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The Experience of Wellness for Counselor Education Doctoral Students Who are Mothers in the Southeastern Region of the United States

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Abstract

The purpose of this phenomenological study was to explore the experience of wellness in counselor education doctoral students who are mothers of children under the age of 18. Seven participants from universities in the southeastern region of the United States completed two rounds of interviews and one focus group. Participants were at varying stages of motherhood and different points in their doctoral journeys. Findings included participants' views of motherhood and womanhood, sacrifices and rewards, counselor education program support, wellness, and dissonance of multiple roles. Findings were compared within and across cases using themes and categories. Suggestions for further research as well as implications for this population and counselor education are offered.

Keywords: wellness, mothers, counselor education, qualitative

Introduction

One hallmark of the counseling profession is adherence to the wellness model. Counselors believe that the wellness model of mental health is "the best perspective for helping people resolve their personal and emotional issues and problems" (Remley & Herlihy, 2010, p. 26). Mental health functions on a scale between mentally healthy and dysfunctional. This mental health scale also takes into consideration a systemic outlook on the varying factors that may contribute to a person's overall mental health (e.g. family, career, spirituality).

As an alternative to the traditional medical model which focuses strictly on the physical and biological aspects of disease, Myers, Sweeney, and Witmer (2000) defined the concept of wellness as "a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community" (p. 252). Roscoe (2009) provided a synopsis of the multidimensional aspects of wellness. Some of the components summarized include social wellness, emotional wellness, physical wellness, spiritual wellness, and psychological wellness. "Social wellness encompasses the quality and extent of interaction with others and the interdependence between the individual, others, the community, and nature" (Roscoe, 2009, p. 218). This definition emphasizes Adler's idea that people typically desire a sense of belongingness. Emotional wellness is defined as "awareness and control of feelings, as well as a realistic, positive, and developmental view of the

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self, conflict, and life circumstances" (Roscoe, 2009, p. 219). Physical wellness focuses on nutrition, physical activity, self-care and healthy lifestyle choices (Roscoe, 2009). Spiritual wellness is "the innate and continual process of finding meaning and purpose in life…" (Roscoe, 2009, p. 221). Psychological wellness can be closely linked to the positive psychology movement in that is emphasized a person's sense of optimism related to life's events and experiences.

Because the "underlying philosophy of counselor preparation rests on a foundation of wellness for professionals and professionals-in-training" (Myers, Mobley, & Booth, 2003, p. 273), both counselor educators and doctoral students who aspire to be counselor educators have a responsibility to maintain personal wellness. In Section C of the American Counseling Association Code of Ethics, the introduction states "…counselors engage in self care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities" (ACA Code of Ethics, 2005). Doctoral students in counselor education should be attuned to wellness or form a wellness routine during their doctoral studies. Yet, attending to personal wellness may be particularly challenging for doctoral students who are also parents of children under the age of 18. They may struggle with balancing the multiple demands of graduate studies and parenting, along with work, family, and social obligations.

According to Jaschik (2010), women earned a slight majority of doctoral degrees in the 2008-2009 academic year. With the exception of disproportionately male dominated fields such as engineering, women earned 50.4 percent of doctoral degrees awarded. As the number of women earning doctoral degrees has increased, female doctoral students who have children may experience the challenges of role juggling even more keenly than their male counterparts. Women are socialized to nurture others (sometimes at their own expense). Carol Gilligan, a feminist pioneer of female moral development, believed that through socialization, women try to solve conflicts in a way that no one will be hurt, which she termed as the *ethic of care* (Gilligan, 1982). This gender role socialization has perpetuated the tradition that women are responsible for the majority of childcare and household tasks in most cultures (Worell & Remer, 1996). Furthermore, research has shown that childrearing practices still may not be as equal as one might expect in the 21st century. Steil (2001) found that women still do up to two-thirds of the childcare and twice as much housework. Milkie, Bianchi, Mattingly, and Robinson (2002) examined division of labor and spousal support. Their research indicated that there has been a shift in the viewpoints of couples raising children, with men and women tending to have more egalitarian views of childrearing and each partner's responsibility. However, "actual" involvement appeared to be different from "ideal" involvement: there appeared to be incongruence between the couples' egalitarian expectations for the father to be equally involved with childrearing and the mothers' reports that fathers were actually less involved. Milkie et al. concluded that most of the actual childrearing still falls on the shoulders of the mother. These findings have implications for mothers who are seeking a doctoral degree in counselor education which is built on the guiding principle of the wellness model.

Surprisingly, few studies have focused on wellness in counselor education programs. Myers, Sweeney, and Clarke (2006) conducted a pilot study to explore ways that wellness is incorporated into counselor education graduate programs. Of the 32 programs that responded to their request for information, five programs reported having a special course on wellness, and 13 indicated that curricular units on wellness were included in other courses. Some programs reported encouraging wellness in a number of other ways such as assessing student wellness through observation in clinical courses, identifying counseling services as resources, co-

curricular activities, service activities, and overall counselor education program involvement (Myers et al., 2006).

Roach and Young (2007) examined self-reported levels of wellness in 204 master's-level counseling students at the beginning, middle, and end of their training using the Five Factor Wellness Inventory (5F-Wel). Students in all three groups reported higher mean scores in Total Wellness, the Essential Self, the Creative Self, and the Coping Self, all components of the Indivisible Self Model (Myers & Sweeney, 2004). The researchers found no significant trends in levels of wellness based on time in a counselor education program. However, the authors found that students and faculty thought personal wellness was integral to efficacy in client work.

More recently, Lambie, Smith, and Ieva (2009) explored graduate counseling students' levels of ego development, wellness, and psychological disturbance. The authors assert that "wellness is significant to counselors' functionality and therapeutic effectiveness" (p. 116). Hence, "an environment emphasizing the wellness of the professional appears necessary to assist students in their development as counselors" (p. 116). This research emphasizes the relevance of personal lifestyle choices and how these may impact or impede therapeutic work with clients.

Myers et al. (2003) explored wellness for first-year master's and doctoral-level counseling students. They administered the Wellness Evaluation of Lifestyle (Myers, 1998; Myers, Sweeney, Hattie, & Witmer, 1997) which includes constructs such as spirituality, self-direction, work and leisure, friendship, and love. Doctoral students in the sample reported higher levels of total wellness compared to master's level students, and higher subscale scores especially in the life tasks of spirituality and work. Additionally, doctoral students scored higher on the gender identity, cultural identity, and intellectual stimulation subscales. The authors hypothesized that the higher scores of doctoral students might be attributable to more developed awareness of multicultural issues and increased student commitment to the educational process as it parallels their future work setting as professors.

Padula and Miller (1999) used qualitative methods to explore the experiences of four married women with children who were full-time psychology doctoral students. They reported that these mothers found the experience of balancing roles to be overwhelming at times. Common themes were frustration from lack of time and not feeling understood, resentment from family members, and no flexibility to deviate from schedules when unexpected events (e.g., a sick child) occurred. The participants in this study expressed high stress levels, exhaustion, lack of support, difficulty feeling connected to faculty mentors, and family relationship strain. Additionally, participants reported that faculty mentorship did not occur.

Although wellness is particularly relevant to students in counseling programs, especially those who are balancing multiple roles, research on this population is scant. To date, no studies have explored counselor education doctoral student wellness among women who are mothers. This phenomenological research study sought to explore holistic wellness among this population. The research question was, "What is the experience of wellness for mothers in a counselor education doctoral program?"

Method

Qualitative methodology often is used to describe the lived experiences of research participants, and phenomenology is a preferred approach when the researcher's objective is to describe participants' perceptions of a phenomenon. Because we were interested in studying the

experience of wellness for counselor education doctoral students who are mothers, we chose a phenomenological approach to capture a rich, detailed description of their experiences.

Participants

Participants were counselor education doctoral students who were mothers with at least one child (under the age of 18) living in the same residence. Research participants were recruited from counselor education doctoral programs accredited by the Council for Accreditation of Counseling and Related Educational Programs and located in the southeastern region of the United States. The institutions that participants attended needed to be within driving distance (no more than 8 hours away) of the senior researcher's institution to secure an initial face-to-face interview. However, to increase the participant pool, one participant whose location was more remote was interviewed via telephone for the initial interview.

A request for volunteers was sent via electronic mail to counselor education department chairpersons of eight universities in the southeastern region of the United States. All eight programs were CACREP- accredited and offered a doctorate in Counselor Education. Participants responded from three institutions. All three institutions were large institutions with enrollments of over 16,000 students. Seven women participated in the study. Participants indicated by their signature on the consent forms that they understood the benefits, risks, and measures to protect confidentiality in the study. Participant names were replaced with pseudonyms in all written materials. All interview audiotapes were transcribed by the senior researcher. Audiotapes, notes, and transcripts were stored in a secure location.

All participants were of European American descent and were enrolled as doctoral students in counselor education programs in universities in the Southeastern region of the United States. (As this participant sample was such a homogeneous group, limitations on the basis of race/ethnicity will be addressed later in the article.) The participants ranged in age from 25 to 50 and their children's ages ranged from infants to teenagers.

Natalie was the youngest participant at age 26; she was single, living with her fiancé, and had a seven-week old baby. Camille was 32, married, and had a three-year-old daughter. Jessica, age 39, was divorced and had a seven-year-old son. Melissa was 41, married, and had a four year old daughter. Emily, age 45, was also married, and she had two teenage sons. Savannah, age 49, was divorced and lived with her boyfriend; she was raising a son and a stepson, ages 11 and 18. Finally, Tonya was 50 years old, married, with three children, ages eight, 15, and 16.

Procedure

Data were collected through three primary methods. These methods were individual interviews, a focus group, and participant essays or journals. Participants were asked to volunteer for an initial, in-depth interview lasting approximately 90 minutes, and one follow-up interview to clarify, confirm, and allow for new information to emerge. Initial interviews were face to face, with the exception of one by telephone due to a 13-hour driving distance. Follow-up interviews were conducted via telephone. In-depth interviewing was utilized to elicit a rich description of the phenomenon. An interview guide was on hand to help the interviewer remain focused; however, the interviews followed a conversational format to capture the participants' words as a natural occurrence. The semi-structured interviews were audio taped, transcribed, and analyzed.

After all individual interviews (initial and follow-up) had been conducted, participants were asked to participate in a 60-minute focus group. They were asked to sign a consent form specific to the group, and were informed that the focus group would be audio taped. Participants were reminded about the limits of confidentiality. The purpose of the focus group was to allow participants to meet and have an informal discussion about the topic and themes that had surfaced as a result of data analysis procedures. The focus group took place in a conference room equipped with speakerphones. This allowed participants who were in diverse geographic location to participate.

All participants were asked to write an essay or keep a journal for one month. The essay allowed the participant to record her viewpoint, perspective, or feelings regarding the research at the end of the study. Pertinent questions from the interview guide were included to serve as stimuli but participants were encouraged to write freely and openly about concerns or issues in their experience. For the journal, participants were asked to record the same information as the essay but on a more consistent, daily basis. Both the journal and essay were given as options to provide a comparison of day to day reflections with a more holistic summary.

Validation Procedures

Multiple validation procedures including peer debriefing, journaling, and member checks were used to triangulate the data and increase the credibility of the findings. Peer debriefing is a procedure in which a researcher discusses findings, conclusions, and analyses with a peer as a means of gaining an objective perspective and adding rigor to qualitative research studies. Peer debriefing meetings were held weekly to discuss the progress of the research, monitor sensitivity, and discuss any changes in or perceptions of the senior researcher's personal wellness. The senior researcher kept a reflective journal to record personal reflections regarding the research and reactions to the qualitative process. Member checks were conducted with participants in an effort to stay close to participant data and ensure that interpretations and analogies were accurate and precise. After each initial interview had been transcribed, an individual member check was done via email.

Lastly, cross comparison (also known as data triangulation) was implemented. Data triangulation means utilizing multiple data sources, multiple methods of collecting data, and multiple interpretations (Merchant, 1997). Data triangulation assisted in exhibiting commonality among the different methods used and addressed any discrepancies in the data. Data were triangulated through interviews, participant journals, and participant essays.

Data Analysis

Data were analyzed according to the techniques identified in the works of Colaizzi (1978), Osborne (1990), and Morrissette (1999). These techniques were: (a) Interview as a Whole, (b) Interview as Text, (c) First Order Thematic, (d) Second Order Thematic, (e) Within Person Analysis, (f) Overall Synthesis, and (g) Between Person Analysis.

Interview as a Whole involved reviewing audiotapes and field notes, soon after the interview while the information was still familiar to the researchers. This step was useful in gaining an awareness of the phenomenon by paying close attention to tonality, use of metaphors, and nonverbals or body language of participants (Morrissette, 1999). Interview as Text involved transcribing interviews from audiotapes into written format. Once transcribed, the transcripts were read multiple times to find key words or statements.

In the First Order Thematic (Abstraction) step, the key words or statements were paraphrased and assigned a theme. The themes were placed into a table for easy reference. The Second Order Thematic (Cluster) step involved clustering the themes into groups and assigning a general description of each cluster. The descriptions reflected the experiences within the themes of each participant and were used to compare experiences (Morrissette, 1999). Table 1 displays the second order thematic for participants in this study.

Within Person Analysis entailed reflecting on and summarizing each participant's experience. Overall Synthesis provided an overview and resulted in a display of both individual and shared experiences among research participants. This process provided an opportunity to compare participant experiences in a descriptive format (Morrissette, 1999). Finally, Between Person Analysis provided a grid or visual chart of the overall synthesis as a method of quick comparison reference and provided a global or holistic picture.

Table 1 - Clusters and Themes for Second Round Interviews

View of motherhood/womanhood (socialization)	Sacrifices	Rewards	Counselor Education Support	Wellness
Mother's modeling	Time	Personal Meaning	Faculty Support	Wellness Components/ Focus
Education	Finances		Cohort Support	
Extended family/friends/others impact	Involvement			

Results

Five main categories that illuminated participants' experiences emerged from the interviews and focus group: (a) view of motherhood/womanhood (socialization), (b) sacrifices and rewards, (c) counselor education program support, (d) wellness, and (e) dissonance in multiple roles. The themes across those categories included: mother's modeling, education, extended family and others' impact; sacrifices of time, finances, and involvement; personal meaning; support from faculty and cohorts; and wellness.

Views of self as mother and woman

Participants' views of themselves as mothers and women were derived primarily from their mothers. Although participants described different parenting styles of their mothers, each participant named her mother as the prominent model of motherhood. Girlfriends and continuing education also were important in clarifying their role as women. Education was a major influence for Jessica and Camille. For Tonya, her spirituality and religious beliefs helped solidify her womanhood.

Participants who grew up with non-traditional mothers who managed multiple roles seemed to have experienced less guilt about their own role balancing. Emily related her childhood to her present experience as a mother:

...when I'm feeling guilty, I think, well now wait, my mother was a very busy mother. And I don't feel like we suffered in any way. And that helps me...that kind of justifies things a little bit, that I'm not necessarily being a bad mother and neglecting my kids, And that maybe it's okay. And, I think, had I not had that, I'd be struggling a lot more with how much of my time is being taken up.

For Camille, her mother's multiple roles seemed to be stressful and until a few years ago, she did not want to have to perform the same juggling act.

I think she (my mother) really struggled with the whole traditional upbringing idea versus what she was learning and doing out in the real world. And she's said things to me like, "I did not value motherhood the way (I do) now, looking back on it, I wish I had." So I think in her head, motherhood wasn't very important. I don't know that that was the way I wanted my family. My idea was that mothers are stressed out and I don't want to be stressed out... I think a part of the journey for me (in deciding to have a child) was *wanting* a child; it took me a while (to get there).

Sacrifices and Rewards

Participants identified both sacrifices and rewards in pursuing their doctoral degrees in counselor education. Sacrifices entailed time, finances, and involvement. Time was sacrificed in terms of family, friends, and time for self. For Melissa, Savannah, Tonya, and Camille, there was a loss of time with family or friends. Natalie had no time for self. For Jessica, lack of time was related to her quality of schoolwork. And for Emily, just having the luxury of time was questioned. Savannah talked in detail about the time with family she sacrificed:

...there's the family experiences that were sacrificed...such as to stay home at night, and things in the evening that I couldn't do, because of either being in school or having some other commitment....the evening times for me, that's a little personal time you can spend with your family. And that was a loss.

Financial sacrifices emerged as well and were prominent for Savannah, Jessica, Camille, and Emily. Jessica talked about financial sacrifices as they pertained to herself and her son:

Financial sacrifices – being a single parent, my income is based on my assistance and student loans. So, I would think that that's a sacrifice. And, we get assistance from the state from my son's medical insurance. So, those would be the big sacrifices.

Participants also related personal rewards that counterbalanced their sacrifices. These included internal validation, depth of personal meaning, learning, stability and flexibility, self-understanding, acceptance of self, and motivation. Emily discussed internal validation, whereas Camille talked about her changed perspective now that she is a mother:

...the biggest reward is internal validation. Just realizing that I'm succeeding. And, I'm succeeding under circumstances that aren't the easiest. I think working full time and being a mom adds to that validation, because I am pulling it off…(Emily) ...now that I'm a mother...it's like a goal for your child, it's definitely worth it just because that's the most important thing for you now. So, the other things don't seem quite as important, you know, your free time, your time to go hang out with friends, just aren't quite as important any longer. I guess that's nature's way of allowing you to do what you need to do for your children. So, it's very, very rewarding. (Camille)

Participants agreed that these rewards made the experience worthwhile. However, it appeared that many aspects of personal wellness were sacrificed in the process.

Counselor Education Program Support

Participants discussed both faculty and cohort support. Most participants reported positive faculty support. Jessica and Savannah had more unique experiences with faculty support. Jessica viewed faculty support as conditional:

...I would have to say yes, I do feel supported. I've been able to feel comfortable staying home when my son's sick. I've been comfortable in going to the professors and saying, I know this is due today, but... I need a couple of more days. And, for the most part, they've been very supportive. I get a little concerned that that's wearing thin. That it's not freely supportive, that it's somewhat conditional; I worry about that.

Savannah reported negative feelings towards faculty support:

There were times when I felt things could have been done a little more timely but because it wasn't convenient for them (faculty), it really didn't matter that it was inconvenient for me.

Natalie, Savannah, and Emily reported positive cohort support. Camille also expressed positive cohort support, primarily with other mothers in the program. Jessica and Tonya did not feel supported by peers, but each suggested reasons that may have been related more to their lifestyle than to cohorts. Melissa did not discuss cohort support in her second round interview.

Wellness

Each participant perceived that she had sacrificed some components of holistic wellness. Some participants reported a loss of connections while working towards their doctoral degree. Tonya reported a loss of connection with her church which had played a vital role in her spiritual well-being. DeVaus and McAllister (1987) stated that women tend to be more religious than men but once they begin a career (in this case, a doctoral program), less religious tendencies are reported. Natalie reported a loss of connections with friends. As evidenced by past research, social support has been shown to have a strong link to wellness and longevity. Furthermore, poor health shows itself more readily in persons who lack social support (Schwarzer & Leppin, 1989). Support systems are also a strong indicator of positive mental health over time (Lightsey,

1996; Ulione, 1996). Emily implied that at times she felt as if she was missing some level of familial support. She recounted a panic attack she experienced while in class:

> In class one night, I thought I was having a heart attack. All the classic symptoms, and I said to myself, "This is probably nerves and anxiety," but it wouldn't go away. And my first thought was "Well, what if it's not? What if it's real?" And I thought of my kids. And I thought that I couldn't take the chance. My kids need me. And so I called my husband and said "I think you need to take me to the emergency room." And he [said] "You know that's stress and we're going to be there all night." And I kept saying that I had to find out. So that was hard too because he was saying "Well, now look at what school did to you." So sure enough, by 4:00 in the morning, they (doctors) finally came back and had given me an EKG and all of this other kind of stuff, chest X-rays and everything. And they said it was stress.

Physical wellness in the form of good eating habits and exercise had been neglected, and Melissa and Tonya reported significant weight gain. Tonya discussed how this affected her physical and emotional wellness:

> …the thing I like to do the least is work out and exercise. So this (doctorate) gave me a really good excuse not to do the thing that I like the least. And it really affected my emotional wellness because when you wake up in the morning and your clothes don't fit, it's hard to get motivated; it's hard to get started and it really can pull you down.

Dissonance in Multiple Roles
Participants were cognitively aware of the need to be flexible in their many obligations, but still struggled with the need to maintain balance and the desire to perfect each of those roles. Savannah described her personal learning as a mother throughout her doctoral journey:

> I'm trying to work on...giving myself permission to not do everything perfectly or not be at...everything, presentations, and conferences. I wish somebody could have told me that (sooner).

Discussion
Participants in this study were able to clearly identify many sacrifices they had made to pursue their doctoral degrees, but the ultimate sacrifice seemed to be their overall wellness. They struggled with trying to fulfill multiple roles and responsibilities. Although gender role expectations have become more egalitarian in recent decades, women still do most of the household duties and childcare, leaving very little time for self. Several "superwoman" characteristics such as perfectionism and the need to be successful in all roles can exacerbate feelings of anxiety and stress. A sense of being overwhelmed, overworked, and overscheduled also emerged in this study. These factors may be associated with some of the guilt and dichotomous feelings participants expressed.

Participants in Padula and Miller's study (1999) discussed both sacrifices and rewards of being a mother, wife, and psychology doctoral student. Some of the sacrifices included disappointment in relationships with faculty, high stress levels, exhaustion, and strained family relationships. The rewards included learning, career advancement, relationships with other students, and increased positive self-perception. Themes that emerged were lack of time, not feeling understood, and lack of flexibility in schedules. Participants in the current study echoed many of these themes. Because support systems have been linked to positive mental health (Lightsey, 1996; Ulione, 1996), faculty and collegial support might influence aspects of these participants' overall wellness, such as social, emotional, and psychological wellness.

Limitations

Several limitations to this study are worth noting. Participants were all from the southeastern region of the country, which may have influenced the level of traditionalism in their roles. Had participants from other regions of the country been included, the findings may have been somewhat different. Participants were from three large universities, two of which were predominantly White, and all participants in this study were White. A racially diverse mixture of participants may have yielded different findings. Furthermore, women attending universities with distinctive characteristics, such as an all female college or an HBCU (historically Black college or university), may have also offered varying perspectives.

Despite these limitations, findings were consistent with Padula and Miller (1999) who found that this population needs faculty support and mentorship and that they still struggle with trying to perfect their multiple roles, especially as mothers. Prior to the current study, wellness had not been studied specifically with mothers in a counselor education doctoral program. This study also included participants of varying ages, marital statuses, and stages of their doctoral study. This preliminary study provided an introductory conceptualization of multi-layered phenomena as they relate to mothers and wellness.

Implications for Counselor Education

Although the "underlying philosophy of counselor education rests on a foundation of wellness for professionals and professionals-in-training" (Myers, Mobley, and Booth, 2003, p. 273), results of this study raise the question of how effectively wellness is being emphasized in counselor education programs. As evidenced in a recent study (Myers et al., 2006), wellness is being incorporated in some counselor education programs in a variety of ways. Flexibility in class meeting times might accommodate not only the women in this investigation but other students who have competing responsibilities. Daytime courses might offer mothers or students with families the opportunity to be with their families in the evening hours.

Faculty support emerged as an important theme in this study. Some participants perceived faculty support as inconsistent or conditional, a finding that merits further reflection on mentorship by faculty. If support systems are a crucial and positive indicator of positive mental health (Lightsey, 1996; Ulione, 1996), faculty support is critical for these women. Collaborative discussions and mentorship between faculty and these students might help to determine and understand these students' needs and concerns. The doctoral degree in counselor education is formulated to prepare candidates for the professorate and all of the duties it entails, including research, service, and teaching. To suggest an air of special treatment would be a disservice to the student. However, a balance of support, safety, and challenge will provide a healthy foundation for individual growth in this population. Faculty should definitely encourage those

students who want to be involved in research and presentations to do so as this parallels their upcoming profession but with the understanding that there may be ebb and flow in the number of extra responsibilities the student can undertake. Additionally, allowing flexibility in some deadlines, in extreme circumstances, may be particularly important for this population. As Camille and Melissa discussed, understanding from the faculty member with whom they identified made the doctoral program a considerably more nurturing environment. Similar to tenets emphasized in feminist theory, understanding and valuing these students' unique experiences may do much to foster mentorship and advocacy.

Suggestions for Further Research

Because all participants in this study were of the same gender, there remain many opportunities for further research. The experiences of fathers who are doctoral students may be worth exploring. An exploration of wellness in counselor education faculty might provide another perspective. A longitudinal study on mothers and wellness might be beneficial to discover changes, adjustments, and fluctuations in wellness over time. Lastly, studies on wellness using women of varying ethnic groups might illuminate similarities or differences in how wellness is approached and addressed dependent on cultural messages, interdependence, and a sense of collectivism.

Conclusion

Wellness involves "the intentional act of embracing health-enhancing values, motives, and behaviors in efforts to promote good health" (Fetter & Koch, 2009). "Using a holistic wellness paradigm…provides a blueprint for distinguishing and assessing the multiple dimensions identified in the Indivisible Self model of wellness (Myers & Sweeney, 2004) that converge in individuals' lives to either strengthen or weaken overall quality of life" (Fetter & Koch, 2009). Wellness involves not only action towards optimal health, but also cognitions and beliefs that support the drive to develop and implement a wellness routine. Given that wellness is a journey that requires certain lifestyle choices, wellness courses and a wellness plan might provide a roadmap to arrive at the optimal destination.

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