6: An individual structural description was constructed for each participant's experience based on the previous textural description.

- Step 7: A textural-structural description was completed linking the meanings and essences of the lived experience.

Once all these seven steps were completed, using participants' textural-structural descriptions, the researcher developed a final composite description that summarized the meanings and essences of the key experiences of wellness. The composite description represented the group of participants as a whole (Impellizzeri, 2012).

Verification Method

It is important to consider, when doing qualitative research, both the researcher's personal interest in the subject of study and also his or her ability to block out personal biases and remain objective (Creswell, 2007; Hays & Singh, 2012; McLeod, 2011). To reach those objectives, I approached all research interventions as follows:

- First, the process of participant selection was directed only to those interested in the study of wellness.

- Second, each participant had the opportunity to member-check throughout the interview process, specifically when conceptualizing his or her own map task (Impellizzeri et al., 2017).

Ethical Considerations

This study procedure and analysis were constructed to ensure participants' anonymity according to the ACA's (2014) ethical guidelines as well as the regulations and guidelines of the Institutional Review Board of the University. This means that participants' data and identifying information will not be exposed or revealed. Moreover, data collection was preceded by informed consent, which encompassed both the audio recording and the CMT from each of the seven interviews (King, 2013). I took these steps to protect the participants: (a) the initial phone calls to potential participants were done in a private room; (b) the interviews occurred in a reserved private room at either the University Library; (c) during the audio recording, identifiable information was not used; and (d) the research findings used pseudonyms when making reference to the participants.

As indicated before, to record the interviews, I used the digital app Otter; it captured valuable information communicated verbally and generated a 100% automated transcript. Otter's transcripts are password protected through two lock features—the device's access code, and the app's access code. As a final step, all data was transferred to a password-protected flash drive, and all files were deleted from the Otter app. The flash drive was then stored in a locked cabinet. Because the participants' narratives were recorded, the raw data did contain identifiers. However, all the data collected have been kept confidential and locked in the password-protected flash drive. The codebook used to identify participants and their pseudonyms has been kept locked in another secure flash drive.

Finally, it was anticipated that participants completing the in-depth interviews and CMTs experienced or encountered no more than minimal risk.

Chapter Summary

This chapter has described the research methodology that I employed to investigate the key experiences of wellness among CITs in a master's-level at a Christian university. Borrowing from Adlerian theories on the indivisible self and social interest (Sweeney, 2019) and from contemporary Christian thought on wellness (Miller, 2005; Reed & Wallace, 2007), this study sought to explore CITs' experiences of wellness as graduate students.

In other words, from a phenomenological perspective, I sought to understand the themes and essences of participants' identified factors—things that might be enhancing or hindering their practice of wellness. Additionally, I presented my rationales for qualitative research using Moustakas's (1994) phenomenological research and the four-phase method of the CMT from Impellizzeri and colleagues (2017). Results from the analysis and findings are presented in Chapter 4; Chapter 5 offers discussion and my recommendations for both counseling-education programs and future research.

CHAPTER FOUR: RESULTS

This chapter presents the results of the data analysis examining the lived wellness experiences of CITs enrolled in a CACREP-accredited entry-level program. It introduces, first, each participant's demographic information. A second section explains each participant's profile, which includes both textural and structural descriptions. In a phenomenological study, textural descriptions point to the nature of the lived experience, or what the experience is fundamentally like (Creswell, 2007). Structural descriptions, on the other hand, point to the contexts of meaning, or the basic framework of the lived experiences. In other words, textural descriptions explain the *what* of experience, whereas structural descriptions get at the *how* of experience (Creswell, 2007). These descriptions are also linked to the participant's CMT as well as to key statements derived from it. The third section synthesizes the essence of the participant's lived wellness experiences through main themes. In qualitative terms, the term *themes* refers to the general ideas emerging from the narrative or the data of the phenomenological inquiry.

Research Questions

To explore the lived wellness experiences of CITs, the following research questions were addressed:

1. What are the key experiences of wellness among student participants in a master's-level counseling program at a Christian university?

2. How have the CIT participants attempted to implement wellness behaviors while enrolled in the counseling program?

3. What personal factors do CIT participants perceive as hindering their overall wellness?

4. What professional factors do CIT participants perceive as hindering their overall wellness?

Demographic Data

As indicated in Chapter 3, a convenience-sampling method of study was carried out upon

receiving Institutional Review Board (IRB) approval. The potential participants who made the

final seven (out of the 25 surveyed) were those who seemed most motivated: They were

engaging in their explanatory narratives, and their stories demonstrated a lived wellness

experience. When asked if they were willing to participate in a face-to-face interview on the

subject of wellness, six out of the final seven responded *definitely would*, and one responded

probably would. Their average age was 25 (all females); four were single/never married, one was

engaged, and two were married. Regarding their ethnicity, five were Caucasian, one Asian-

American, and one Latino-American; all seven called themselves Christian (see Table 1). In

reference to how far along they were in the counseling program, one was enrolled in practicum,

and the other six were finishing their clinical internships and planning to graduate this summer.

Table 1

Summary of Participants Demographic

Pseudonym	Gender	Age	Relational status	Ethnicity	Religion	Course enrolled
Alice	F	25	Single	Caucasian	Christian	Internship
Blake	F	25	Single	Caucasian	Christian	Internship
Callie	F	25	Engaged	Caucasian	Christian	Internship
Danielle	F	26	Single	Caucasian/Asian	Christian	Practicum
Ellie	F	25	Married	Caucasian	Christian	Internship
Francine	F	24	Married	Caucasian	Christian	Internship
Hope	F	24	Single	Caucasian/Latin	Christian	Internship

Participant Profile Experiences

The aim of this section is to introduce the participant profiles. Identifying information

was withheld to protect anonymity, and each of the seven participants chose a pseudonym

beginning with one of the first seven letters of the alphabet. The pseudonyms were organized in the order they were collected (the first participant chose a name beginning with "A"), and the participants were interviewed in alphabetical order by pseudonym ("Alice" was interviewed first, "Blake" second, and so on). The only exception was Participant 7, who instead of selecting a name beginning with the letter G decided on the letter H, choosing the name "Hope."

Within each of the profiles that follow, textual and structural descriptions are provided along with the participant's CMT.

Alice's Profile

Her report during the prescreening intervention of a significant lived wellness experience placed Alice in the final seven participants. Alice's in-depth interview was characterized by a spirit of cooperation as she responded to questions and elaborated on concepts and interpretations. Alice was 24 years old at the time of our interview; she is single and has been enrolled in graduate school since the fall of 2017.

Textural description. From the review and analysis of Alice's audio recording and transcript, the following main themes emerged: (a) the challenge of prioritizing education, (b) the importance of discovering truth, (c) the reality of finding meaning from tough wake-up calls, and (d) the need to tie wellness into action. Each of these themes is explained below, including Alice's conceptual map.

Prioritizing education. Alice started the dialogue by sharing the challenges she faced from the very beginning of graduate school. These related to a demanding workload and her plan to join the counseling program. Based on her statements, this became an issue of priorities, regarding what was most important, and why she had moved from another state. Reflecting on this experience, Alice pointed out:

It's very easy to feel very overwhelmed in terms of stories that you hear from clients, the amount of paperwork that you have to do between, you know, your daily notes and then your monthly notes and then you have to contact insurance companies and, you know, all of these different things. And then being in school at the same time, you know it's…there's times where you have to sit there and be like, okay, well, what's more important, my job or my education? And I always think, well, why did I move to L.? I moved to L. for my master's program. That's why I'm here. My school is my priority.

Soon after, Alice realized that she would not be able to continue at school and work on her education without having a job. To embrace that tension, feeling "so bogged down by everything" and "being extremely busy," Alice approached it as "my new normal." A wise decision to alleviate the busyness was her choice not to take classes over the summer. Additionally, for Alice, thinking of her school "season" as temporary rather than permanent strengthened her mental and emotional well-being. As she later commented,

Sometimes it's easy to lose sight of things you know emotionally. You know with friends or with family because you know you're hearing all these stories from your clients and you know all of those sorts of things. So it's a weird place to be because I know that it's temporary and I know that so much of it is because of being a full-time student and juggling all these other responsibilities. I'm not going to be a student forever. And once that piece is over, I know that things will change very dramatically, but for now this is what it is and I don't want to, you know, ruin things over the course of these few years just because I am in school.

Discovering truth. Discovering new realities about herself and her family dynamics seemed to be another experiential turning point for Alice. It happened during her second semester when she received a call about her parents getting a divorce. By this time, a number of her classes were addressing different subjects and techniques in counseling. The truth Alice discovered is presented as an interesting play between learning and experiencing:

And you start learning all these things. And in addition to that you know you're growing up, and your parents aren't these, like, perfect invincible people…You know, you just start discovering more about your family and that sort of thing. And [the professor] made a point of saying that there [have] been so many people who have, you know, come to him or have gone through the program and have realized my family wasn't as good as I thought it was… Maybe I didn't turn out

as well as I thought I did because you start learning about your development and your system, you know, and all of those sorts of things. And so, to be learning about those things while experiencing that at the same time is very weird.

A more explicit explanation about this event came in the middle of the interview. Reflecting back on her previous comments, Alice mentioned how much she had learned about her family through calling people, asking things, and seeking out new information. Alice stressed that a lot of things that she had assumed to be true of her childhood, she now learned, had not been true. The painful part of it was that "so many feelings … were tied to it"—she experienced "a lot of feelings … in the process of discovering" these truths about her family. In other words, new knowledge from school training helped her to regulate and balance new emotional and relational struggles. One could conclude that, for Alice, care of the mind and the heart became a fundamental component of her wellness journey while in her graduate program.

Finding meaning in tough wake-up calls. The spiritual dimension of wellness, as conceptualized by Alice, is relevant to her narrative. Her tough family times (i.e., trying to handle her parents' divorce and her younger siblings' concerns) appeared to activate the process of finding meaning in it all. She pointed out that she was taking a techniques of counseling class that very semester. Connecting the dots about that experience, Alice observed that "I don't think those things were happening by accident"; she concluded that "a lot of that was orchestrated by the Lord." She also said that when thinking about this "it matched up perfectly" or linked "different pieces of my life." Alice made reference to Dr. B.'s support when she most needed it (Dr. B. does a lot of assessments for people getting a divorce). She described times of feeling "bogged down by everything," but was being helped by Dr. B. and by other "professors who express appropriate interest in my personal life and things that were going on with me."

Tying wellness into action. Throughout Alice's lived wellness experience, her emphasis on tying action into it was evident—an emergent or repeated pattern that created balance and reinforced the renewal of body, mind, and spirit. When feeling physically overwhelmed by endless work, Alice chose to not take summer classes. At times of emotional turmoil, due to unexpected events early in her graduate program, she applied what she was learning to the challenges she was experiencing and sought meaning and purpose in those trials. Another significant action was going back to get some counseling, "a big piece that was important to me":

> There's something that you need to work on…You know beforehand that you're in this 110%, and you're pouring into people and pouring into people, and you have to make sure that you don't have to be perfect. You're not going to be perfect, but you have to make sure that you're okay, at least, with whatever's going on inside of you…and so it took some time. You know I kind of dragged my feet about it, but I recently started going to counseling again. And just the month or so that I've been back in there has made a big difference. And [for] the different components of this definition we're talking about, your mind and your body and your spirit, this [counselor] is a person who is keeping me accountable in all of those areas.

Structural description. For Alice, one of the best definitions of wellness relates to self-care. She felt very blessed to have completed an internship grounded on self-care before she enrolled in her graduate program. She recalled having "to leave like four hours from work every Friday to go participate in self-care" activities. Although the master's program somehow changed those learned routines, she still sees them as crucial in helping her navigate her new path. Among many interventions as a graduate student, Alice said that getting a gym membership was a key step in implementing wellness behaviors. Being consistent with that commitment, as well as telling people, "I am going to the gym today," tested her honesty with herself and others. Surrounding herself "with people who make me feel better" was another thing she addressed. She made a habit of checking her thoughts and feelings after hanging out with friends. If her

feelings were negative, she would decide not to spend much time with that individual or group, to make sure that she was not compromising the quality of her experiences and relationships. Alice also has kept in contact with her family "even if it is difficult."

On the other hand, there are some factors that hinder her practice of wellness. One is the problem of exaggerated academic expectations. Alice thought that an element of pride creeps in (about achievements like getting all As, earning a work promotion, or getting positive feedback when submitting a video), and that this pride becomes an unnecessary burden. She intended to confront her overachieving behavior and instead do more of the things she enjoys, such as social activities and participating regularly in worship services.

Conceptual mapping task. When asked about designing the conceptual map (see Fig. 4.1 & Appendix G), Alice was struck by the idea of all the clusters being connected. At the bottom right she put her *core beliefs*. It represents things that she either thinks about herself or about any particular situation or group of people. Those beliefs play a very important role in her thoughts; that is why the arrow goes up to the *ongoing thoughts*. The ongoing thoughts and *underlying feelings* go back and forth because, according to Alice, one affects the other. The good thing is that the involvement between thoughts and feelings brought her to radical and significant *actions* (bottom left). Actions lead to *outcomes*—being accountable in some way (perhaps someone checking on her). The small oval *discovering my family reality* meant Alice was learning more about her family, gaining knowledge about them as well as about the associated feelings and actions.
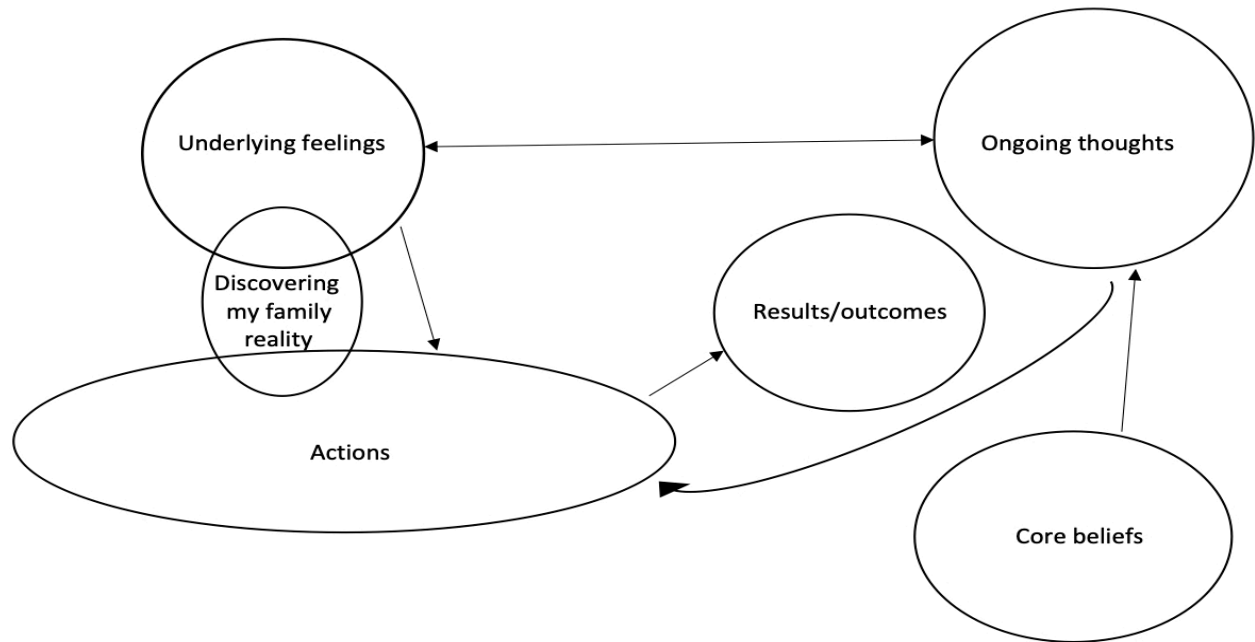
Fig. 4.1. Conceptual map created by Alice.

Blake's Profile

Blake fulfilled all the demographic criteria posted on the survey but also clearly expressed in the prescreening talk a motivation to participate. Throughout the in-depth interview, she was engaging and appeared to be at ease. Blake was 25 years old at the time of this interview; she is single and nearing completion of the counseling program.

Textural description. After listening to the audio recording file and carefully reading the transcript, I reduced the essence of Blake's experiences into these themes: (a) dismantling the lies of perfectionism, (b) getting to the foundation of wellness, and (c) being part of a community.

Dismantling the lies of perfectionism. At the very beginning of the interview, Blake pointed out the support she had received from her faculty supervisor going back to the previous semester. The faculty member's advice focused on how she could improve her experience of wellness. Assisted by a personal therapist, Blake embraced key wellness principles in the areas

of emotional expression, how to relate to others, and how to find social support. Specifically, the therapist approached these areas with Blake "in terms of not being so perfectionistic." During the map conceptualization, this theme came to the surface again when Blake referred to how the arrows went "outward and like all directions" and how she had tried to illustrate "the lies replaced by truth" (meaning perfectionism as an example of a lie).

Later, Blake emphasized that experiencing "acceptance and growth, and … grace and care for myself" helped her significantly in naming perfectionism a lie. In this context, she also mentioned asking herself, "Where is my focus?" and "What am I telling myself in terms of truth?" Blake had a hard time labeling the cluster "lies replaced by truth," but she emphasized that she felt encouraged and liberated by ending the lie about needing to be perfect.

Getting to the foundation of wellness. Two years ago Blake was in a car wreck, but she stressed that this incident was not relevant to her desire to take better care of her body. Speaking in the context of wellness, Blake said that caring for her body "permeates every aspect, because if I don't do that, everything falls apart." Similar statements came up when I asked about how she implemented wellness behaviors as a graduate student. She responded,

> The other thing that I have found that I really benefit from is having a clean diet… I'm trying to get back on that train. But being vegetarian, people get on me about like, don't do it for the wrong reasons. It's not about weight loss …I'm just trying to keep myself from falling to pieces, you know. And … while I've kind of let the vegetarian thing slide just due to finances and stuff, I think it's important to at least be thinking about what am I putting into my body, and how am I empowering and nourishing myself physically. So that's one of the [things] that's literally the foundation of everything.

Being part of a community. Using the phrase "something just kind of… clicked," Blake described how at some point in her graduate program she started attending church regularly again. Finding and enjoying a faith community has helped her change her focus from the internal

to the external. Specifically, she was seeking "spiritual growth and development." The "aha"

moment came when she was attending a Bible study on the names of God. She says,

> And one of the things that I really love about that is [that] it's not about me, it's about who God is and what He does, and His characteristics and how He is God …I haven't gotten to this yet in this study, but one of the names I'm so excited to get to is *El Roi*, which is *the God who sees me.* And not because I think that's a name that I could easily turn around and say, well, this is about me, but I'm really excited to get to that name to see…how does that reflect who God is and to turn in [my] focus from inwardly to outwardly.

Near the end of the interview, Blake returned to the theme of finding social support to strengthen

wellness. She pointed to times when crisis has hit a family and being far away from home makes

things more stressful. In her own words, "I don't think people realize how much it affects

students…If you're an out-of-state student, it's hard." What appears very interesting, based on

Blake's narrative, is that although she felt seen by God (*El Roi*), she also felt seen by her faith

community:

> It's not easy for me to make friends and feel that closeness and trust because I'm only here for four years, you know. And so having all of my social support be out of state has been a huge challenge. It's been one of those things where, that's why church is so important, because I'm incredibly blessed that I came to the church that I came to… And they're very big on church government. So we have the pastor, we have the elders, we have the deacons, and then our elders and deacons have members that they shepherd… they shepherd in teams. So I have my shepherding team… they check in with me, they contact me, they make sure that I'm doing okay. If I'm struggling financially they'll see what they can do to help. Like, having a church body where I'm actually experiencing what church is supposed to be like has made a huge difference. When I'm struggling to find that social support, if nothing else, I can rely on the church government.

Structural description. Blake did not hesitate to share that she had recently been put on

remediation. It was not a punitive leave; "it was actually because of this concept of wellness."

Her professors, site supervisor, and advisor all came together to help, and they recommended

that Blake slow down her progress through the program. She needed some rest, some space to

work on some things, and also some time for the spiritual side—things possibly "touching on

that concept of mind and spirit…caring for those aspects of myself." A military kid, Blake's view of socialization and social support has been a little different from that of other students. This is why the faculty committee, when addressing the issue of remediation, directed her to search out that side of well-being: Join a healthy community.

She added that "my brain just is not my friend" and that she has sometimes needed to take medication. However, she stressed that she accepts that pills and diets do not resolve every issue. Most importantly, Blake strongly indicated that "you have to find a way to have wellness even in a depressive episode." It has been helpful for her throughout her wellness journey to vocalize her struggles; she has always been able to ask for help when it is needed.

Another key factor in how Blake has implemented wellness principles relates to her self-awareness. She explained that there are times when clients assume that as a counselor "I have it together" or I "have all the answers," thinking that her life is not difficult or that she knows everything. However, she has taken a different path fighting against that perception. She has embraced the reality of "I'm struggling just as much as you are," though she takes on the ethical responsibility of being a healthy person in the counseling room.

Conceptual mapping task. Blake's descriptions of the conceptual map (see Fig. 4.2 & Appendix H) started from the bottom-right side in the rectangle labeled *foundation.* By this cluster Blake implied that the physical body, for her, permeates or affects everything, such as the left-of-center square labeled *truth and focus,* and the rectangle, at top left, labeled *lies replaced by truth.* All of it connects with the rectangle at the top right called *recent Hx* [i.e., history] *highlights need for wellness*. As a side note, it is valuable to note that in the actual map, both rectangles at the top—both sides of the map—had a cross shape, stressing how significant the spiritual elements or components of Blake's wellness conceptualization are for Blake. By the

square labeled *grace and care for myself,* she meant that not everything has to go according to the plan, including the experience of going into remediation. Blake also highlighted that "grace" encouraged or influenced *acceptance and growth*; she had a really hard time teasing apart those two aspects, because to her they seemed so intertwined. Moreover, she remarked generally that all the clusters just feed into each other or are interconnected. This explains why arrows go in many directions from the foundation cluster.
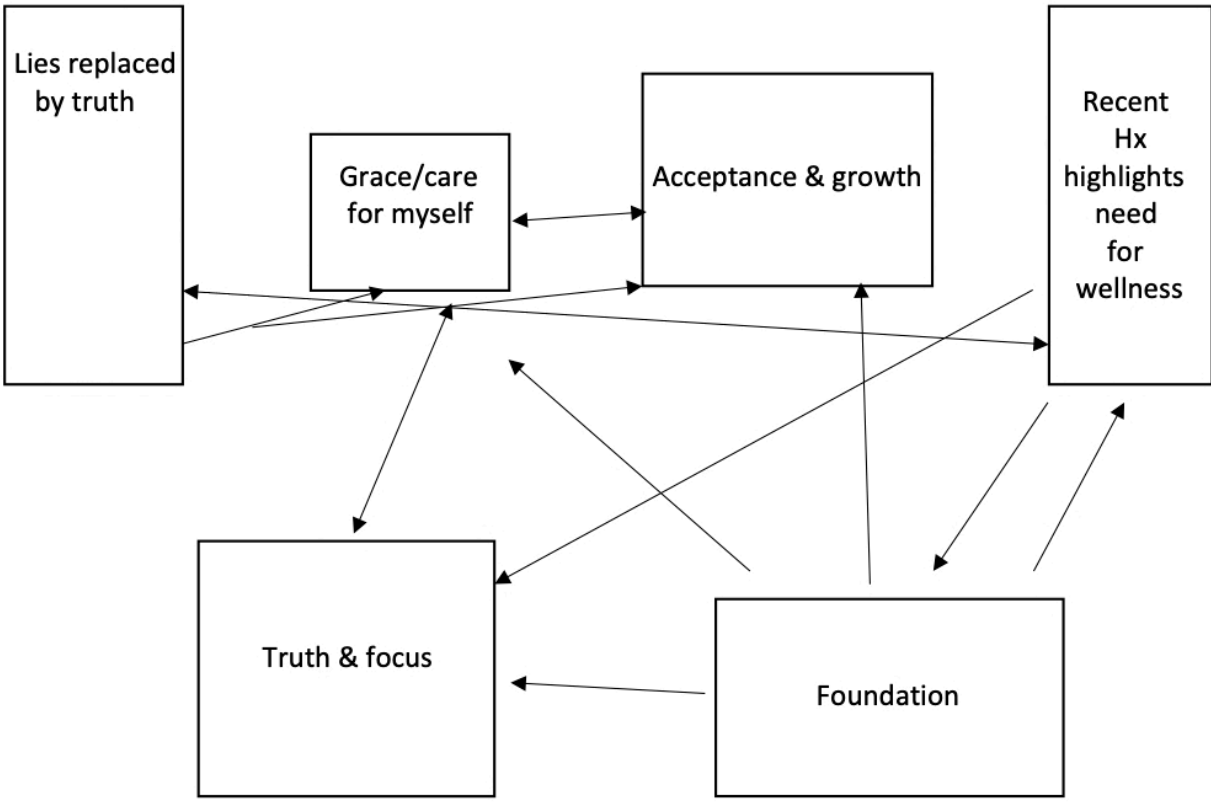
Fig. 4.2. Conceptual map created by Blake.

Callie's Profile

Callie's remarkable experience of wellness situated her at the top of the final seven, as indicated by the prescreening results. Her interactions throughout the in-depth interview were very insightful. The topic of wellness is something that seems highly important to her; she is not

only knowledgeable about it, but puts its principles into practice. Callie was 25 years old at the time of the interview; she is engaged and plans to marry soon.

Textural description. An exhaustive analysis of Callie's audio recording and transcript data brought up these four themes: (a) regaining a passion for counseling, (b) finding balance through right priorities, (c) setting boundaries to build caring relationships, and (d) becoming holistically well.

Regaining a passion for counseling. By the end of year two of Callie's graduate program, she was shaken by a physical, mental, and relational breakdown. It was related to her workload, first in working with autistic kids, and later in working with adolescents with mental health diagnoses. Callie asserted that the latter position took an even bigger toll on her than the first, leaving her with no time to take care of herself at the end of the day. Then one particularly tough experience at work made her feel like "I was losing my passion for counseling." Elaborating on this, she explained that

> I was burning out, essentially… I was over it. I didn't want to work in mental health anymore, not to the point where I wanted to quit the program. But I didn't want to work my job anymore… I was losing wellness. I was losing working out, I was losing the things that I loved that reduce my stress. The time that I spent with my family, the time I saw my fiancé, was just decreasing slowly.

Something that helped Callie to retake her passion for the counseling profession was taking a step back. By this, she meant refreshing her mind and reevaluating where she was and who she was, and returning to her wellness routines.

Finding balance through right priorities. The word *balance* was used by Callie several times during the in-depth interview. She emphasized that her "personal wellness definition changed because my priorities changed." Giving more details about that significant phrase, she said,

> I was working full time. And I was working 40 hours a week in homes that were arguably not healthy. And it was a lot of stress on me.…I was at home doing work, but at the same time I was also a full-time student. So I was working full time and I was a full-time student, and that quickly became extremely stressful and hard.

Trying to balance her life, Callie found that she had to stop "because it's now nine o'clock at night and I haven't talked to anybody." Finding that balance—that is, learning when to cut work off—was helpful. She also had to say to herself, "I need time with my family" instead of doing busywork or overly meticulous things (i.e., driven by perfectionism).

Setting boundaries to build caring relationships. Another core theme throughout Callie's narrative was that of handling interpersonal relationships and boundaries in the context of wellness. Her goal was to keep interpersonal relationships healthy by setting clear boundaries and establishing healthy patterns. One of the challenges came from "trying to make everyone happy" as far as her family was concerned. Living far away from home, and having to say, "I can't come visit you," or "I can't see you," put a lot of stress on her. So she invested in family by staying in touch regularly, but she set boundaries by not visiting every time she was asked to. Additionally, it was interesting to me that Callie associated the concept of setting boundaries with the word *sacrifice*; this was probably an indication of the personal cost of applying this principle.

> I got engaged in 2018, and that kicked in. And I had to add obligations in my personal life… as far as planning a wedding and figuring out what needs to be done with that. My family was really excited for me to be engaged, as I was as well. Right, and so they wanted to do all this stuff and make big experiences for me, and I just didn't have time. And that was really hard because I had to sacrifice things that made me happy, such as the time with my family and…planning my wedding. And I had to sacrifice that because I needed to finish this program.

Becoming holistically well. By this, Callie meant the different approaches she uses to implement wellness. According to Callie, living a holistic life involves, first, being physically fit;

exercise helps her to alleviate a lot of stress. Second, it incorporates being financially secure while attending graduate school. Third, it includes doing "something that I love…something that can be my escape from counseling when it gets stressful"—in other words, an activity that helps her unwind and keeps her from burnout. She indicated,

> My burnout, my satisfaction, how happy I am with this program has completely shifted in this last year, now that I've been able to take care of myself a little bit more, and [I've] kind of taken time to reflect on what I want and what I love to do. I've been spending more time with my family. Granted, my time has been limited because I'm doing more things, and starting a business in the midst of finishing [a] graduate program is a little crazy. Some people would be, like, why would you ever do that. But for me, I crave being busy and doing stuff that I love, and I don't like just sitting and, you know, not doing anything and so that fulfills me… I'm working out again, and balancing my time to where I'm doing counseling, and [working] part time for my internship—obviously unpaid—and I am also doing wedding photography on the side.

Elaborating a little more on what is meant by being holistically well, Callie explained,

> This last year my definition, or how I've been fully living a holistic life through mind, body, and spirit, has changed me, to the point that now I see myself going to get my doctorate, which, a year ago, I would have said, absolutely not…I'm not even sure if I love counseling, I'm not even sure if I love this, the field of mental health anymore. But now that I've completely shifted and reflected on what I love to do, and [I've] figured it out… that balance that works for me…My love for counseling and mental health has completely been replenished.

Structural description. Callie started the conversation by describing how well she had done at the beginning of the counseling program. She was living a very balanced life in terms of wellness, and was making pretty good money with a very flexible job as a nanny—this family even allowed her to do schoolwork when needed. However, everything changed when she decided to get some clinical experience. How she got out of that desperate and distressing situation was, first, by spending quality time with people she loved and respected, and who had always been there to support her. She also was able to find time for herself by doing things that she loved, like photography, and things that allowed her mind to take a break from counseling.

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Moreover, Callie allowed herself to be flexible; she took time for reflection, and she learned from her mistakes. School assignments like self-reflection papers became opportunities for growth. Although her parents are divorced and live in different counties, she found a way to spend quality time with them both once in a while.

Conceptual mapping task. In Callie's conceptual map (see Fig. 4.3 & Appendix I), the oval at the top left, labeled *personal*, indicated things she has dealt with personally. In the center she drew a triangle, because the three different points represented "me, my fiancé, and God," as well as how "we really kind of balanced that together without the inclusion of my family." She labeled *barriers* to indicate protection, boundaries, and balance—and the sacrifices she had made to keep practicing wellness. The octagon had different meanings, such as a broader definition of wellness that includes the body, mind, and spirit's dimensions but also incorporates Callie's extended family—represented by the many sides of this geometric shape. The lines signify the progression or flow of her wellness journey from struggle to fulfilment.
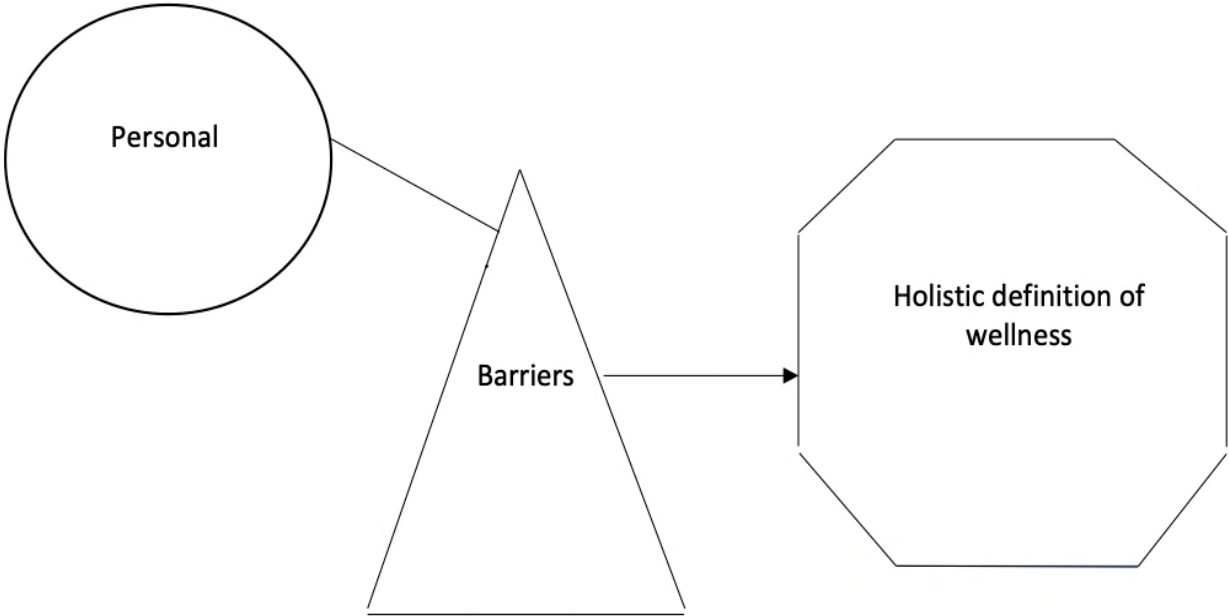
Fig. 4.3. Conceptual map created by Callie.

Danielle's Profile

Danielle's narrative and her deep insights on the topic of wellness made her one of the seven students selected. Danielle said she likes to spend time with her boyfriend and feels proud of having a mixed Southeast Asian–White ethnic background. She was 26 years old when the interview occurred.

Textural description. The general themes emerging from Danielle's lived wellness experiences were (a) valuing the benefits of mentorship, (b) keeping her mind off school, and (c) learning to say goodbye.

Valuing the benefits of mentorship. Holding membership in the international society Chi Sigma Iota has brought some advantages to Danielle. She was able to benefit from some feedback from master's degree and doctoral degree students during their last year in the counseling program. She has found her membership to be very helpful, giving her a chance to grow, collaborate with colleagues, learn what is and is not important, know how to interact with professors, and understand what to expect in the future. Danielle reported that other professional counselors became "really good role models for me." She has observed professionals with more structure and less structure in their lives and has learned from both. Danielle's observations of her mentors have extended from the professional level to the personal; she has learned that it is possible to have a balance between career and family. She said, "If something happens in my family, I can say no to my career for a season, and come back to it at a different season, and that would not diminish my identity or anything." Danielle learned that principle from her site supervisors, a married couple; they operate the center where she completed her practicum. She described her practicum experience with this couple as "refreshing" and like "a second home."

Keeping her mind off school. Since starting graduate school, Danielle has become more and more involved in art. She spends hours woodworking or painting, turning her mind off from what is going on with school; this takes her stress away. In her interview, she wanted to communicate multiple wellness strategies to balance school, work, and leisure time—disconnecting or and finding rest, putting away schoolwork when on a break, and having genuine relationships. This is how she tried to put it all together:

> And before this semester for, like, three semesters I was able to open up my house to do movie nights, and dinners with my friends …[T]hose [friends] are from my undergrad [days], which was very nice to be able to separate learning how to be a counselor, and from my counseling classmates, and my social life. I think that was really helpful for me, because I realized that… a lot of my counseling peers… would talk a lot about counseling topics, even…outside of classrooms. Whereas, I don't want to be around that all the time, and being with my friends was so helpful—like we would go hiking, we would watch movies, we would joke about different things, go to church together, cook, have game nights, and that helps me balance out my life a lot.

Learning to say goodbye. During her first year in graduate school, Danielle recalled a field trip to an orphanage center in Mexico. She had been reading and journaling about third-culture kids, a group she is part of. Third-culture kids (often children of missionaries) are children who spent their formative years in places that are not their parents' homeland. Danielle remembered from the book on third-culture kids that for them it is hard to say goodbye; when the time for departure draws near, "they will close themselves off." She rejected this idea for a little, refusing to accept it. These are her recollections:

> I told myself as I was reading [about third-culture kids that] I would never do that. But then a few hours later, it was time for dinner. And I realized that halfway through dinner, or toward the end, I ate dinner all by myself before everybody came in for their dinner, and I just left [when I was done]. And while I was leaving, this co-worker came in and he said, "Do you know that in the Mexican culture we wait for everybody to eat dinner together?" And then I realized [that] I was avoiding people, because I knew I was going to leave in two weeks. And then I journaled and I started crying and crying and crying. But then, it was really refreshing, because God helped me, like, heal from that experience. I learned that

I can't avoid people leaving in my life, and maybe leaving people's lives [myself]. A few days later, or actually two weeks later, before I left, I wrote a goodbye, like a thank-you letter to the team.

Danielle was not only able to write the letter, but was also able to read it to her team. She said "that was very therapeutic for me" because of her struggles with this in the past. Moved deeply by this subject, Danielle seemed to associate this experience with enhancing her identity and learning who she is. She put it this way:

I realized that for my first semester, we talked about counselor identity. And one of my professors talked about closure and how important that is. And I realized that in my life I haven't had a lot of that. And I would just say, okay, no, no closure. And I would just move on. And so being able to read my own letter out loud to the staff at the orphanage and having them share something that they appreciate about me, or something that they've learned from me, that was a very good time for closure and the very good experience that I actually needed. But I haven't had much of it. And even in the class that ended before me going to Mexico, my professor talked about closure. She did a session, a group session on closure, too. And that was very therapeutic for me as a person.

Structural description. Danielle explained that although she heard about self-care throughout her undergraduate years, the concept only became clear when she began her graduate program. The challenge then was "How do I take care of myself?" She thought at first of practical steps, like going to bed early, but the really big issue for her was knowing "who I really was." During her first year in the program, she began to understand her tendencies as a third-culture kid. Danielle is a missionary kid whose dad is American and whose mom is Asian. Thus, Danielle grew up in a different culture around very few people of a similar background. Reading and journaling about third-culture kids helped her to learn a lot about herself, about why she had those emotions, and about why she does things the way she does. According to Danielle, "That was very helpful because it cleared up a lot of questions that I had, that I didn't even know how to ask. And it also helped me understand who I was as a person." Part of her parents' missionary

work in Asia involved working with orphanage kids. Thus, journaling about all of those early experiences seemed vital for her growth and overall wellness. She stated,

> I was looking back at my journals. I could see that I grew a lot, and that was very helpful for me to develop my counselor identity, because I grew up as a people pleaser—especially on the field, where my parents would serve a lot of people. And I learned how to do that, too. But I didn't like, I didn't know how to integrate myself well into the person that God created me to be. And I learned how to create better boundaries from learning about myself. I was able to relate with people in a deeper sense… Because I was more integrated as a person, I was able to have more genuine conversations with people, and that was really good for me.

Conceptual mapping task. As Danielle created her CMT, she emphasized how much she has grown and matured (see Fig. 4.4 & Appendix J). The conceptual map especially helped her to figure out what she wants to do in the future. She said she had never applied this kind of structure to her life before. The map starts with the *understanding* block in the bottom right corner: By this cluster, Danielle meant having a better understanding of herself. Then all the experiences throughout the graduate program from her field trip to Mexico (the circle marked *advocating*), and the *fellowship* and *refreshing* clusters, point back to that understanding. According to Danielle, all of these clusters have significantly influenced her understanding of who she is. *Grounding* stands for strengthening her identity and maturing into the kind of person she wants to be. The *integrating* oval has significant importance as well because it represents things that she doesn't want to neglect as a professional counselor. It includes her relationship with God, with her future husband and children, and with other vital components of a balanced life.
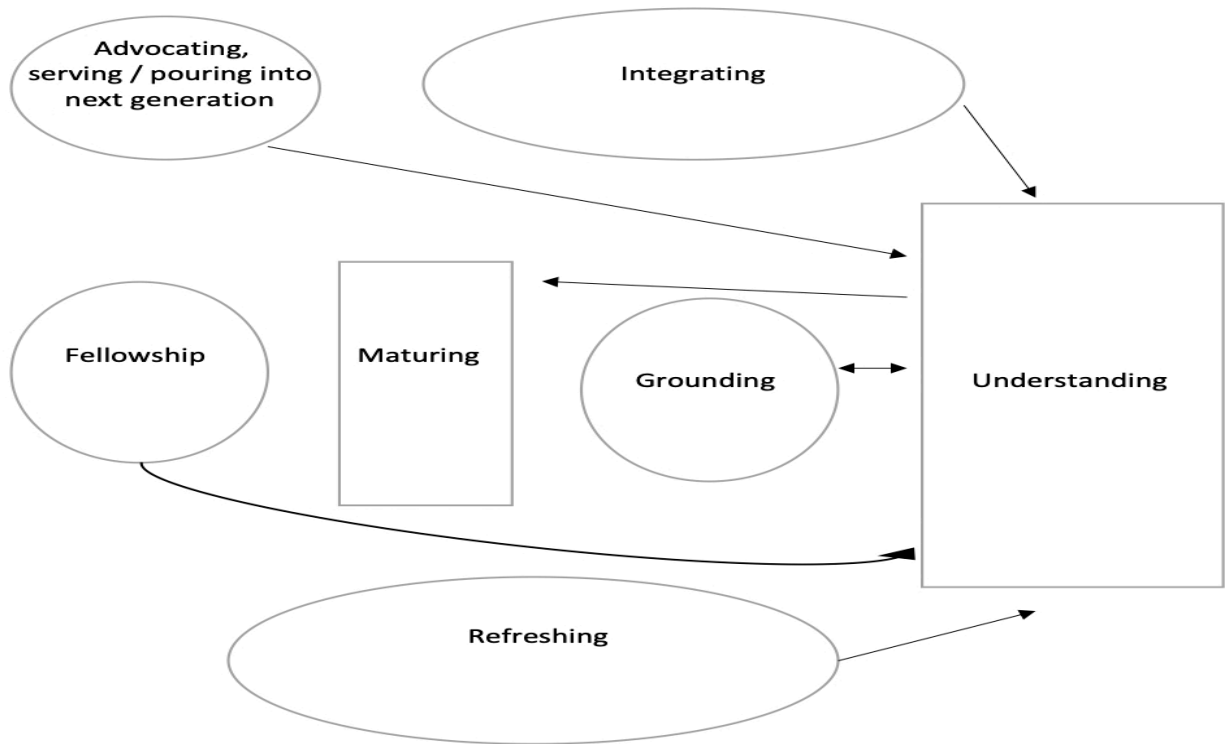
Fig. 4.4. Conceptual map created by Danielle.

Ellie's Profile

Ellie's prescreening evaluation showed her knowledge and commitment to the practice of wellness in graduate school. By the time we scheduled our in-depth interview, Ellie was dealing with a cold. However, it did not seem to affect her ability to fully respond to all the questions. Ellie, 25 years old at the time, had been married for almost two years, and is expecting a baby this summer.

Textural description. After reviewing Ellie's audio recording and transcript about the essence of her wellness experience while in the counseling program, I noticed three themes: (a) putting self first, (b) simplifying life by adjusting one's social life, and (c) taking a break without earning it or deserving it.

Putting self first. According to Ellie, one of the hardest parts of her experience in the graduate program was in the fall of 2019. She and her husband had moved into a house, and they opened part of their home to four girls. Soon she found that they were ceding most of their space to their guests. At the same time, her supervisor was concerned about Ellie's high scores on an assessment test for secondary trauma. Her symptoms were the result of her work with her clients. It was then that she realized the need to make some changes in both her personal and her professional life. At home, although she and her husband wanted to be hospitable and gracious, they had to change their previous philosophy with the girls of "Everything that's ours is yours. You guys can all share everything."

> And I've always kind of had a Jesus room, that's just mine, kind of like a prayer closet. And in these times where I was feeling really stressed and anxious, I'd come to the Jesus room hoping to just cry before God. And I'd see a coffee mug with the steam coming out as if someone was there and just in the bathroom or something. And I realized… that shook me, and I was like, "I need to have a place where I can be private with God right now, because that's like my only anchor. And I don't know what I'm going to do if I can't have that space." So my husband I talked about it, and he was really understanding and sweet. And we communicated kind of some new boundaries with the girls that I needed my own space to be alone with God. And I love playing the guitar as well, and just kind of making up songs as I'm praying. So I've had a space where I felt like I could do that privately.

This experience made Ellie feel that she was taking better care of herself: "I felt more whole." She also recalled her professors' advice about burnout and compassion fatigue—the reminders she had heard from day one to take care of herself. Ellie added, "It's hard because there is not really a clear-cut answer for what [self-care] is; it's different for everybody." She was used to putting others first, but Ellie realized that "although it was uncomfortable, and I even feel uncomfortable saying it…I needed to put myself first."

Simplifying life by adjusting one's social life. Another challenge for Ellie's transition from undergraduate school to a graduate program was trying to figure out how to adjust her very

active social life. She felt ill-prepared for that change, because social activities were something that she enjoyed a lot. But because of her workload, she had to establish boundaries and learn to say no to people, even though she wanted to hang out with them. Ellie had to significantly reduce her social interactions. She said,

> That was a change for me. And even though I would say I have a good number of friends here, there's two that I will consistently hang out with… and I just kind of say I'm sorry, I'm busy. Because I just can't spread myself that thin anymore. So, that's kind of the unique change in grad school that I think has made me feel more well. It made me feel more known and not as tired trying to balance all these different friends and … their lives.… It's been for the better. I think even after grad school I think I've learned that it does make me feel more whole, and it simplifies my life, you know, to not be spread so thin…

Taking a break without earning it or deserving it. Two important events in Ellie's narrative that illustrate this concept were participating in a triathlon and taking a two-week break in the middle of a semester. Once she had set her mind on competing in the triathlon she started training almost every day, feeling fired up and encouraging others to try it, too. Two mornings a week she biked, two other mornings she swam, and then perhaps two afternoons a week she did some running. She found it "immensely" helpful; she felt well and confident and "fascinated by my lack of stress." Later, Ellie observed,

> And by the time I came to school, I was ready, because I'd already been up and exercising, and I looked forward to it. It was something I was proud of. It was something I wanted to do, it wasn't something maybe like school at times where people were like "You need to turn in this assignment"—it's like, I want to do this. That was an experience I'm really glad I had. That definitely made me feel like I'm accomplished… It was one of my favorite semesters.

The other important event was taking a break in the middle of the semester. This was something she had planned with her husband before the arrival of their baby. The break was significant for a particular reason: Ellie had always believed that she needed to accomplish something before she could experience the reward. However, her husband had a different

approach: He likes to relax for no particular reason, by doing nothing to deserve it. She points

out,

> I remember just processing how uncomfortable I was [about] just doing
> something that seemed lazy, but also how relaxing it was. And so, I think one of
> the things that I've learned in marriage that has helped me relax and take care of
> myself more is, I don't always need to deserve a break. I can just take one! It
> [doesn't have] to be something I earned! And I think that's helped my husband
> and me connect.

Just two weeks before this interview, near the end of her graduate-school experience, Ellie

returned from a short but relaxing and fun vacation. This is how she described it:

> I think if I had done that in my first or second year, I would have been very
> nervous about what my professors would think. You know, "she doesn't care,"
> and I'm not good when I'm away from school. When I'm away, like, I don't look
> at email or anything. And so it was freeing to be able to not have to worry what
> my professors were thinking, and the experience was just fun with my husband.
> We were in Florida, we were in Arizona. It was really fun.

Structural description. Ellie is an outdoor person who practices a lifestyle involving her

body, mind, and spirit. She grew up being very active physically; she always has enjoyed long

walks outdoors, and that habit has been very helpful for her in graduate school when she has

needed to cope with anxious feelings. Ellie plays worship music, too, to calm herself and also to

connect her body and mind in praise to the Lord. Other personal outlets include being creative,

reading for fun, and photography. During her graduate program, she has also learned more about

food and cooking. Ellie says that all these creative interests—"giving myself the space to read

and imagine and dream"—have been "really helpful also in kind of experiencing wellness."

Conceptual mapping task. For Ellie (see Fig. 4.5 & Appendix K) the matching of

clusters and shapes made her pause and think. Pointing to the triangle shape, which she labeled

crisis, she said it represents her thinking about her relationship with God, because when she was

desperate in crisis He became her rock. The other two sides of the triangle represent Ellie and her

husband experiencing the crisis together. Once she started making changes in her life, this created *structure*; that is why she selected the rectangle shape, since for her boxes are organized and structured. It also represents the time she felt compelled to implement self-care, making a schedule and setting priorities. Finally, the big circle/oval—her favorite shape—suggests a sense of strength, peace, and life. There was also a kind of sequence of steps from the crisis, things that she needed to change to feel *whole*. She decided to represent hope, between change and feeling whole, using the rainbow. Additionally, as a researcher, it was gratifying to record Ellie's comments about the difference in the number of Post-it notes in the clusters (she posted seven Post-it notes under the crisis cluster, but fourteen notes on the simple-and-whole cluster). In reference to this, she said,

> I think what is interesting, though, is how much power those few [crisis] things have… I need all of this in order, you know—I was trying to figure out how all of these connected. And…I don't think I could experience any of these [good things] without implementing all of these [changes]… even though it's just seven [bad things], because those crisis things were all so powerful. So it was just a few [crisis] things that can look like a bunch, but these simple themes of Jesus time privacy, but also having connection with friends, and boundaries, can look like a whole lot.
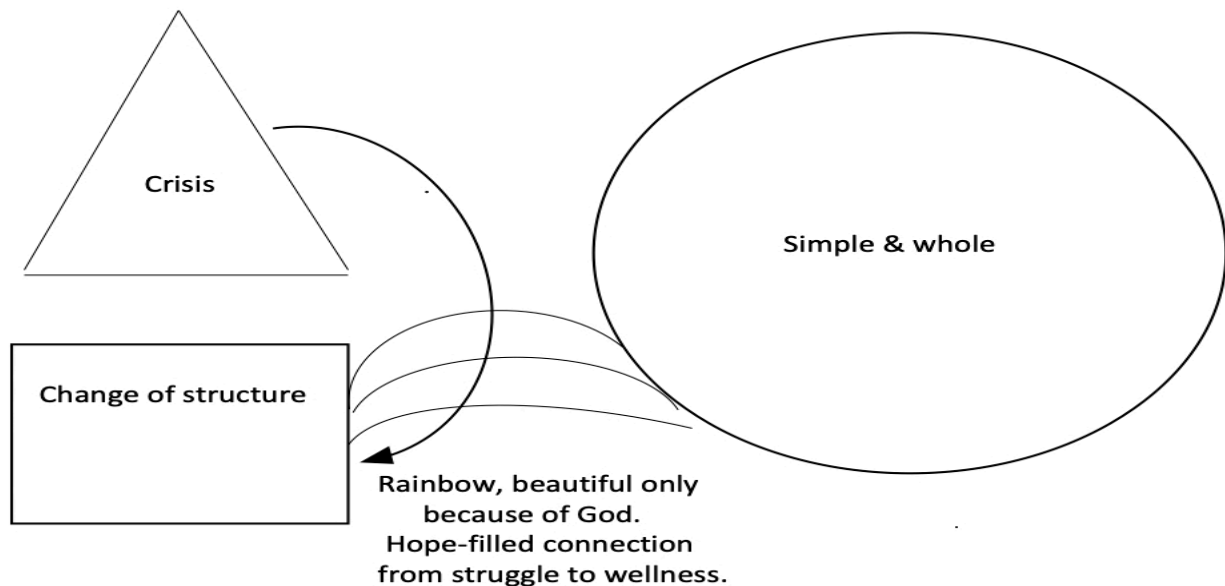
Fig. 4.5. Conceptual map created by Ellie.

Francine's Profile

During the prescreening, Francine described the value she has assigned to the practice of wellness. Her engagement throughout the in-depth interview was evident. It was a Friday at noon, after a long week of work, but that did not deter her from participating. Francine was 24 years old at the time of the interview; she noted that she had been married the previous year and that she was planning to graduate in a few months.

Textural description. An exhaustive analysis of Francine's narrative, as recorded in the audio recording and transcript, suggested the following core themes: (a) healing holistically through journaling, (b) sticking to wellness routines, and (c) avoiding making wellness just another assignment.

Healing holistically through journaling. The use of the gerund *journaling* appeared in Francine's transcript about seven times. She referred to this activity as a priority and a key factor in identifying her sources of wellness. A seminal experience related to journaling occurred when she was getting married and felt lonely, because several close friends were leaving town after graduation. Francine said,

> And it really affected my wellness. I wasn't taking care of myself. I was just, I find when I'm really stressed I don't eat. And so I wasn't eating enough, I wasn't exercising, I wasn't really taking care of my mental health, I was just going. And I remember one day sitting in my car, and God told me: "I want to spend time with you; you're not alone because I'm here." And so I just remember journaling for hours and hours, and at the end of journaling, my best friend called me and it was just a reminder that God is first, and then He provides other people to help us on that journey.

Francine emphasized that journaling has become for her a medium of mental and emotional healing. During the designing of the conceptual map, she again spoke of the benefits of journaling, saying,

I didn't know about wellness, and so…I was often lonely because I wasn't taking care of myself and … [I was] just being overwhelmed. [I] didn't know how to handle those feelings. However, I think it was this situation that kind of forced me to start having a healthier routine. Oh, …[and] not starting my practicum strongly enough [occurred at] the same time. So…I guess I was journaling and trying to think of the things [I needed to do].

Sticking to wellness routines. Francine pointed out that people often describe her as disciplined. She acknowledges that she is good at "just getting a routine and sticking to it" because routines provide structure and a clear plan. So, to maintain wellness, Francine now goes on runs while listening to worship music, or just goes outside. She plans meals to strengthen her physical well-being and stays connected with her mom for her relational well-being; she and her husband set aside some time every evening around 8:30 p.m. to talk about how their respective days went.

This past year, as she was feeling overwhelmed with many things, Francine experienced again the benefits of routine and balance in maintaining wellness. She was newly married, starting her internship, and filling in for a professor for about two months, all in the same semester. Recalling that experience, she remembered,

I was trying to figure out how to do that whole thing, and I think what was so foundational during that time was my routine in wellness.… During that time I knew that I had to get enough sleep. I thank the Lord I've never had a problem falling or staying asleep, so I made sure every night I was sleeping enough. Every morning I was making sure that I was doing my devotional, even on days I didn't feel like anything. I just knew that I needed to just connect with the Lord. Praying before my sessions was the thing that really got me through most of the beginning when I was so worn out, to think, "God, I need you to give me wisdom on this because I know I did not prepare enough." Yeah, and just taking the time for myself… As I learned more about therapy, about different theories, I kind of tried to apply some of that to myself.

Avoiding making wellness just another assignment. Although Francine characterizes herself as someone who establishes routines and follows them consistently, she has tried to avoid

seeing her wellness routines as just more tasks to be completed. This is tied to the issue of perfectionism:

> I praise God He's really worked on me. I'm not so perfectionistic anymore, but I've noticed that's been a challenge letting go of a lot of that.… So, okay, journaling, for instance, it's like, "Oh, I only journaled once this week. Oh, I should have done it twice probably, but that's okay. You know, I did it"—and wellness kind of loses its point if it becomes an assignment.

Structural description. Francine acknowledged that she was not very aware of wellness as a concept, especially at the beginning of graduate school. Courses that helped her to think about wellness were Human Growth and Development and Group Counseling, as well as her professors' emphasis on the subject. Her focus initially was on counseling others, and she only realized later her need to become a healthy person herself. She recognized, wisely, that her own wellness would benefit both her relationships and her counseling performance. She felt thankful to the faculty supervisor who told her that even though she loved her clients, God loved them more and would take care of them, too. Another helpful piece of advice from this supervisor was the reminder that clients knew she was a student and that she did not need to put a great amount of pressure on herself.

Conceptual mapping task. Francine's map (see Fig. 4.6 & Appendix L) starts from the bottom left with the oval *life without wellness*. The following cluster, *moment of crisis*, has a stop-sign shape, suggesting that she had to pause and realize "what was happening and what needed to happen." She also identified this as the precipitating event of what came later. The next circle represents things she started implementing, saying to herself, "I'm going to make it." The triangle illustrates her new, strong foundation—the integration of mind, body, and spirit, all coming together. The rectangle labeled *baby steps* reminds her "of a chimney of a house" and represents the things that transpired, the little routines she has implemented in her life. Finally,

the star stands for the gold pieces—the things that have blessed her and that she considers the essential pieces of wellness. Reflecting on her map, Francine saw it in terms of a timeline; wellness is truly a journey of figuring it out, and those shapes and arrows did not come naturally, "even though you would expect them to be natural."
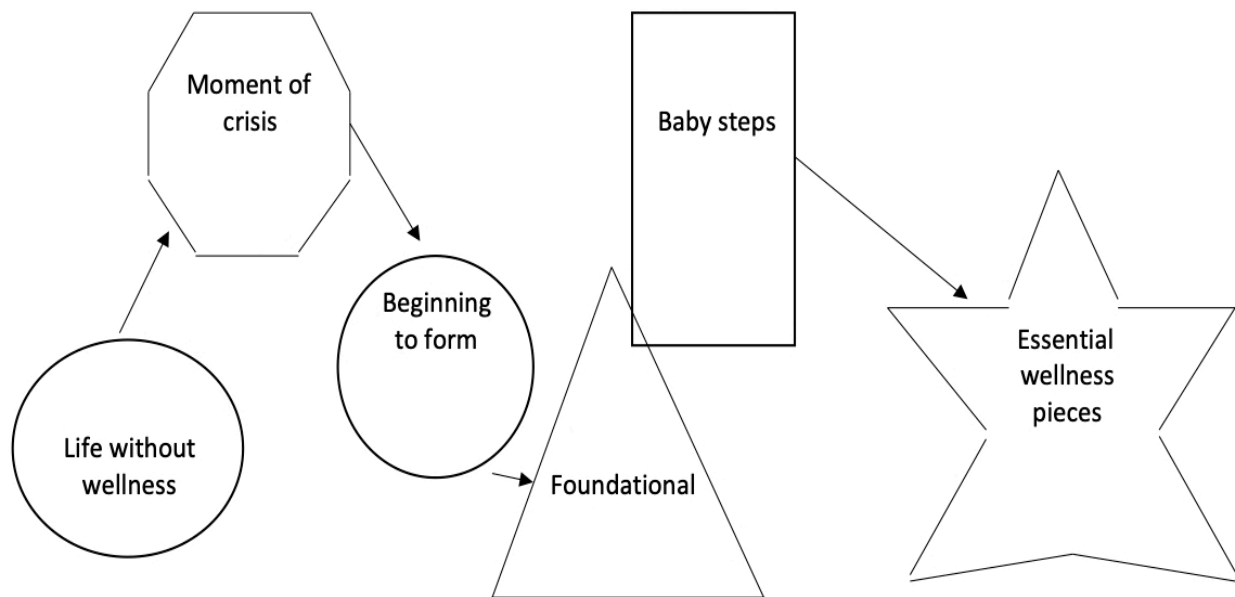
Fig. 4.6. Conceptual map created by Francine.

Hope's Profile

Hope came for her in-depth interview after a few hours of rest following a 24-hour shift. However, fatigue did not affect her engagement or her active participation in responding to the research questions. I expressed appreciation for her effort and commitment to the study. When given the chance to choose a pseudonym for herself, she picked "Hope." She was 24 years old at the time of the interview, single, and identified herself as biracial (Hispanic-White).

Textural description. The central themes emerging from Hope's lived wellness experiences while in her graduate program were (a) growing through failure, (b) starting healthy habits, and (c) thriving instead of surviving.

Growing through failure. One of the key experiences of wellness for Hope during her graduate program happened when she was co-leading a counseling group. Hope approaches her responsibilities seriously; she "always wanted to be excellent" and hates seeing herself as "weak." She likes to be "self-sufficient," setting "very high standards" or "high expectations of myself" for her career. Addressing these issues, she commented,

> I'm a perfectionist, and so I stayed busy…I have to do the most, and it has to be the best. I don't always make time for wellness, because I like to see tangible results, if you will, I got all of this homework done, or I got in this many direct hours this week, or this many indirect, until [it] becomes more…like a checklist, because it makes me feel accomplished.

The precipitating event came when one of the students under her care in the counseling group became really vulnerable, in a way that none of the group members expected. That student finally walked out of the group. Somehow Hope blamed herself for this, feeling that she did not do a good job as a leader—an idea that she "couldn't process." She pointed out,

> So…that was a very…sobering moment for me, and I had to decide whether or not I wanted to continue in the program because I was… beating myself up about it. And so, even just regarding wellness, I had to invite people into my life, into that moment of feeling not good enough, to help remind me of the reasons that I was in the program. And so, I mean, it's one ability. It's not easy for me, but I've found that with community and people, and surrounding myself with people who care about me, and who can remind me of why I'm doing what I'm doing, it serves as an encouragement to me.

The integration of mind and spirit seemed to help Hope grow through what she considered a failure. She later experienced a lot of healing and sensed the Lord saying, "You are not perfect, and you are a student, and you are learning." Expanding on her feelings about this learning event, Hope said,

> And so having to really assess, "God, am I even good at this?" was definitely something that allowed me to become more secure in the fact that I have put in the work to align my will with His will. And being able to rest in [that] fact regardless of what difficulties happened since then or what times I feel like I failed.

Starting healthy habits. The crisis in Hope's career brought her closer to God but also led her to implement new health habits. These changes related to addressing two significant health issues: her sleep routines and her eating patterns. By the time of the crisis, Hope's sleeping pattern was poor because of the amount of work she was handling. She had two different jobs on top of being a full-time residential student, and all this significantly affected her sleep. Consequently, she changed a lot of things to help her achieve better and longer sleep— meaningful rest. Regarding her eating habits, she did the Whole30 diet, which changed her need for caffeine. She said,

> Based on the natural energy that I was getting from the food that I was eating, I felt healthier—just in my body I felt less encumbered or burdened. I just felt lighter. And again, like natural energy, I could just wake up and be okay. I wasn't as groggy in the mornings, kind of waiting for my coffee, and so I do remember that after I did the Whole30, I feel like that was like a whole new ballgame for me, because I maintained [it]. I did it for like 30 days, but I maintained most of the aspects of that diet for several months after. And that was a really great experience for me because I was stressed handling a lot of what I was handling. And so being able to feel okay in my body and not sick was really good. It was like something was taken off of my plate of things to worry about.

Thriving instead of surviving. Hope remarked several times that she had felt early in the program that she was in survival mode when "ideally I would like to be thriving, not just surviving." Today Hope seems to be thriving—looking beyond the mistakes, becoming stronger, developing different areas of her life, and being more flexible with herself.

Structural description. Hope believes that she is making it through the program because of her peers and friends. In her opinion, isolation is something that hurts graduate students, who need help on occasion to mentally process what they are learning. For Hope, it has been very helpful to have people in her life who hold her accountable. She discovered the benefit of setting boundaries, "healthy and physical boundaries," through that community, and feels that they

"played such a huge factor for me." Additionally, Hope mentioned the blessing of connecting with the Lord, seeing and enjoying His beautiful work in her life. At the end of our interview, a sense of fulfilment, purposefulness, endurance, thanksgiving, and accomplishment was evident when she said, "You know, we're looking to buy our caps and gowns; it is exciting to see that."

Conceptual mapping task. Hope's mapping task (see Fig. 4.7 & Appendix M) starts with the *empty and lacking* circle at bottom left. It represents her flaws leading to *the unknown*, which is a spiral. From there it connects with the *healthy boundaries* square, which symbolizes protection. Then, according to Hope, starting with simple steps, the square of *healthy boundaries* leads to the upward arrow pointing to *growth.* Then it moves to the cloud of *hope,* and from there toward the triangle labeled the *process of sanctification.* For Hope the triangle is also a symbol of the Holy Trinity, the source of her knowledge, purpose, and vocation. Looking at the map, Hope observed,

> I mean, it seems pretty. For the most part, balanced. The structure helps create a foundation, but there's so much freedom in that. But eventually [it] leads toward something bigger.
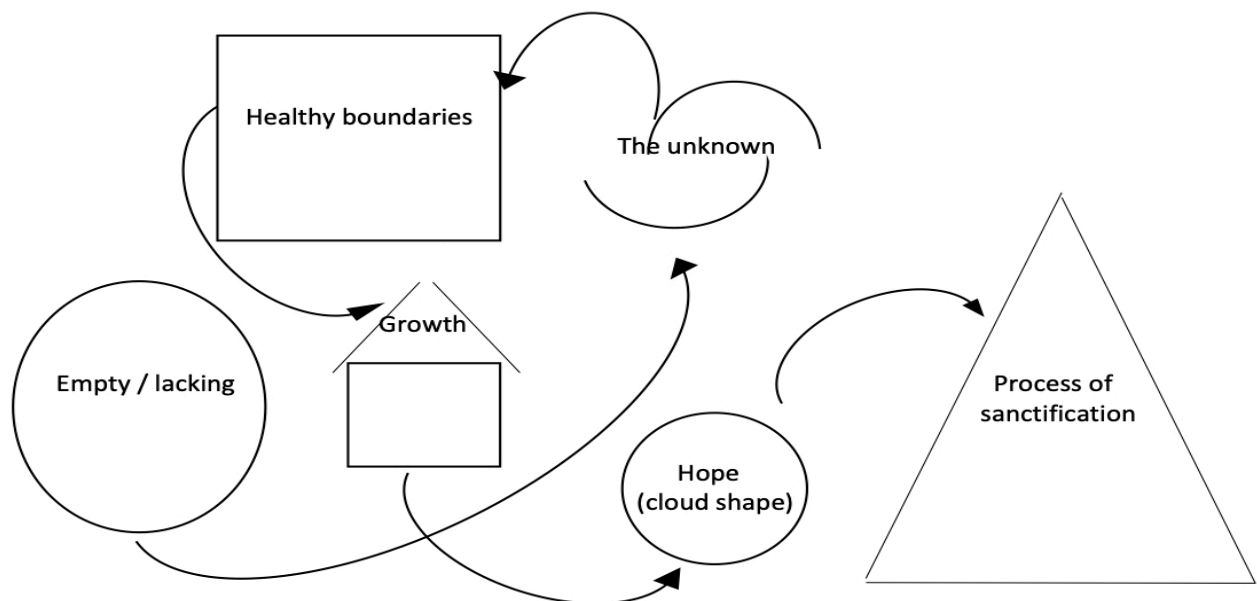
Fig. 4.7. Conceptual map created by Hope.

Analysis of Data

Phenomenological research investigates the essence of a phenomenon or experience through the eyes of the participants (Campbell, 2011). Thus, phenomenological research was the right approach for this study, which focused on the lived wellness experiences of CITs while they were enrolled in their counseling program. The study was conducted using the prescribed methodology for data analysis, and the following major themes emerged: (a) experiencing a precipitating event, (b) implementing holistic approaches, (c) drawing strength from community support, (d) overcoming perfectionism, and (e) learning which things in life are nonnegotiable.

Theme 1: Experiencing a Precipitating Event

The first activity of the in-depth interview was asking the participant to read aloud or silently a selected definition of wellness. Then, based on that definition, the participant was asked to take 15 to 20 minutes to reflect on the experience of practicing wellness in the counseling program. A salient phenomenon across all participants' narratives ($N = 7$) was the commonality of having a precipitating event or crisis that led to wellness integration. The invariant constituents in this theme were (a) transitioning into graduate school, (b) coping with unexpected family events, (c) experiencing burnout, and (d) enduring loss of vocation.

Transitioning into graduate school. Joining a graduate program could be seen as an exciting experience—a step toward making dreams come true. However, sometimes there are challenges that students might not anticipate. Ellie called graduate school a "different season"—an unusual time with lots of pressure, and very intense because of the workload and "the depth of the material and the self-reflections." She concluded by acknowledging that she "wasn't prepared for it." Hope shared the excitement of becoming a licensed professional counselor; the problem was that she felt unprepared for being vulnerable in front of her peers. Alice remarked,

"I worked while I was in [undergrad], but I wasn't as busy to the extent as I am now." Callie described "beginning so well" and then feeling confronted by the new reality of graduate school and by "figuring out what my priorities were." As Danielle transitioned into graduate school, she soon realized her lack of awareness about self-care:

> When I first got into grad school, my professors, they emphasized self-care. And I didn't really have a clear idea of what self-care was until I came into grad school. I knew it was about taking care of yourself. But then when I came in, I realized that it was more tangible. Like, how do you take care of yourself? Do you go to bed at one or two o'clock in the morning, or are you choosing to go to bed earlier? Things like that.

> **Coping with unexpected family events.** Family problems become more challenging while at school, and some of them come out of nowhere. The experiences of Alice and Hope support this invariant constituent. Just as she was starting her graduate program, Alice had to deal with the tough news about her parents' pending divorce.

> I remember, so shortly after starting the program, so this was in February of 2018. And I started in August [2017], so this was my second semester. My father called me and told me that [he] and my mom were probably going to get a divorce, which was a lot. I did not handle it very well. I also have two younger siblings that are in elementary school. So here I am, as an adult, but when I'm learning about children of divorce, you know that's them. So what are they going to be like when they're my age and they're 24?

During her first year of the graduate program, Hope also received bad news—about her grandmother being diagnosed with cancer. She had to go overseas to take care of her. Recalling that critical time of her graduate journey, she said,

> [A] couple of months after she was diagnosed, she started chemo, [and] everything was fine. It wasn't a big deal, but after a couple of months, my aunt who was her primary caretaker had a stroke. And […] my family is very complicated, but my whole family was focused on taking care of my aunt—after her stroke, because she lost mobility and [the use of] half of her body. And so there was nobody … My grandma lives out in the country. So there was nobody to take care of my 80-year-old grandma, who's trying to go to chemo appointments and radiation, and so…I had to take, I think it was two and a half weeks, it was almost three weeks, because I'm in a residential program. So I left

here to go back home for [a] little over two weeks to make sure that my grandma got to all of her appointments [and that] she was eating okay, because she lives by herself.…[T]hat was a big event, and I remember having to do homework, like in a new environment, because I …didn't grow up in my grandma's house, and so I've never really had to sit down and write papers at our kitchen table.

Experiencing burnout. A significant finding throughout the participants' narratives ($N =$ 7) was the common thread that before implementing wellness behaviors, they had felt extremely overwhelmed and stressed. Alice explained that even though she had clinical knowledge about burnout, she kept postponing the recovery from it:

And I was putting [it] off. You know, I had been in counseling prior, and I was putting it off, putting it off, and putting it off because I don't have time, or because I don't want to. Because I'm studying this, so I can just read the book and, you know, figure it out or whatever.

Alice indicated what happened to her after she put off dealing with signs of physical and mental disruption:

And, yeah, I had one panic attack over the summer. And I was able to pinpoint that I was able to get myself out of it but I knew where it was coming from and then I had a second one in November. And there seemed to be no logic behind it, there seemed to be no, like, rhyme or reason, from where it came from.

Blake referred to a very tough moment when she was "feeling out of control" and depressed; she described being badly hit by an emotional crisis. Callie felt as though she was burning out. Ellie and Francine used the word *crisis* to label one of their conceptual map's clusters. Ellie remembered "being surprised that all my peers…wanted to hear [about] the heaviness of my life—like we all wanted to go deep, and it was exhausting." When describing the Post-it notes in the crisis cluster, Ellie said, "those crisis things were all so powerful." Looking back at the conceptual map, she observed,

I think the most interesting [thing] is how the shapes say a lot of how I view each cluster. I think in the crisis mode—triangles—I think of relationship with God. And I was just desperate in crisis.

Similarly, Francine was being overwhelmed by many things and busy trying to figure out how to stabilize her life. She asserted later,

> I didn't know about wellness, and so with that I was often lonely because I wasn't taking care of myself, and trying to see, and just being overwhelmed…[I] didn't know how to handle those feelings […] So this is a life without wellness, I think, feeling alone, overwhelmed, not even knowing. This was the kind of, I guess, the precipitating event, or I'm going to call it "the moment of crisis."

Enduring loss of vocation. According to two participants in the study, a result of the burnout experience was the apparent loss of career vocation. Because of what Hope called "the crisis in my career," she questioned whether or not she wanted to continue in the counseling program. Likewise, Callie lost not only her interest but her "passion for the counseling profession" because of her lack of wellness, and thoughts of changing careers crossed her mind.

Theme 2: Implementing Holistic Approaches

The wellness definition read by each participant during the in-depth interview stated, "Wellness refers to a holistic approach in which mind, body, and spirit are integrated. It is a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated in a purposeful manner with a goal of living life more fully" (Myers, Sweeney, & Witmer, 2000, p. 251). The point of including this statement was to help the participants frame wellness from a body, mind, and spirit perspective. Consequently, the participants' narratives (N = 7) show a variety of wellness activities in all three of these areas. The invariant constituents emerging from the analysis of this second theme were (a) a body approach to wellness, (b) a mind approach to wellness, and (c) a spirit approach to wellness.

Body approach. A salient subject that participants explicitly emphasized was the importance of being in charge of their physical health. For example, Alice decided to purchase a gym membership, and she told her roommates about it to make herself accountable. Blake

stressed the value of taking care of the body as "literally the foundation of everything." She went beyond working out by starting a clean diet—eating right. Callie found that not working out, for her, was like losing who she was; she loved it in itself, but also found it essential for alleviating stress. Danielle added that she was having a lot of fun practicing rock climbing. For Ellie, the routine of working out helped her to be ready early in the morning for classes; she also says that "walking always has been my thing." Remembering those earlier days of little physical activity, she remembered that "to be inside was…slowly killing me."

Hope chose to do a 30-day diet to make her feel healthy and reenergized. Eating only natural food helped her mentally and boosted her focus on school assignments. Francine took a similar approach, planning daily meals—something that made her feel healthier, too. She incorporated exercise, for "physical health is very, very impactful on my overall experience toward wellness." Looking at her conceptual map and recognizing the need to be consistent, she said,

> I think it's come in cycles. So I would become excited about wellness, and I would do it for about a month, and then I would fall off. Usually it started with physical—I'd be like, oh, I don't need to. I don't need to exercise, I don't really need to go outside, I can just study…Wellness kind of dropped off at that point, [whereas] now I'm realizing it should have been the opposite. It should have been rising higher.

An interesting element that emerged from these narratives was rest, which is just as rewarding for good health as working out. Ellie planned a short "getaway" vacation before graduation. Alice decided to implement a sabbatical semester throughout her graduate program, taking the summer months off, even though this choice meant delaying program completion. Similarly, Danielle became very creative for a while at establishing a routine of a weekly day off from any schoolwork:

Before this semester started, okay, I was able to have one day where I don't do any school-related work. I don't read my textbooks, I don't do group projects, or anything. That's just one day out of my whole week, but this semester, I haven't been able to do that yet. But I['ll] try this semester. One thing that I like is that most of the days, I can go to bed before 11:30. And that's refreshing…

Mind approach. When designing her CMT, Danielle placed *understanding* as the main cluster to which everything else was connected. Keeping a healthy mind, clear and focused, has been a priority for her when applying wellness behaviors. This explains why Danielle likes art, such as painting or working with wood—things that keep her mind off school stuff. Hope looks at mind, body, and spirit (and their integration) as "the primary aspects of wellness." Blake takes a similar approach, linking the mind with the body and the spirit as the best way of experiencing wellness. Francine endorsed those statements, saying that combining running with listening to worship music helps her "to kind of get my mind off of other things." A unique feature of Francine's comments on wellness was her emphasis on her relationship with God and on journaling.

On the other hand, for Ellie a pottery class she took with her husband was not at all helpful; it didn't relax her mind. Later, she commented that "I love being outside. And it's one of the primary things that I do that, I think, involves my body, mind, and spirit." Callie recently decided to start a business in wedding photography, because of wanting "something completely different from counseling." Her rationale for it was having "a creative outlet" to refresh her mind:

Like, [I like] doing things that I personally love by myself. I like working out, reading, doing things that are not always focused on counseling, so finding something that allows my mind to take a break from counseling, such as working out, reading books, [spending] time with my family, doing things that I enjoy. The mind part of the holistic wellness approach is that it takes time for you to reflect on what you love and what you want to do and how you want to do it. And I think that's been really important in this program. We've done all these self-reflection

papers, and I'm like, oh, [here] is another one, I do another reflection paper, but really at the end of it I've learned so much from them.

Spiritual approach. The number of participant references to how they implemented spiritual approaches was also significant. Callie spoke of how her second year was the hardest of the counseling program and how that brought her closer to the Lord. She symbolized that connection with God by drawing a triangle shape in her map; Ellie, Francine, and Hope did the same. Danielle shared about continuing her walk with God no matter how busy she was. She loves reading devotionals and the Bible and attending Bible studies and worship services. Ellie has used devotions to make herself feel less anxious. She enjoys praising the Lord with her guitar and feeling connected with Him. Ellie also created in her house something she calls her "Jesus room," a place where she frequently finds solitude and rest through prayer and meditation.

Additionally, Alice credits God's guidance with helping her to comprehend what appeared to be incomprehensible. She used the phrase *orchestrating* to describe how the Lord gave her direction through chaos and disappointment. Francine has witnessed God's intervention in her life, encouraging her spirit, and she enjoys hearing His words through music. Referring to the triangle shape, she saw "a strong foundation here, you know, the mind, the body, the spirit so they…all came together." Furthermore, Blake's references to her spiritual journey were engaging. Although she suffered a very tough emotional breakdown, she found an anchor in the spiritual realm:

> But in terms of my spiritual growth and development, I didn't want to just be thinking about, okay, what can I pull away from this. So I started thinking about, well, what do I want to do? And I started doing a Bible study on the names of God.

Later, looking at her conceptual map, a series of reflections and insights emerged:

> What am I telling myself in terms of truth? Because I think it's really easy, especially like when I look at my recent history—it's so easy to see where I got

the blinders on and I wasn't able to focus…. There's growth and benefit in every situation, even though that [situation] kind of sucks. I'm human, I can't take care of any of this, like, this is all in God's hands, and it's only through the grace of God that I'm able to do my job.

Hope, who was the last participant interviewed in this study, closed with a significant comment about the wellness dimension of the spirit. She allowed the Lord do a lot of healing in her life, and asked Him to draw her closer. When looking at her conceptual map, Hope said, "It is beautiful to see the Lord's work." She also labeled the core cluster *the process of sanctification* using a triangle shape, which represented for her the Trinity, "the holy triangle." Hope concluded, reflecting on her whole map, "Yeah …for me, all of this would be for nuts, if not for the Lord, and if not for a purpose, the purpose being to sanctification."

Theme 3: Drawing Strength from Community Support

The concept of drawing strength from others—dependency—might sound awkward to millennials. Nonetheless, when the study participants (all millennials) talked about the effect of community support, they agreed on how vital it was for the success of their wellness journey. Thus, three invariant constituents that emerged from this theme were (a) peer support, (b) faculty/supervisor support, and (c) faith-based community support.

Peer support. Sometimes overwhelmed by the needs of her clients, Alice found relief by seeking support from her peers. Blake emphasized the value of having a peer with more experience in the counseling field. She said she was very fortunate to find a peer mentor—this helped, especially in times of struggle, when it was hard to maintain life balance and wellness. For Danielle, having her counseling classmates as friends was rewarding. A wellness skill she developed from those interactions was making a distinction or separation between schoolwork and social life. Danielle called these friendships, or times of connectedness, her "therapeutic" experiences. Ellie also shared about the importance of getting peer support in graduate school.

She mentioned that what really made a difference for her was not the number of peers but the quality of her relationships with them. Ellie explained that yearning for closeness:

> And so, in the fall, as we progress[ed] through group counseling, I'd sometimes get a one-on-one conversation with one of these friends. And we were all saying how we were doing the exact same thing. We all wanted to connect individually so badly, after that group experience, but we were all separating from each other. And so, I realized in that time, how much I needed one-on-one friend time.

Additionally, Francine reflected on the time when she had to say goodbye to some close friends who had just graduated: "Feeling in the moment that emptiness is tough, even when you are married." On a positive note, she also appreciated the benefit of finding great ideas and practical tips from peers on how to become more effective in the field of counseling. Hope found encouragement from her peers as they supported her professional growth; she called that experience "finding connection." She also went further, asserting that she made it through the graduate school because of her peers' support. Reflecting on her CMT, she observed,

> Truthfully, I made it through the program because of my peers, my friends. It is because it's so isolating sometimes because, I'm a mental person, so I can get into my mind and I can become very critical. And that's isolating. And so I think having accountability… and I forced my friends into doing the healthy boundaries, physical boundaries with me. It's beautiful to see the Lord's work, like looking at that. But at the same time community played such a huge factor for me.…At the beginning of the program, we're like, "We don't know what we're doing." We're all in internship together now.

Faculty/supervisor support. Another significant finding from participants' collected data pointed to personal and academic support from faculty and supervisors. For example, Ellie made reference to faculty members and a supervisor who confronted her and challenged her to take care of herself. Because of her supervisor's concerns regarding the escalation of her anxiety, Ellie took an assessment inventory to measure her anxious state. This intervention became a needed wake-up call toward wellness. Ellie also felt thankful for her professors asking from the beginning how she was doing—since day one of classes—because it was preparing her

"specifically for a certain route." Similarly, Danielle mentioned being encouraged by professors to take care of herself since the beginning of grad school. Hope, too, was helped by a professor who gave her "motivation and excellent feedback."

When facing the most difficult stage in the program, Alice found Dr. H.'s and Dr. B.'s teaching especially valuable. She added, "Those professors reached out a few times afterwards" to make sure she was okay. The professors' own way of practicing wellness was beneficial, according to Alice:

> I think all the professors that I've had have been extremely open [in] sharing their own stories and their own trajectory of their careers and those sorts of things. And that has been very beneficial to see how they got to where they were, what they did to get there, and then how are they living their lives now… A lot of them are still doing counseling in addition to being professors. I don't feel like any of them get too personal. But some of them will be like, "This is what I did this weekend, because I needed time." …You can sit there and read and read in a textbook as much as you want, but hearing from an actual human what works for them is always beneficial.

Blake also mentioned that her supervisor and Dr. D. directed her to "improve the experience of wellness." She was encouraged by faculty generally, and she found in supervision a "really good role model on balancing things in life." It helped her to learn "what I don't want to be in the future"—an allusion to burnout. Francine expressed her appreciation of "those courses just really emphasizing this idea of personal growth." She felt "very thankful for my wonderful supervisor who's always there to help me." She pointed out, "It was a little overwhelming at first; I had to really learn to rely on my supervisors to help me…You're working and listening [to] all of these tough stories."

> [I]n the beginning I had professors that promoted [wellness], and I was a little like, okay, let's get past that, let's focus on what we're actually here to do (which I definitely took for granted). And then later in the program, I started to really find specific professors that really were important to me, and really helped me…. And a couple [of] classes I've taken, there's been specific activities to work on how are you going to help yourself when you encounter crisis.

Faith-based community support. Although every participant reiterated the centrality of faith and spirituality to their practice of wellness, two made specific reference to their church community. For example, Danielle affirmed the importance for her of attending church services, and she found it "refreshing" to be "able to babysit for the church every Thursday and every other Friday night." She spoke of having a "big heart for children" and planning "in the future to do orphanage work or children-related work." However, there is no parallel to the number of Blake's references to the church; she mentioned the word "church" more than 16 times. Church became a refuge for Blake, a place of healing and truth, as well as of fellowship and spiritual breakthrough:

> Okay, I've been talking to a lot of people about this—actually, I'm very excited about it. And so last semester and the beginning of this semester, I was really sporadic with my church attendance because I had [a] client in the afternoon on Sundays. So I was like, oh, I just don't have time. Well, someone kicked me in the butt and said, no, you do have time, don't be stupid, review your notes the night before. I was like, oh my God, you're right. Something just kind of like clicked, and I started thinking about, hey, you know, I've been really internally focused. And that can be good at certain times, but right now I need to be focused on something external to me, not necessarily like my clients…. So…I started doing a Bible study on the names of God.

Elaborating a little more on that experience, Blake commented,

> When I wasn't going to church, because of feeling like the schedule was just not working, again, I noticed a difference. I noticed that that's when the blinders went on, that's when I started to focus on everything that I felt like I was trying to juggle. And I thought, I don't have the support of my church, I don't have the support of my colleagues, because I felt so overwhelmed and I was just trying to like compartmentalize everything.… And that's [when] I focused on where is my focus, what is the truth?

Theme 4: Overcoming Perfectionism

As indicated above, participants were asked at the beginning of the interview to reflect on their experience of wellness while in the counseling program. By the last part of the talk, they

were specifically directed to describe factors hindering the practice of wellness. The analysis of participants' answers brought up the theme of perfectionism. Each participant ($N = 7$) explicitly highlighted her struggles overcoming perfectionism. Some participants linked this trait to overachievement or overperformance behaviors, others to their personality type. Two invariant constituents emerging from the analysis of this theme were the twin burdens of self-expectations and of program/institution expectations.

Self-expectations. An observable behavior among the interviewees during the design of the CMT was their voicing of concern about the task. Were they designing the map correctly, or not? Interestingly, several references in the audio recording and transcript reflect the researcher's comments about this; I told participants that their drawings and clusters did not have to be perfect. The participants' anxiety may just have been a reflection of how overcommitted they felt at this level of higher education. However, based on their narratives, it appears that this attitude genuinely hindered their personal practice of wellness while in the graduate program. For example, Ellie felt pressure from comparing herself a lot to her peers. Blake realized that perfectionism was killing her. She said it became a lie that had to be replaced with truth—the truth that she does not have to be perfect. Hope also talked about holding expectations of herself that were too high. Staying busy was her coping mechanism for dealing with the belief of "having to be the best" and having to "feel accomplished." Reflecting on the issue of perfectionism and her choice to be more flexible with herself, Hope pointed out,

> But ultimately, I recognized that that is a hindrance because I burn out more easily. I burn out more quickly. So I can go, go, go, go, go, but then it comes [to] a point where I'm like, when was the last time that I did something for myself[?] Like [I] took a day to cook a meal, and just enjoy a healthy meal, or sit by myself reading a book that wasn't for school. Do you think that my perfectionist mind is definitely something hindering… that came out of personality?

She went on, "The Lord had to come into my life and [He] said, you know, like you are not perfect, and you are a student and you are learning. And so, how can we take this and not be dragged down by it?" Likewise, Francine had to be reminded by a professor that God will take care of the clients, which "let some pressure off of myself." Moreover, she identified perfectionism as "the biggest factor" hindering the practice of wellness:

> The biggest factor that stands out to me is my own perfectionism[…]Yeah, I used to be so perfectionistic that it was, it was difficult for me. I would make it harder than it had to be… I just had to make sure that it was done to my standard that was way too high. And so that really hindered me from having time to practice wellness, because all that time was spent re-reading a paper for the third time that didn't need to be read again, or researching a different article because it was a year newer, you know, things that just didn't matter. So, that was a big hindrance. That's my own perfectionism.

Additionally, Alice felt truly supported by a faculty member telling her, "You don't have to be perfect; you just do the best you can." Alice explained how much pressure she had felt because of trying to fulfil higher expectations:

> I think …there's an element of pride. So, if I'm doing [well], or my grades are all A's… If I submit a video for class and it's all positive feedback, or mostly positive feedback, if I get a promotion at work, you know, those sorts of things, then it's easy for me to be like well, there's nothing I have to work on, you know, or to feel like I have to keep going at that level.

Program/institution expectations. Another factor in interviewees' efforts to overcome perfectionism was related to the expectations of the school and the counseling program. Some participants talked about their fears of not meeting the standards of the graduate program, or of falling short of the school's Christian values. For example, Hope felt "intimidated by the fact that I was going to be co-leading with a professor." Blake spoke for herself and her classmates when she said, "We want to get this right, we want to, like, this is an important field and we don't want to harm people." Similarly, Ellie addressed somehow behaving in a manner "based on my fear of my professors' opinions of me."

On the other hand, Callie brought a very distinctive perspective to the institution's

Christian values. She talked about fitting into the university culture, and feeling pressured to be

perfect, or "I am not good enough to be here." She described that experience saying,

> If I was gonna say one big thing about coming here, because… I didn't go to
> undergrad here. So coming here from a completely different area. I grew up in R.,
> which was just very eclectic, very diverse, very—just a different culture. Coming
> here is a huge culture shock. And as far as expectations, and the Christian culture
> of being [here] and the pressure [here] to be perfect… that's probably not their
> goal, but it's what it feels like coming into this.

Ahead of the conversation, Callie reiterated feeling as though something or someone was telling

her,

> "Get away from me," like we are not the same people, we don't have the same
> values. Therefore, I can't be friends with you, or I'm gonna judge you for that
> …There was a huge culture shock for me coming here and feeling like… my
> values weren't good enough for other people. And I think my fiancé and I both
> struggled with that, because it was just another thing that was added to our list as
> being new here. Yeah, not understanding that culture. And so I think that
> ultimately hindered my relationship with God. At the beginning… I just kind of
> isolated myself, and just did running, … and I did work and I did that right
> because I got burnout too, because I wasn't balancing my life, because I didn't
> feel welcomed.

Theme 5: Learning Which Things in Life are Nonnegotiable

Theme five represents another set of significant findings from the participants' narratives,

addressing factors hindering their experience of wellness. Although some concepts appeared to

overlap with previous sections, there were a couple of new issues requiring special consideration.

These issues seemed to the researcher as things nonnegotiable, in the sense of being irreplaceable

for the interviewees ($n = 5$). Thus, three invariant constituents emerging from this theme were (a)

reinforcing wellness skills, (b) practicing self-care, and (c) having income.

Reinforcing wellness skills. Blake continued to advocate strongly for paying more

attention to wellness. Pointing to the difference between teaching about wellness and actually

implementing wellness, she suggested that including wellness as part of a counselor formation is

not optional:

> One of the things I've struggled with is almost being taught how to implement it
> [referring to wellness]… [T]his is not a criticism, but I feel like we don't get a
> whole lot of it, because the focus is really on training us how to do our jobs. And
> so there's so much information to pack in that I realize something kind of has to
> give…. [I]t's not taught, it's just not given the same amount of attention as, say,
> diagnosis or treatment planning.

Switching to another aspect of wellness, social life, she addressed the need to hold a cohort of

students together. In other words, she argued for keeping the same group of students together in

grad school, from beginning to end. Her own classmates had started a Facebook group and made

efforts to build cohesion, "trying to keep our cohort together."

> Now I realize that people are going to move faster through the program, and other
> people are going to move slower like myself, and that's fine, but really trying to
> create a sense of camaraderie. And then also, I think, it would have been helpful
> to have had through the university even some kind of support group for students
> who are…in the counseling graduate program… [W]e have specific needs that
> other programs don't have. For example, engineering is not as emotionally
> demanding—physically, and mentally, yes and yes, there are some emotions
> involved in that, but in engineering, you're not pouring into another person until
> you have nothing left.

Blake concluded by asserting the importance of "having someone who can be there to support

[you] and also challenge and grow, in a way that isn't educational but very personal, because I

think that's an important element."

Callie echoed Blake's points, outlining why promoting wellness is so important for

counseling students:

> I…have learned the extreme importance of wellness and taking care of yourself,
> especially in the counseling field. You're…pouring all of your empathy and
> everything to other people who are suffering. And if you are not well yourself,
> you can only give as much as you have.…So I think that's the biggest thing about
> wellness.

Practicing self-care. In participants' narratives about nonnegotiable things in professional life, the issue of self-care appeared early. For example, Ellie noted that overworking seems to be the norm, or even the culture, in graduate schools. She recommended finding a balanced lifestyle and setting clear priorities, as well as boundaries around wellness:

> I think it is that fear of what people will think, because when I think of practicing wellness, it's prioritizing my life and seeing what should I put my time into, and school has never been on the top of my list, but I'm a grad student, my teachers are expecting [that] I'm gonna…either go into research or become a great counselor. It would be hard as a teacher to say…don't read all this stuff and go take a walk sometimes… I wouldn't expect that of them… it's grad level, you know, but it's a lot of pressure to be very intensive in school.

Expanding on this issue of keeping balance between self-care and graduate-level schoolwork, Ellie added,

> I think what is so hard about that, that we kind of touched on before, is that a lot of us, at least my closest friends [in] the program, we all tend to want to please our teachers, and we want to do well. And so it [self-care] does feel selfish.… [I]t feels like a little scary to step out and say I'm not going to try to get an A+ on this essay, I'm going to pass with a B, and I'm going to take care of myself. But I agree, it is the one thing that's in our control. We can't change necessarily the rigorous academics of the grad-school culture, but we can choose to take care of ourselves a little more in the midst of that.

For Danielle, having difficulty in professional life saying "no" was a factor hindering her practice of wellness as well. She shared about joining the research team at her counseling department. Unfortunately, Danielle found that that team was not very well organized. Because of her good administrative skills, she soon ended up becoming the leader there:

> They kind of framed it in a way where it's hard to say no.… And so…I said okay, which brings it back to my people-pleasing personality; it's hard for me to learn to say no.… They learned that I have a lot of good administrative skills and I can organize things well. And so they kind of relied on me…in many different ways. But one good thing is, I said no to presenting, twice.… And then eventually, I would have to tell them that I am going to stop being on the research team after this semester ends, because I just wanted to learn.

Having income. A third issue addressed by the participants as nonnegotiable was having a source of income. For example, Francine talked about starting a new job in the psychology

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department, holding it on top of other things. She loved it because it was related to her career. Hence, reflecting on that experience, she said,

> Sometimes it was difficult just with, okay, I'm at work from 8:00 to 2:00, and then I'm at counseling from 4:00 to 8:00. And then I have to go home. Where do I eat lunch, where do I eat dinner? Just having a hectic schedule, balancing everything, it was hard to plan for that, to be out all day long. That was difficult.

Alice also enumerated multiple activities related to her counseling site, plus being a full-time student and having a full-time job. Similarly, Callie described how heavy the workload was during a specific period of grad school. She implied having no other choice:

> I was working full time. And I was working 40 hours a week in homes that were arguably not healthy. And it was a lot of stress on me.… I was at home doing work, but at the same time I was also a full-time student. So I was working full time, and I was a full-time student, and that quickly became extremely stressful and hard.

Hope's narrative also detailed how busy her weekly schedule was, leaving almost no room for other things. Her story seems to typify graduate students' efforts to get some source of income and stay financially afloat:

> I just stay so busy, because there's so many hours required of internship. My internship is not paid, and so I have to find another source of income, outside of spending 25 hours a week at my internship. And so that leaves me with my big working nights. So that is a shift I do: the 24-hour shift. Well, it's a 12-hour shift, but I end up staying awake for 24 hours because I do my internship during the day, and then I go work at night. So I think that definitely hinders me.… You got to do it. So, it's unfortunate… probably it's not a good thing for my professional development.

Chapter Summary

Although participant narratives differed slightly from each other, five major themes emerged clearly from the profiles or from the textural and structural descriptions. The connections are evident. All participants identified a precipitating event or crisis incident (Theme 1) that prompted them to improve wellness. This renewed interest in wellness prompted the

participants to search for holistic approaches (Theme 2) and to set personal priorities and boundaries. Community support (Theme 3) emerged as a complementary factor that strengthened the participants' holistic interventions; this support encompasses the help of faculty members and supervisors. Participants also struggled with perfectionism (Theme 4), which challenged holistic interventions. Last, participants determined the things that are nonnegotiable for them (Theme 5)—elements that are vital for enduring graduate school. Thus, there was an apparent development of CITs' wellness awareness. This development started with a crisis period (or, at best, a formless, neglected condition) and transitioned later to a more mature or advanced state.

In conclusion, these five themes suggest that these CITs' lived wellness experiences in graduate school included an increase in wellness awareness that transitioned from crisis, through determination, to holistic wellness. These five major themes are explained further in Chapter 5. They are also linked to the study's four research questions and sustained by peer review literature.

CHAPTER FIVE: SUMMARY, RECOMMENDATIONS, AND CONCLUSIONS

The aim of this study was to explore the lived wellness experiences of graduate counseling students at a Christian university. The guiding research question was, "What are the key experiences of wellness among CITs in a master's-level counseling program?" Other accompanying research questions were, "How have the participants attempted to implement wellness behaviors while enrolled in the counseling program?"; "What personal factors do the participants perceive as hindering their overall wellness?"; and "What professional factors do the participants perceive as hindering their overall wellness?" Seven participants were selected to engage in an in-depth interview, asked to provide descriptions of their lived wellness experiences, and helped to construct their own CMT (Chapter 4). This chapter outlines the five major themes (and the relevant current literature) and emphasizes how these themes answer the research questions. The study's conceptual map is then presented, along with limitations and implications for the counseling profession and recommendations for future research.

Summary of CITs' Wellness Experiences

Following a phenomenological tradition, this study focused on general themes or ideas that emerged from the participants' data (Moustakas, 1994). Specifically, it targeted the enduring or essential structure of each participant's wellness experience—how it essentially presented itself. The CMT as a phenomenological instrument was used to create an exhaustive description of the everyday lived wellness experience of CITs, to assist them in responding to the study's research questions. My interest in investigating this subject was piqued by an understanding of the essential structure of the phenomenon (McLeod, 2011), which mirrored my own experience. By including myself in the interview process, I realize that my own experience becomes relevant—"interpretive phenomenological studies are not only interested in the intersubjectivity

between participants but also the participants and researcher" (Impellizzeri, 2012, p. 207). In other words, the interpretation presented here reflects the researcher's experience with the phenomenon, playing an auxiliary role.

Two supporting tools for horizonalization—the method of listing every expression relevant to an experience (Moustakas, 1994)—are textural and structural descriptions. When the textural descriptions provide the "what" of experience, structural descriptions get at the "how" of the experience (Creswell, 2007). From these descriptions emerged the five core themes listed earlier: experiencing a precipitating event, implementing holistic approaches, drawing strength from community support, overcoming perfectionism, and learning which things in life are nonnegotiable. The focus of the following section is on describing how these themes addressed the research questions. I will highlight core elements and the rationale for the study conclusions.

Experiencing Wellness in the Counseling Program

On the basis of the study findings of Theme 1—experiencing a precipitating event—it appears that the participants began the graduate program without a clear or definite concept of wellness. Research suggests paying attention to CITs' wellness at this formless state because first-year counseling students have not yet established coping mechanisms to help with professional anxiety and stress (Pirtle et al., 2019). Ellie's narrative is an example of that early formless experience. She referred to "a different season" in reference to a variety of challenges or struggles she faced early in her graduate studies. Alice used the words "bogged down by everything" to express her overwhelming feelings during her initial struggles. Both Ellie and Hope felt unprepared at this period of their counseling program. Callie struggled with the culture and environment of her new college town; it somehow disoriented or confused her. Danielle said that all she knew at the onset of her wellness experience were theory and history, not practice.

She also did not have a clear idea about how to take care of herself. However, Francine was more emphatic when describing her conceptual map. When pointing to her recently created CMT, she said, "This, I'm gonna make a circle, because to me that that represents just kind of loose. [It] doesn't have much shape to it yet… I didn't have any form to my wellness." In fact, she wrote inside the circle, "life without wellness." She stated specifically that she didn't know about wellness and added that life without it meant feeling alone, overwhelmed, not even knowing. This lack of a wellness framework seemed to lead participants to experience major crises.

Further, burnout has been identified as a particular issue among counselors (Johnson et al., 2018). Symptoms of burnout include emotional exhaustion (Lee et al., 2018), high levels of stress (Johnson et al., 2018), and high rates of depression (McCormack et al., 2018). For CITs, there is the stress of trying to find jobs (i.e., jobs that will provide opportunities for training and growth), meeting and keeping up with clients, and having their work evaluated week after week (Barnett & Molzon, 2014; Lee et al., 2018). Other factors among CITs include work pressures in conjunction with the everyday personal stressors common to students—issues with finances, personal health, and relationships with family and friends (Caple, 2018; Lee et al., 2018). These accumulating pressures seem to reflect the experiences of each participant in this study. For example, Callie described her precipitating experience as burning out, essentially or literally, to the point of losing her passion for counseling. Blake had to figure out how to manage wellness and balance her life while experiencing feelings that were out of control and while being placed in remediation. Alice experienced panic attacks and a key moment when she had to ask herself what was more important, her job or her education.

Narratives from these participants appear to corroborate Smith et al.'s (2007) investigation of the relationship between wellness and psychological distress among CITs.

Describing an incident that occurred during her formational wellness identity, Ellie said that she began facing the uncomfortable truth that she needed to put herself first. She responded by adjusting and simplifying her life. Francine said, "[The crisis] is what I feel really stopped me and helped me realize what was happening and what needed to happen." For Hope, the crisis period was triggered when she was confronted and challenged by failure when co-leading a counseling group. It drew her closer to the Lord because she had to determine whether or not counseling was His will for her career. That search for assurance, as Hope affirmed later, was definitely something that allowed her to become more secure in aligning her plans with God's will. Regardless of how difficult the process was for her, the result today is a feeling of confidence and peace, even when things go wrong.

On the other hand, there were a few unexpected family events that created a lot of stress and sparked crisis. For example, Hope faced a second crisis when she received the news of her grandmother's cancer diagnosis and her aunt's stroke—at the same time. And Alice faced a wake-up call when she heard that her parents were getting divorced: "When it comes to very personal things, especially this… Divorce is such a messy and difficult thing… [S]ome weeks it seemed like everything was really good, and other weeks it seemed like things were really bad."

Implementing Wellness Behaviors

Theme 3 (implementing holistic approaches) and Theme 4 (drawing strength from community support) stress the different interventions that participants used to get out of crisis. In other words, it illustrates the participants' transition into taking some kind of action for their wellness formation. To sum up, both themes reflect how the CITs attempted to tie wellness behaviors into action while enrolled in the counseling program.

Holism. The number of studies addressing the integration of body, mind, and spirit in mental health and medicine seems overwhelming, metaphorically speaking (Koenig, 2012; Myers & Sweeney, 2008). The theory applied to this study was Adler's psychology of the indivisibility of the self. In its most fundamental form, this theory embraces the interaction between physical and psychological well-being (Sweeney, 2019). For Adler, the concept of health and wellness encompassed a mind-body unity, interrelated and interdependent (Sweeney, 2019; Witmer, 1985). Clearly, this holistic path was pursued by the participants in the present study in the way they tried to increase wellness behaviors. For example, Callie worked on creating balance and changing her priorities in her daily routines, and she learned to focus on what was really most important. Danielle explained that she tried to implement wellness behaviors using the phrase "turning my mind off from school stuff." A significant intervention she described was disconnecting herself from schoolwork for one day a week.

Francine took a different approach; she worked on implementing wellness behaviors by journaling, among other things. Seven times throughout her transcript the word *journaling* appeared, indicating how vital for her well-being it was. Another significant approach was represented by Alice, and she described it as the concept of tying wellness into action. One action she determined to take was learning more about her family. Alice stressed gaining knowledge about her family dynamics and even called people to ask questions and get information. She said she discovered that a lot of things she had assumed to be true of her childhood were actually not true. For Alice, the experience of discovery was an action, and supporting her family was an action, too. By her account, the toughest part was dealing with a lot of feelings as she went through that process of discovering the truth.

Other wellness strategies were implemented by other participants. Hope blended healthy habits throughout all activities, using a body-mind-spirit approach. Blake emphasized the care of the body as the foundation of wellness. She went further, explaining that caring for the body permeates every aspect of her life, and that if she does not look after her body, everything will fall apart. To Callie, being holistically well meant being physically fit, working out regularly, keeping her finances in good shape, and doing something that she loves. Furthermore, the triangle shapes drawn by Callie, Ellie, Francine, and Hope in their conceptual maps were to indicate, in Francine's words, a strong foundation where the mind, the body, and the spirit all come together. (Hope went beyond this, saying that her triangle shape symbolized the Holy Trinity.) This explains the significance of implementing holistic behavior for CITs as they keep increasing or developing wellness skills.

To summarize, the participants' approach to the spiritual realm matches the theoretical framework of Adler on the essential self, which describes spirituality as an individual's existential sense of meaning, purpose, and hopefulness toward life (Myers & Sweeney, 2004, 2005). Likewise, Christian tenets on the essence of life, spiritual life, or what makes life worth living—giving it direction, vision, and purpose—seem to connect with participant experiences as well (Blake, 2013; Finley, 2019).

Community. The theme "drawing strength from community support" reflects the number of participants who stressed how crucial community support was. For example, Ellie was prepared by her supervisor for a certain route, the counseling profession. Blake recognized the significant help she received from faculty and site supervisors. Alice benefited, too, from hearing professors share the trajectory of their own careers. Knowing how they got to where they were, what they did to get there, and how are they living their lives now also encouraged her practice

of wellness. This is consistent with Barnett and Molzon's (2014) assertion that when supervisors model self-care behaviors, they promote the value of wellness among supervisees. Further, the integration of wellness in supervision is correlated to implementation of career-sustaining mechanisms in CITs and improvement in professional quality of life (Blount et al., 2016; Lawson & Myers, 2011).

It also corroborates Pirtle and colleagues' (2019) assertion that clinical supervision is a vital part of counseling education, as well as Cummins, Massey, and Jones's (2007) point that clinical supervision benefits from implementing wellness strategies. Supervisory interventions have been found to decrease counselor burnout, empathy fatigue, and ineffective therapy practice (Gutierrez & Mullen, 2016; Merrill, 2019; Mullen & Gutierrez, 2016), and this is consistent with the experience of participants in the present study, who sensed genuine support from supervisors and faculty.

In addition, Blake discussed the value of faith community, referring to it 16 times throughout the interview. She linked her spiritual growth or awakening to her attendance at a Bible class, where she learned about God's name *El Roi*—"the God who sees me." Approaching community support from a different perspective, Danielle evoked the word *therapeutic* in reference to the support of her peers. Hope acknowledged a similar experience, saying that she made it through the program because of her peers and friends. This explains why the rectangular shapes found on the CMTs suggest a foundation (community); it is a solid base on which the triangle shape—holistic approach—can rest.

Moreover, the gap in the scholarly literature in reference to the effect of such support— support from peers, friends, and faith communities—emerged from this study as well. The word dependency, used to describe the way participants perceived community support, was not chosen

arbitrarily. It seems that more scholarship work is needed in this particular area, since participants remarked how essential this support was for success in the graduate program. Specifically, this gap should be addressed in the context of Adler's theory of social interest—another theory used in this study. He proposed that all psychological functions have social connections and influence social conditions (Bruder-Bezzel, 2017; Sweeney, 2019), adding that individuals have an innate sense of community and of *dependency* on each other (Bruder-Bezzel, 2017; Sweeney, 2019; emphasis added). Adler concluded that all preconditions of the physical and the spiritual realms are encountered and fulfilled in the community (Adler, 1925; Sweeney, 2019).

Personal Factors Hindering Wellness

A personal factor mentioned by Ellie and Danielle that hindered their practice of wellness was their lack of awareness about self-care. Other personal factors mentioned by Alice, Callie, and Hope were their struggles with prioritizing wellness and setting clear boundaries. However, the theme of perfectionism emerged among all the participants as a strong personal factor; this explains why a fourth major theme is called "overcoming perfectionism."

Dillman Taylor et al. (2018) explored the predictability of personality priorities on CITs' perceptions of wellness. Using four personality priorities—*comfort*, *pleasing*, *control*, and *superiority*—the researchers found that the comforting and pleasing styles were negative predictors for wellness because some people tend to place others first at the expense of their own well-being (Dillman Taylor et al., 2018). This researcher assumes that the superiority personality type, common among millennials, may be identified with perfectionistic tendencies in this particular population, because I observed a number of references by study participants to their struggles with overachievement and overwork. It is interesting that the superiority trait is

perceived by Dillman Taylor et al. as a positive predictor for wellness, not only because of millennials' superiority-focused views of self (and its high expectations), but because of its focus on being better than others and being right.

However, the participants' struggles with overcoming perfectionism seemed to be a negative predictor in this study, hindering their wellness integration. Alice felt thankful to the faculty member who told her that she does not have to be perfect and that she should just do her best. Blake said that being confronted by her therapist in terms of not being so perfectionistic was very significant for her. Ellie struggled with perfectionism, feeling pressured by her peers' high expectations and a tendency to compare herself with them. Hope called perfectionism the biggest factor affecting her wellness formation: "The biggest factor that stands out to me is my own perfectionism… Yeah, I used to be so perfectionistic that it was difficult for me. I would make it harder than it had to be."

Consequently, the findings of the present study on this point appear to be at odds with those of Dillman Taylor and colleagues (2018): The participants here reported that perfectionism truly hindered the practice of wellness. Future research might investigate how a superiority personality style could influence perfectionistic behaviors.

Professional Factors Hindering Wellness

The last research question in this study points to professional factors hindering the practice of wellness. This question was addressed by Theme 5, "learning which things in life are nonnegotiable." For example, Blake noted that a nonnegotiable in implementing wellness for counselors is the promotion of wellness in the master's degree program. She reported listening to talks about wellness in class, but she did not hear any of her professors teaching as part of the counselor curriculum about how to actually implement wellness skills. This is consistent with

Ohrt et al.'s (2015) research findings that one informal talk or lecture about wellness is not enough to maintain students' wellness at a healthy level.

Callie and Ellie pointed to the double workload they carry, working with clients and meeting the academic demands of graduate school. They both felt that lack of self-care truly hindered their overall wellness. Consequently, both have to pay more attention to self-care routines as a nonnegotiable choice. Callie warned about "pouring all of…your empathy and everything into other people" in a way that would "empty your tank." Danielle struggled to say no to colleagues and leaders of the research department. Although traditionally there has been some overlap between the terms *self-care* and *wellness* in the counseling profession (Bradley, 2013), participants particularly named poor self-care as a professional hindrance. That supports a strong correlation between CITs' self-care and their stress levels (Mayorga et al., 2015); this means that the less students engage in self-care, the higher their levels of stress (Mayorga et al., 2015). Other studies have found that CITs' engagement in self-care routines fosters a perception of better career performance (Doherty, 2019; Ellis, 2019).

Along with the issue of self-care, Alice, Francine, and Hope talked about their need to have a job as something nonnegotiable. This issue also hindered their wellness. Facing this reality, Hope expressed it this way: "I end up staying awake for 24 hours because I do my internship during the day, and then I go work at night. So I think that definitely hinders me."

Additionally, these references from the research participants seem to suggest that support from their counseling program may or may not be provided. It points to Pirtle et al.'s (2019) argument that more effective training in wellness is needed for CITs. Otherwise stated, graduate counseling programs should pay attention to these issues in view of current tenets in professional counseling indicating the need for, and importance of, CITs' wellness and self-care (Merrill,

2019). Accordingly, counselor education should attend to the person of the counselor before the counselor becomes the practitioner (Orht et al., 2015).

Discussion of Counselor Wellness

According to Ellis's (2019) findings, wellness development in graduate school reinforces counselors' self-efficacy and their sustained wellness behaviors over their careers. Development in these areas is evident in the participants in the present study; it appears that participants grew in wellness and in their awareness of it.

Showing Wellness Growth

First of all, the idea of a square shape, representing completeness or something foundational, was taken from the participants' conceptual map designs. The meaning behind it, for Ellie, was "a change of structure," such as the transition from a crisis—a kind of loose shape—to something more tangible. According to Ellie, the square shape helped her to identify "the things I need, [that] I have discovered." Later she pointed out that the "boxes are organized and structured" in reference to things she implemented, scheduled, and prioritized. Hope saw the square as symbolizing "healthy boundaries" because "it protects, it is simple, it is easy, it is just implementing that stuff, [it] protects you; it is not this grand, complicated thing"—a statement that suggests wellness maturity.

Second, each participant in the study reported reaching a more developed point on wellness. For example, Alice, commenting on her conceptual map, pointed out how she has changed the way she thinks about herself and the challenges she has faced. Alice learned that something had to be done, and that it does not need to be perfect.

Blake realized that talking or knowing about wellness was not enough since it will not "change everything." Even diet, she said, is not going to change everything because "you have to

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find a way to have wellness." It seems that Blake has indeed learned how to walk the talk. Callie, comparing the number of Post-it notes on both sides of her conceptual map, noticed how much she leans on people but also observed how important it was to find support outside of the program. She discovered new things about herself and what she really needed; her goals shifted as well as her interest in the counseling profession. Callie concluded that students simply cannot complete the program unless they take care of themselves. Further, she added that there is no way to help clients and finish a degree well without relying on community support, and ultimately, "finding what works for you to be holistically well."

On the other hand, Ellie felt encouraged by the growth in wellness she saw through her conceptual map. (She suggested doing this conceptualization map as a pre/posttest activity at the beginning and end of the program.) She felt strongly that at the beginning of the graduate program she was unable to recognize what wellness looks like, but now she is experiencing something different. She summarized her approach as "more formulaic," meaning that she has a better understanding now about how to implement wellness. Similarly, Francine explained how she got out of a chaotic place to one that is balanced and fulfilling. According to her report, the practice of wellness made the difference. She now has a passion for taking care of herself and being personally and professionally healthy, for her family's well-being as well as her own. She sees the CMT as an exercise in bringing order, although she understands that what got her to that point does not necessarily apply to everyone.

Hope, like Callie, compared the number of Post-it notes on both sides of her conceptual map, finding it balanced. She was encouraged to see that there were five sticky notes in the empty and lacking circle (starting cluster) but six in the process of sanctification shape (concluding cluster). She observed that the structures she created established a "foundation"

allowing "so much freedom" that "eventually it leads toward something bigger." As indicated earlier, Hope labeled her last cluster, a triangle shape, "process of sanctification." Early in her graduate studies, Hope often felt as though she was surviving rather than thriving. However, looking at her CMT helped her to see the journey and the meaning of it. She did make some mistakes, and she still needs to progress further in some areas, but "all that stuff did happen to get me to where I am; growth did happen."

Danielle's narrative closes the section in a way that clearly shows her growth in wellness. She found her conceptual map eye-opening—"I've never seen my life in this structure before"— and she explained how the development of her personal identity preceded the development of her counselor identity. This is central to understanding an emerging pattern in CITs' personal wellness in which CITs transition, during their graduate training, to a more developed or increased state of wellness. Danielle even attached to that concept the thought that caring for others means caring first for oneself. She pointed out that if she does not know who God created her to be, then it will be harder for her to explain to others what God intends for them to be.

Increasing Wellness Awareness

To recap, it could be said that the counseling students' transition from a lack of personal awareness of wellness to an increased awareness is one of the most significant findings of this study. On the one hand, the current literature views this issue of counselors' wellness awareness as a vital construct for ethical behaviors (Hendricks, 2008; Testa & Sangganjanavanich, 2016). On the other hand, personal wellness awareness encompasses the counselor's skill in maintaining a balanced lifestyle and managing stress (Shuler & Keller-Dupree, 2015). This indicates that counselors' focus on prevention, wellness, and the development of a biopsychosocial approach defines their profession (Mellin et al., 2011).

Moreover, the most significant issue at play here is that wellness has been found to be foundational for professional counseling (Mellin, Hunt, & Nichols, 2011). As empirical studies indicate, CITs' development has been characterized by advances from external to internal conceptualization (Gibson et al., 2010), by the integration of the personal self and the professional self, and by congruent matching of personal and professional identity in the context of wellness (Prosek & Hurt, 2014). This researcher agrees that the counselor's unique wellness development must be at the center of discussions about the future of professional counseling education (Mellin, Hunt, & Nichols, 2011; Sweeney, 2019). To put it another way, counseling education should turn its focus on increasing wellness awareness among CITs.

Therefore, the essential finding from the study's major themes is that CIT participants' lived wellness experiences included an increase in wellness awareness as they transitioned from crisis, through determination, to holistic wellness. It appears that the increase in CITs' wellness awareness follows this pattern: It starts with a crisis period (or, at best, a somewhat purposeless period, lacking intentionality) and transitions to a more advanced, developed state. However, this pattern may not be static or lineal; the graduate journey includes many unpredictable events, so it is entirely possible that wellness awareness could be cyclical. Future research could investigate how CITs may experience these cycles of awareness, from limited to increased awareness and back again, because of factors not observed in this study.

Although the focus of phenomenological methods is on descriptions, not on developing new concepts, scholars of phenomenology traditions have pointed out the problem of remaining "preoccupied with 'what is' rather than striving, however laboriously and tentatively, towards 'what might be'" (McLeod, 2011, pp. 87–88). Hence, if the conceptual-encounter tradition of phenomenology incorporates more descriptive features, such as maps, patterns, and models (de

Rivera, 1976, 1981; McLeod, 2011), this explains why a study conceptual map could be created

of counselors' transitions in wellness awareness (see Fig. 5.1). As indicated earlier, all seven

participants in this study pointed to their lived experience of growth in wellness awareness. This

emerging pattern combines or encapsulates each participant's conceptual map and each of the

study's major themes. Further studies should investigate how to address the issue in counselor

education.

Limited awareness   *Transition*   *Increased awareness*
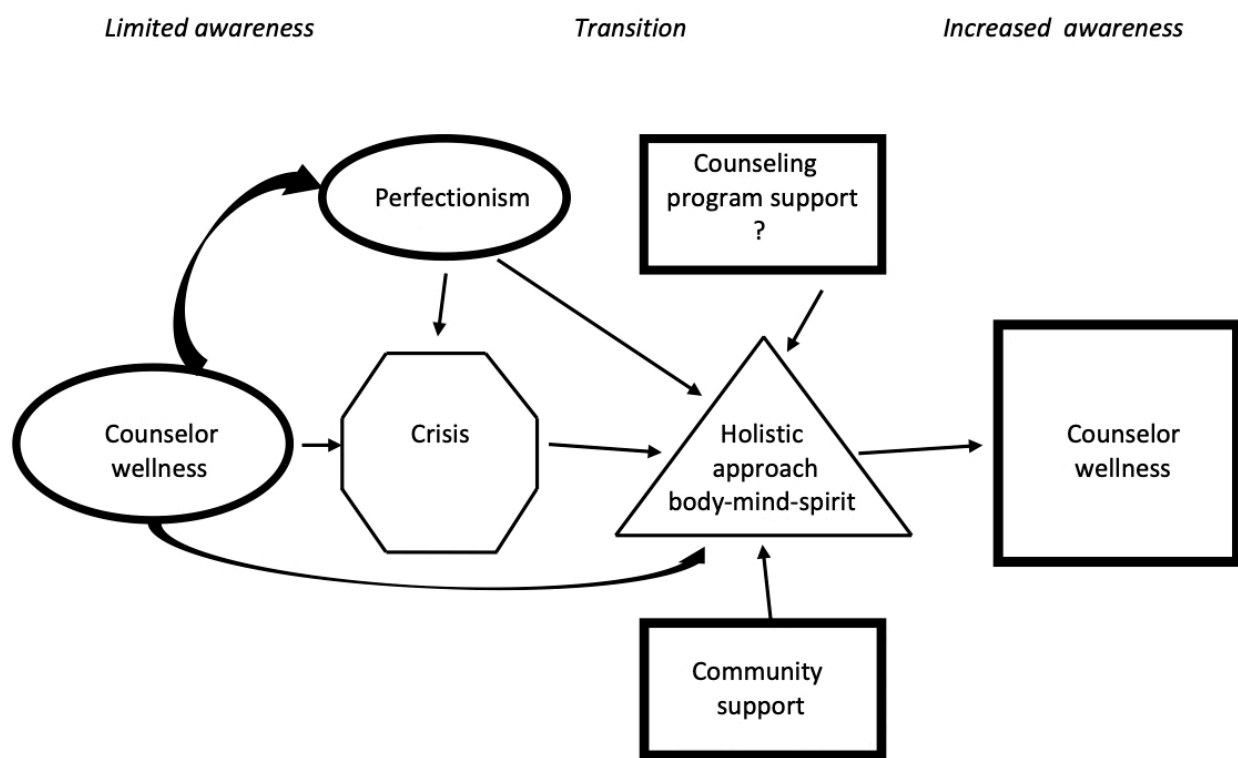
Fig. 5.1. Counselor Wellness Awareness Transition—Study Conceptual Map

Limitations of the Study

The primary limitation of this research is the fact that it was a phenomenological study.

This means that the number of potential participants recruited was limited. A total of 28 graduate

residential students enrolled in practicum and internship courses participated in this study ($N =$

28). This could have affected the results, even though the percentage of surveys completed was

high (90%; $n = 25$). Future research could utilize a larger sample and a more diverse student population. The small pool of participants might also be due to the fact that at this university, the majority of student enrollments are online rather than residential. Recruiting online students was discouraged because of the challenges of conducting face-to-face in-depth interviews (and designing the conceptual map) with them. Perhaps some accommodation could be reached so that this population could be included in future studies.

Other limiting factors in this study related to ethnicity, since five out of seven participants were Caucasian (the other two were biracial: White/Asian and White/Latino). Concerning gender, all participants were female; the median age was 27 years. Although six out of the 25 students originally surveyed were male, only two of the men were willing to participate, and those two did not respond to the prescreening call. This population could be researched in future studies, since their needs are different in some respects from those of the female students.

Another limitation related to marital status: Two participants were recently married, one was engaged, and the other four were single/never married. Regarding their religious background, all participants identified themselves as Christians. This means that future studies should recruit a more diverse population, including CITs from different ethnicities and faith traditions and older participants identified with a different generational group (e.g., Generation X)—perhaps some participants with parenting experience. In addition, it would be helpful to recruit some CITs for whom counseling is their second or third career.

Recommendations of the Study

A recently published Chi Sigma Iota Wellness Position Paper (Chi Sigma Iota, 2019) focused on the importance of promoting wellness in professional counseling. Its objective was to encourage the adoption of a more formal position on defining and securing counselor identity

with wellness practice and research. One significant statement from this paper says that "wellness counseling remains largely absent and underdeveloped in our preparation standards, research, training and clinical practice" (Chi Sigma Iota, 2019, p. 2). This explains why Chi Sigma Iota has embraced this position of leadership and advocacy to enhance professional counselor development and keep wellness as a part of its Mission, Vision, and Strategic Plan (Chi Sigma Iota, 2019). This declaration also encouraged the creation of a cadre of researchers interested "in areas related to codifying wellness counseling identity, practice and research" (Chi Sigma Iota, 2019, p. 2). Thus, it seems that a contribution has been made to counselor-wellness research on the basis of the findings of this study.

Because counseling education represents the best platform for enhancing a culture of wellness awareness among CITs, this section summarizes key recommendations to empower graduate counseling programs. Moreover, these recommendations represent an advance on the values of excellence in education that Christian institutions hold, indicating that some issues directly relate to the uniqueness of that environment. The purpose of each of my five main propositions is to provide ideas that might renew the direction of the counseling academy at CACREP-accredited programs, as well as foster the design of evidence-based models and best practices that target CITs' wellness integration.

Enhancing Wellness with Peer Togetherness

Adler's theory of social interest encourages people to be responsible, cooperative, and creative members of society—individuals who enjoy and like themselves and others (Sweeney, 2019). This means that individuals have an innate sense of community and of dependency on each other (Bruder-Bezzel, 2017). Further, this innate sense of concern for others can be developed and cherished; it is cared for through conscious social connections, cooperation,

closeness, emotional connectedness, the willingness to be useful, and an ethical responsibility for the weak (Bruder-Bezzel, 2017; Wolf et al., 2014). Hence, it is imperative that counseling graduate programs encourage a culture of togetherness and cooperativeness. As Hope acknowledged when describing her conceptual map, "I made it through the program because of my peers and friends."

A number of initiatives—peer mentorship, focus groups, support groups, surveys, discussion boards, and social media forums—could help to identify specific needs. Counseling departments and local Chi Sigma Iota chapters could endorse these initiatives and endorse the best ideas. For example, Blake advocated for creating peer connectedness, to support one other and enhance an environment of togetherness. She stressed the benefits of having someone to lean on in a way "that is not educational but personal." Going further, Blake addressed the need to hold a cohort together. Although she recognized the challenges for students of progressing at the same rate, she affirmed the necessity of keeping the same groups together from the beginning to the end of the program.

Enhancing Wellness With Faith-Community Connectedness

Research on wellness in Christian education is limited compared with the variety found in the non-Christian literature. However, Chandler (2015) created a whole-person formation model for Christian institutions that included eight primary dimensions. The model addressed spirit, emotions, physical health, vocation, stewardship, intellect, wellness, and relationships (Chandler, 2014, 2015). As indicated by this researcher, compromising one dimension has consequences for the others (Chandler, 2015). Since Christianity promotes loving one other and carrying each other's burdens (Galatians 6:2), the relational dimension of wellness should not be forgotten. Canning (2011) pursued this line of thought, saying that our well-being appears linked

to the Christian commitment to love and care for fellow believers. This concept logically includes the importance of peer relationships within the faith community. As shown in the present study's participant profiles, study themes, and conceptual maps, spiritual growth through faith community was essential for participants' holistic practice.

A second recommendation of this study, then, is to enhance not only peer togetherness but also faith-community connectedness. Adler's theory of social interest also stresses that all preconditions of the physical and the spiritual realms are encountered and fulfilled in the community (Adler, 1925). Adler added that even individuals' religion, language, mind, nationality, and ethnicity all have an effect on one another (Adler, 1925). It is important to note that unlike online students, who stay at home in their own communities, residential students generally leave their homes, hometowns, and faith communities behind; international students give up even more. This means that feelings of loneliness or isolation could have negative psychological effects. Counseling programs currently focus primarily on academic affairs, but this researcher suggests the promotion among CITs of engagement with local faith communities.

Enhancing Wellness in the Counseling Curriculum

Development of CITs' wellness awareness became the single major theme of this research. As Ramey and Liebert (2011) observed, the underlying philosophy of counselor education regarding wellness is the foundation for both CITs and counseling professionals. Five major themes emerging from this qualitative research emphasize the importance of infusing wellness into training programs and tying wellness into action on counseling education. In view of the need for more effective training in wellness for CITs, it seems that counselor-education programs should reevaluate their curricula on wellness (Pirtle et al., 2019; Wester, Trepal, & Myers, 2009). As mentioned above, an informal talk or lecture about wellness is not enough to

maintain or increase healthy levels among CITs (Ohrt et al., 2015). Thus, this study reiterates the importance of implementing wellness assignments and readings in counselor-education programs. My own recommendation, as the researcher, is to foster wellness through integration. In a 60-credit-hour degree, given the vast amount of knowledge, skills, and dispositions that must be covered in the curriculum, it is challenging to add anything at all. However, that does not mean that a program cannot prioritize wellness by integrating it across the curriculum, as many programs currently do with ethics and multiculturalism.

In order to enhance counselors' wellness awareness, a variety of initiatives can be implemented. First of all, routine assessments are needed of CITs to measure their perceptions of wellness (Harris et al., 2013), and assessments of their levels of wellness should be completed throughout the counseling program, to reduce impairment and burnout symptoms and reinvigorate a passion for counseling. Second, systematic methods are needed to evaluate and improve CITs' overall wellness (Harris et al., 2013). For example, Sweeney's IS-Wel (2019), as an evidence-based model, is recommended by this study, including its Five Factor Wellness Inventory (FFWEL; Myers & Sweeney, 2005, 2014); this model and inventory have been widely tested and validated (Sweeney, 2019). Other initiatives include elective workshops on wellness development (specifically, at the beginning of the graduate program), and forums, seminars, or retreats devoted to teaching how to live well holistically and how to establish career-long wellness habits. Likewise, faculty intentionality in sharing their own wellness journeys is helpful, and allows them to demonstrate what has worked for them. Alice mentioned earlier how she benefited from listening to her professors sharing "their own trajectory of their careers […] how they got to where they were, what they did to get there, and then how are they living their lives now."

To sum up, this study recommends that graduate counseling programs enhance wellness awareness in their curricula through the lens of a complete and harmonious self—whole, united, and unbroken. Furthermore, counseling programs at Christian colleges or universities should embrace the philosophical tenets of wellness, as presented in current Christian thinking, so that a developed wellness awareness in counselors will reflect wholeness—a perfect harmony of body, mind, and spirit.

Enhancing Wellness Through Clinical Supervision

Research has established that wellness is an essential part of clinical supervision (Lenz et al., 2012). Studies have suggested that wellness should be discussed and integrated within the supervisory dyad (Blount, Taylor, Lambie, & Anwell, 2016). Supervision should be highly intentional and should proactively address burnout, distress, and problems with competence (Barnett & Molzon, 2014), and it should also aim to develop healthy and career-long behaviors and habits among supervisees (Bernard & Goodyear, 2014; Jordan, 2018). However, the current state of counseling education with regard to wellness, including clinical supervision, is not encouraging (Chi Sigma Iota, 2019). Much emphasis has been placed on clinical skills, performance, or procedures, but the most critical piece in the practice of counseling has been overlooked: the person of the counselor (Thomas & Sosin, 2011). Therefore, as demand increases for better-equipped clinical practitioners, clinical supervision should focus on CITs' wellness-awareness promotion, placing first the person and then the practitioner (Ohrt et al., 2015).

First, this study recommends special attention to CITs' self-care habits. As Corey et al. (2018) observed, this is crucial because self-care mirrors the care clinicians provide to others, and impairments do not develop overnight. As Callie noted before,

But you can't complete this program, or any program, really, if you're not taking care of yourself and you're not satisfying what you need outside of this, such as social interaction with people that you love, or social connection [with] people that you love. You know, if you're not taking care of yourself, you are not essentially in the counseling field.

The importance of addressing self-care habits lies in the fact that enrollment in practicum and internship occurs at the end of a counseling-education program. By that point in their training, CITs should ideally already have a mature wellness awareness. Although participants in this study practice wellness in different ways, supervisors should check in with them periodically as gatekeepers. Second, clinical supervisors should be encouraged to implement models of supervision that are not only based on developmental stages or supervisees' roles but on more holistic approaches. Third, supervisors might instruct supervisees on the evidence that engagement in self-care routines during a graduate program fosters both a perception of better career performance (Doherty, 2019) and sustained wellness behaviors over a counseling career (Ellis, 2019). The point is to make CITs aware that postponing the practice of wellness until one's professional life is underway does not work. Research has shown that if CITs are not encouraged to practice self-care, they may be less likely to practice personal self-care after graduation and after becoming practitioners (Wolf et al., 2014). As Scripture says, "If you have raced with men on foot and they have worn you out, how can you compete with horses?" (Jeremiah 12:5).

Enhancing Wellness from an Ethical Standpoint

Corey et al. (2018) argued that self-care is not a luxury, but an ethical mandate. In the context of Adler's social-interest theory, one could say that without a healthy concern for self, a concern for the community can be compromised (Wolf et al., 2014).

Consistent with Adler's thought, if counselors realize that their personal self-care habits may directly influence their clients, social interest may motivate them to practice self-care and wellness (Wolf et al., 2014). A natural corollary is helping CITs to keep a balance between professional obligations and their personal lives (Barnett & Molzon, 2014; Jordan, 2018). Thus, a last recommendation for counseling education and clinical supervision is to make CITs aware that there are ethical implications of inappropriate self-care. This could be accomplished through instruction connecting the ACA Code of Ethics (2014) with counselors' self-care behaviors. As indicated in the Code of Ethics, clinicians should take steps to appropriately monitor their own signs of impairment—mental, physical, or emotional—and take time for self-care (ACA, Code of Ethics, 2014, section F.5.b.). CACREP also promotes counselor health; some of CACREP's standards specifically focus on preventing impairment and promoting wellness (see, e.g., section 2.F.1.1., which highlights the counselor's need for appropriate strategies for self-care; CACREP, 2016).

To summarize, counselor development has been linked to counselor wellness as a vital construct for ethical behaviors (Hendricks, 2008; Testa & Sangganjanavanich, 2016), and graduate counseling schools and clinical supervisors should walk the talk by fostering a culture of wellness awareness.

Suggestions for Future Research

Because of the current need for more research on the subject of wellness in counseling education, this section outlines specific ideas for professional-counseling scholarship. In reference to demographic issues, first, it could be useful to replicate this study with male participants. Since gender roles involve different interests, preferences, and challenges, it is necessary to explore how male CITs engage in wellness practices. Second, ethnicity plays

another important role in research reliability, so it might be beneficial to survey the Latino

population or the African American population to investigate how they integrate wellness while

in the counseling program. Third, the online or nontraditional student population should be

researched, on the assumption that they may be juggling more responsibilities than traditional

and residential students (e.g., job duties, parenthood, and age-related issues). Following this

suggestion, it could be helpful to compare or measure the perceptions of wellness awareness

among different generations, using the conceptual map tool. Moreover, there is a gap in the

scholarly literature on the effect of peers, friends, and faith communities in enhancing wellness

development; it would be worthwhile to explore this emerging issue, too.

Regarding issues of personality styles, such as comfort, pleasing, control, and superiority,

it is important to investigate how these styles might or might not be related to the decrease or

increase of wellness awareness among CITs. I also recommend that researchers investigate

factors that might encourage a perfectionistic personality style in graduate students, because so

many study participants seemed to struggle with it. Considering the validity and reliability of the

FFWEL, I suggest implementing a pretest-posttest research design to measure CITs' transitions

to greater awareness of counselor wellness development. This research could follow students

from the beginning to the end of the program—when CITs enroll in practicum or internship

courses. For example, control and placebo groups could be compared to determine the

effectiveness of wellness initiatives on participants. Last, this study encourages more empirical

analysis using longitudinal research studies. These studies could explore (a) factors that have

helped CITs to sustain wellness behaviors after graduation for a period of 5 to 10 years and (b)

how these behaviors have changed their conceptual map.

Conclusions

This final chapter has summarized the core major themes or findings of the study. A strong pattern has emerged through participants' attempts to develop a particular wellness approach. Concepts identified across the discussion suggest that the students moved from an undeveloped personal wellness state, or a state of limited awareness, at the beginning of the graduate program, to a crisis event fueled by perfectionistic behaviors. The transition to a developing state of wellness, or increased awareness, showed how the participant implemented holistic approaches of mind-body-spirit. This advance was sustained or supported by peers, the faith community, and by faculty and supervisors. The resulting development in wellness awareness was founded on each participant's ability to conceptualize what got her there [limited awareness experience] and how she got to where she is now [increased awareness experience]. For the purpose of representing a synthesis of the participant's development in awareness, this researcher designed a novel conceptual map of the study.

Therefore, the essential finding of this research is that fieldwork students' lived wellness experiences in graduate school at a Christian university included an increase in wellness awareness—transitioning from crisis, through determination, to becoming holistically well. This researcher hopes that counseling education will tie wellness into action, refocusing on the most essential object of professional counseling—the person of the counselor.

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Survey Monkey
https://www.surveymonkey.com/

Basic Information for Dissertation Study on Wellness

---

1. *What is your gender?*

    Female
    Male
    Not specified above (please specify)

2. *Which of the following best describes your current relationship status?*

    Married
    Widowed
    Divorced
    Separated
    In a domestic partnership or civil union
    Single, but cohabiting with a significant other
    Single, never married

3. *How old are you?*

4. *What is your racial or ethnic identity? (Select all that apply.)*

    African-American/Black
    East Asian
    Hispanic/Latinx
    Middle Eastern
    American Indian/Alaskan Native
    Pacific Islander
    South Asian
    Southeast Asian
    White
    None of the above (please specify)

5. *Do you identify with any of the following religions? (Please select all that apply.)*

    Protestantism
    Catholicism
    Christianity
    Judaism
    Islam

Buddhism
Hinduism
Native American
Interdenominational/nondenominational
No religion
Other (please specify)

6. Are you a full-time residential counseling student (mental health/marriage-family) who has at least 30 credit hours of graduate-level courses completed?

Yes
No

7. Are you currently enrolled in a practicum or internship course?
Yes
No

8. Throughout your counseling program, have you had to juggle multiple responsibilities while practicing self-care?
Yes
No

9. Are you willing to participate in a face-to-face interview for about 75 to 90 minutes?

Definitely would
Probably would
Probably would not
Definitely would not

10. In case you are selected as a potential participant for this study, how can I contact you?

Name
E-mail address
Phone number

Recruitment Flyer

Participants Needed for Dissertation Research Study:
"Tying Wellness into Action: A Phenomenological Study of
Graduate Counseling Fieldwork Students at a Christian University"

- Are you 18 years of age or older?
- Are you a graduate-level student in mental health or in a marriage and family counseling program?
- Do you have a minimum of 30 credit hours of graduate-level courses completed?
- Are you currently enrolled in practicum or internship courses?
- Are you interested in talking about issues that concern personal and professional growth, such as wellness?

The purpose of this study is to investigate wellness in the lives of counselors-in-training (CITs) in graduate counseling programs.

Please take the screening survey if you would like to participate:
https://www.surveymonkey.com/

Selected participants will share their experiences through a 75- to 90-minute face-to-face interview. Your information will remain confidential. Participants will receive a **$25 VISA gift card.** Deadline to apply: _____

Daniel E. Reyes, M.Div.
Doctoral Candidate
xxxx@xxxxx.edu / xxx-xxx-xxxx
Department of Counselor Education and Family Studies

APPENDIX C

Initial Phone-Screening Report

Date:
Name:
Phone:
E-mail:

Objectives:

1. Verify participant personal information collected from the survey, such as:

   ___ Full-time residential graduate-level student in mental health or marriage and family

   counseling program

   ___ Has a minimum of 30 credit hours of graduate-level courses completed

   ___ Currently enrolled in practicum or internship courses.

   Ascertain whether the participant is capable of providing significant reflection and useable data. During the 10–15 minutes of this initial phone call, the researcher will double-check all the data collected from Survey Monkey, and will ask this simple open-ended question:

   "In a very few words, how would you relate any lived experience while in the graduate school, to the following definition of wellness: 'Wellness refers to a holistic approach in which mind, body, and spirit are integrated. It is a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated in a purposeful manner with a goal of living life more fully.'" (Myers, Sweeney, & Witmer, 2000, p. 251).

General impressions:

_____

_____

_____

_____

Note: Depending on the answers, I will make one of three decisions in real time over the phone: Yes, No, or Maybe. If the decision over the phone is a "yes," the selection process will move forward (I will schedule a time and location for the interview). If the answer is "maybe," then that candidate could be reconsidered later.

Is this a potential participant for the study?

YES   NO   MAYBE (will consider in the future)

APPENDIX D

E-Mail Notification of Study Participation

Dear _____,

Congratulations! You have been selected to participate in my study, entitled "Tying Wellness into Action: A Phenomenological Study of Counseling Graduate Fieldwork Students at a Christian University." Based on our recent conversation by phone and the information you provided in the survey, I have found that you meet all the criteria required for the research.

Please select the one time slot most convenient for your schedule:

Day	AM	PM	Place
Mon			University Library
Tue			
Wed			
Thu			

I will do my best to make sure that our time together for the interview is no longer than 90 minutes. Thank you for your time and for your willingness to participate. I look forward to our meeting.

Sincerely,

Daniel E. Reyes
Doctoral Candidate in Counselor Education and Supervision
Department of Counselor Education and Family Studies
Liberty University

Guide Interview Script

Ask the participant to reflect for a few minutes on the following statement, printed on the index card: "Wellness refers to a holistic approach in which mind, body, and spirit are integrated. It is a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated in a purposeful manner with a goal of living life more fully" (Myers, Sweeney, & Witmer, 2000, p. 251).

Say, "As we begin, I would like to hand you this index card with a printed definition of wellness. You can read it aloud or silently, whichever you prefer."

"Wellness refers to a holistic approach in which mind, body, and spirit are integrated. It is a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated in a purposeful manner with a goal of living life more fully."

(Myers, Sweeney, & Witmer, 2000, p. 251)

Say: "Now, based on that definition, let us take 15 to 20 minutes, and in that time, I would like you to reflect both on your experience of practicing wellness, as well as your experiences of learning about wellness in your counseling program."

At this point the researcher would take a short pause before repeating this statement:

"Based on the index card definition of wellness, let us take 15 to 20 minutes, and in that time, I would like you to reflect both on your experience of practicing wellness, as well as your experiences of learning about wellness in your counseling program."

During this recall time, record key ideas and concepts from the participant's narrative on the Post-it notes, using one idea or concept per note.

When the participant has finished his or her story, display the Post-it notes and ask the participant to double-check each note for accuracy. Invite the participant to develop new ideas or concepts, and encourage him or her to make any correction or addition needed. Direct the participant to organize the Post-it notes into a visual representation called a *conceptual map*. Participant should complete the following set of interventions:

- **Intervention 1:** Ask the participant "to place the Post-it notes® on a large sheet of newsprint on top of the lapboard, and to re-arrange, move, or re-organize [the notes] until …the conceptual map, accurately, represents the lived experience, and how each concept relates to each other." For verification purposes, then, the researcher will keep asking, "Can you give me any additional clarifications regarding the already-constructed conceptual map?" The researcher will continue to interact with, and direct, the participant throughout the remaining interventions.

- **Intervention 2:** Guide the participant "to draw a geometric shape around each of the clusters, or around clusters within clusters, such as circle, triangle, etc."

- **Intervention 3:** Ask the participant "to label each of the concepts or clusters of concepts."

  Intervention 4: Direct the participant "to draw lines connecting concepts or clusters of concepts with each other. If there is any directional flow between the concepts, the participant is asked to note those directional relationships with arrows or some other indicator of their choice."

When these tasks are completed, direct the participant to look at the conceptual map reflectively, as the researcher brings up these probing questions:

- "Now that you have created this conceptual map about your lived experience of wellness, what strikes you as you study your map?"

- "How have you attempted to implement wellness behaviors? What has worked for you as a graduate student in counseling?"

- "In your opinion, what personal factors have hindered you from experiencing wellness while enrolled as a graduate counseling student?"

- "What professional factors have hindered you from experiencing wellness while enrolled as a graduate counseling student?"

- "Is there anything else that you feel compelled to say about this whole experience?"

Conclude the interview with this statement:

"Thank you so much for your willingness to share your experience with me and for your commitment to this study. It is definitely much appreciated. As I mentioned before, this interview has been recorded, and I just want to remind you that the audio content and your conceptual map will remain anonymous. Feel free to reach me later if you have any concerns regarding the confidentiality of your conceptual map or your audio recording. Again, thank you so much for participating."

APPENDIX F

Informed Consent Document

Title of the Project: Tying Wellness into Action: A Phenomenological Study of Counseling Graduate Fieldwork Students at a Christian University.

Principal Investigator: Daniel E. Reyes, MDiv, PhD Candidate, - University
Co-investigator: John King, PhD, LPC, - University

Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate,

- You must be18 years of age or older
- You must be a full-time residential graduate-level student in mental health, or in a marriage and family counseling program
- You must have a minimum of 30 hours of graduate-level courses completed
- You must be currently enrolled in practicum or internship courses
- You must complete a prestudy Survey Monkey survey
- You must be open to talking about issues that concern personal and professional growth, such as wellness.

Taking part in this research project is voluntary. Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the study about and why is it being done?

The purpose of the study is to investigate wellness in the lives of counselors-in-training (CITs) in graduate counseling programs. Moreover, wellness is the foundation of the counseling profession and more research is needed in programs that prepare future professional counselors.

What will happen if you take part in this study?

If you agree to be in this study, you will asked to do the following things:

1. Complete a prestudy Survey Monkey survey to collect information as a prescreening procedure. Estimated time: 5 minutes.
2. Have an initial phone call as a preselected potential participant. Estimated time: 10 to 15 minutes.
3. Participate in a face-to-face in-depth interview where you will share your lived wellness experience throughout your counseling program. Estimated time: 75 to 90 minutes.

How could you or others benefit from this study?

The main benefit to you from participating in this study is a better understanding of the experience of wellness while in graduate-level counseling school. Other benefits relate to

increased understanding of factors that could enhance your future professional development and healthy habits that could contribute to your success.

Additionally, healthier counselors who practice a model of wellness will benefit society from an ethical, financial, and relational perspective. The quality of a counselor's lifestyle will affect the quality of the service he or she will provide to clients.

What risks might you experience from being in this study?

If you decide to participate in this study, you may face a minimum risk of emotional or relational discomfort. This researcher will pay attention to the potential for emotional discomfort that you may experience, but as with any research, there is some possibility that you may be subject to risks that have not yet been identified. If at any time you have concerns about your involvement, including during the interview, it is completely within your power to stop the conversation.

How will personal information be protected?

The records of this study will be kept private. These steps will be taken to protect the participants: Initial phone calls to potential participants will be done in a private room; interviews will occur in a reserved private room at the Jerry Falwell Library or DeMoss Hall; during the audio recording, identifiable information will not be used; the research reports/findings will use pseudonyms when making reference to the subject interviewed; and recordings and transcripts will be destroyed immediately if the participant withdraws.

Research records will be stored securely, and only the researcher and the co-investigator will have access to the records. Because the participants' narratives will be recorded, raw data will contain identifiers. However, all the data collected will be kept confidential and locked in a password-protected flash drive. Additionally, the codebook that will be used to identify participants and their pseudonyms will be kept locked in another secure flash drive. Further, pseudonyms will be used to make reference to the subjects interviewed when presenting/publishing the research findings.

To record the interviews, the digital app Otter will be used; it will capture valuable information communicated verbally and will also generate a 100% automated transcript. Otter's transcripts are password protected through two lock features—the device's access code, and the app's access code. A final step will be transferring all data to a password-protected flash drive and then deleting all files from Otter's app. Additionally, the flash drive will be stored in a locked cabinet.

All information obtained about you in this study is strictly confidential unless disclosure is required by law. The results of this study may be used in reports, presentations, and publications, but the researcher will not identify you.

How will you be compensated for being part of the study?

The researcher wants your decision about participating in this study to be absolutely voluntary. However, you are offered a $25 VISA gift card to compensate you for the time you invest in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with - University. If you decide to participate, you are free to not answer any question; you may also withdraw at any time.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the e-mail address/phone number included in the next paragraph. The data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Daniel E. Reyes, MDiv, and the name of the co-researcher is Dr. John King. You may ask any questions you have now. If you have questions later, you are encouraged to contact Daniel E. Reyes at XXX-XXX or xxxx@xxxx.edu. You may also contact the researcher's faculty sponsor, Dr. Lisa Sosin, at xxx@xxxx.edu.

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), **you are encouraged** to contact the Institutional Review Board at – University (mail address) or via e-mail at irb@xxxx.edu.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio record me as part of my participation in this study.

_____   _____
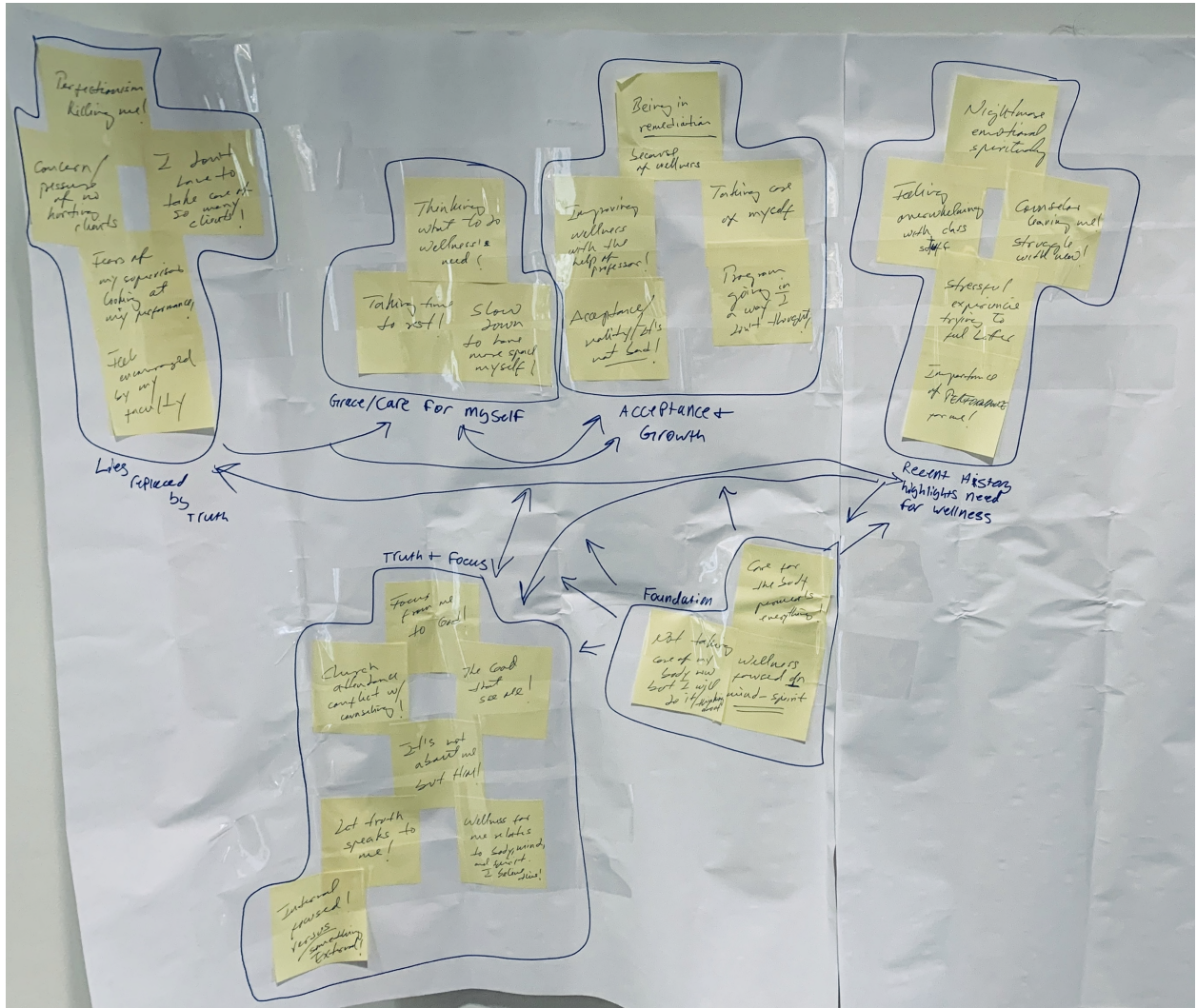Printed Subject Name   Signature & Date

APPENDIX G

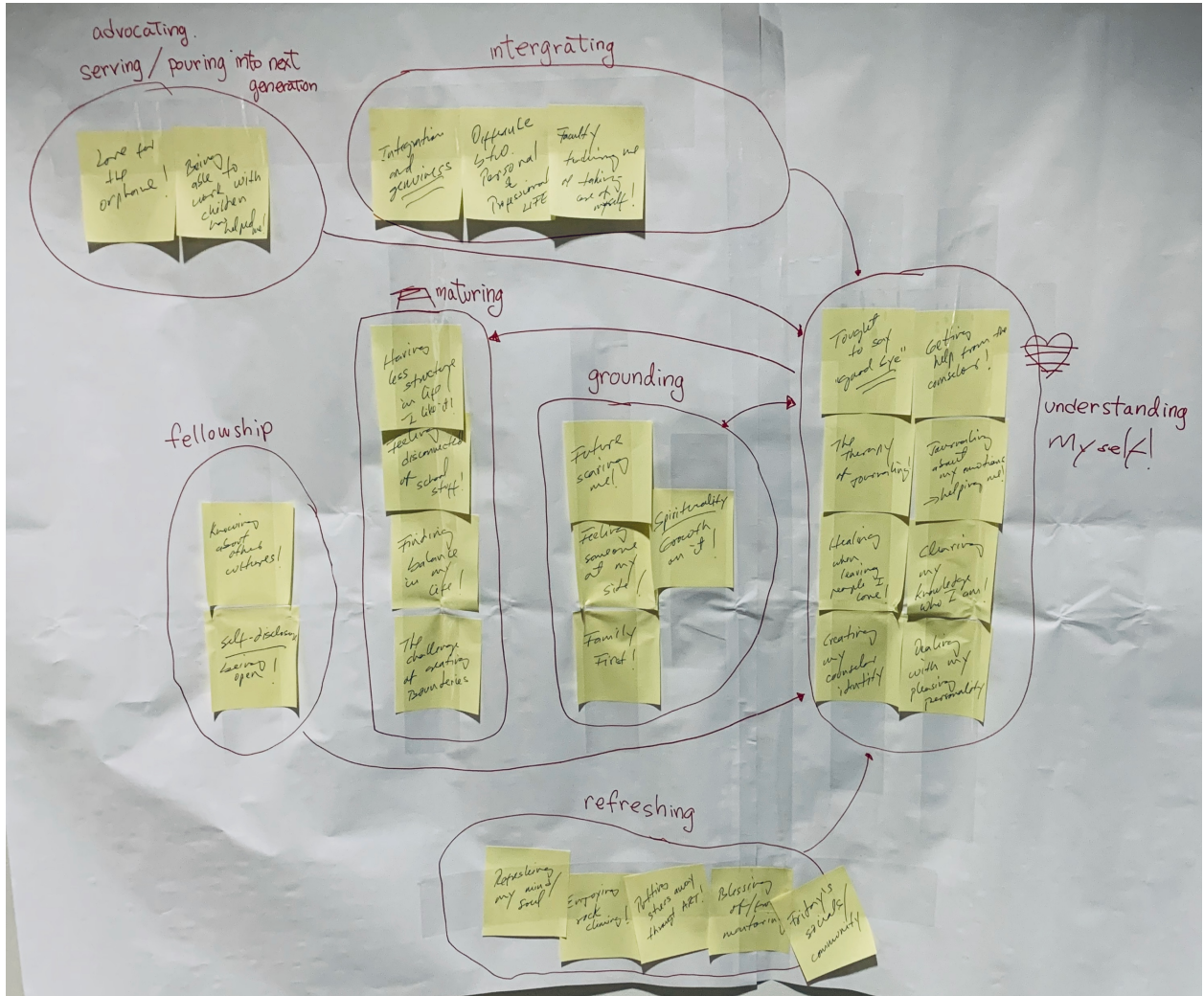## Original Conceptual Map of Alice

Original Conceptual Map of Blake

Original Conceptual Map of Callie
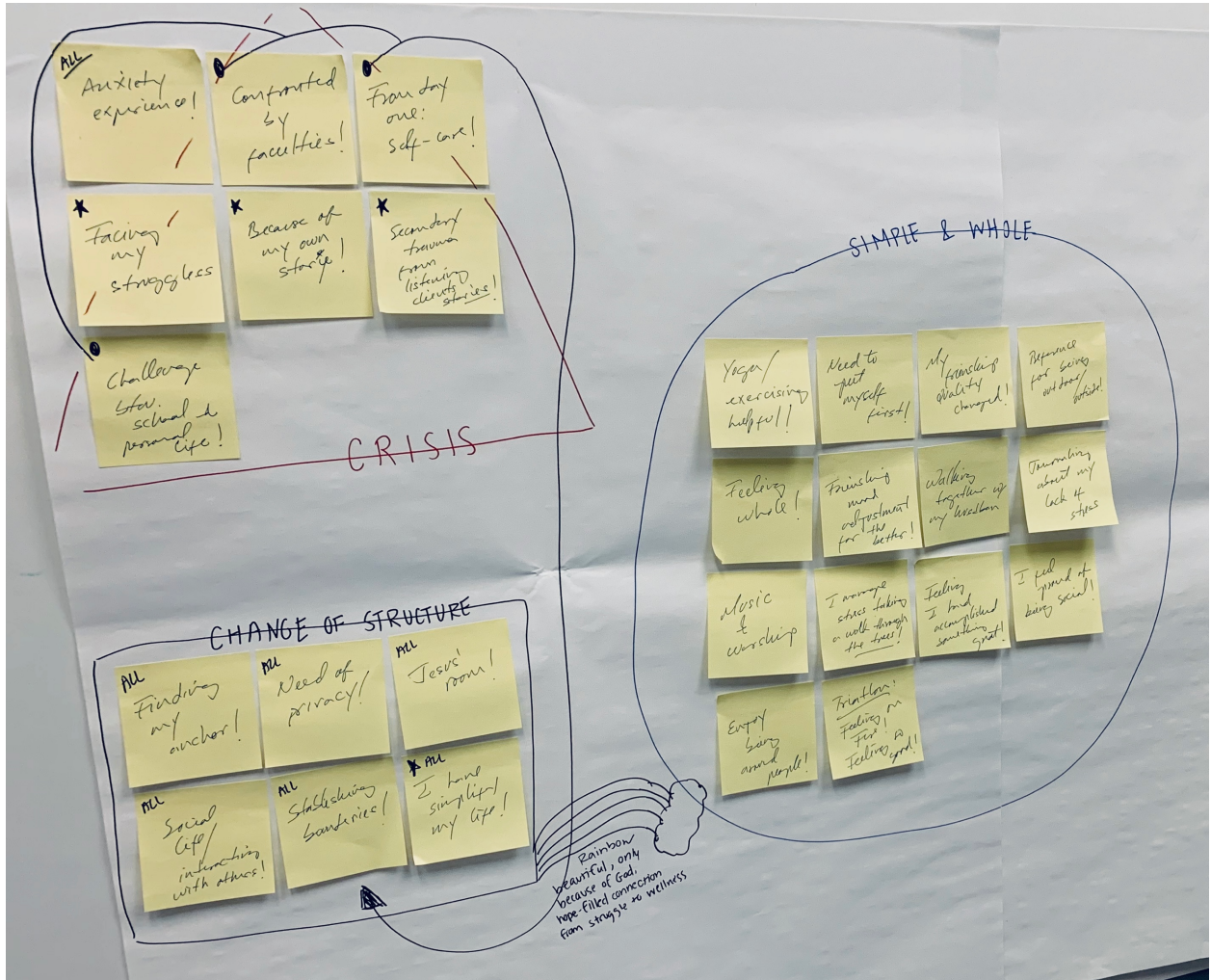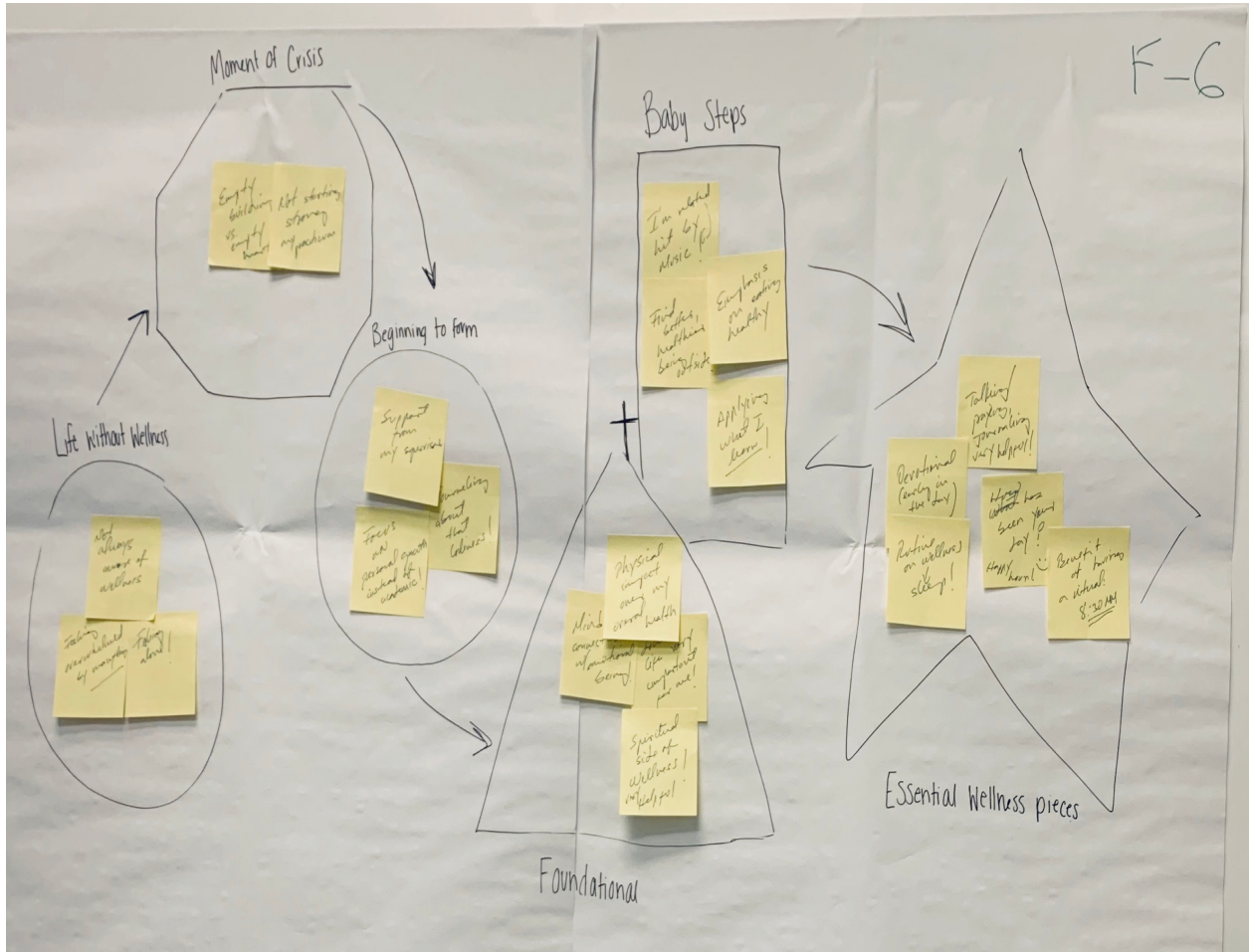
APPENDIX J

Original Conceptual Map of Danielle

Original Conceptual Map of Ellie

Original Conceptual Map of Francine

Original Conceptual Map of Hope