

The Effect of Meaning and Purpose in Life on Wellness and Life Satisfaction

by

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ABSTRACT

Wellness is now a central construct in professional counseling. It emphasizes prevention as well as treatment through counseling intervention. This is supported by the American Counseling Associations' adoption of the counseling wellness paradigm as the preferred therapeutic approach (AACD, 1989).

Two critical aspect of wellness counseling is establishing meaning and purpose in life. Possessing these two facets of wellness may lead to a greater sense of resiliency, levels of happiness, and healthy development (Bronk, Hill, Lapsley, Talib, & Finch, 2009). Theorists suggest that individuals begin to perceive life as meaningful and purposeful around the developmental period of adolescence and emerging adulthood (Varahrami, Arnau, Rosen, & Mascaro, 2010).

Few studies have examined the usefulness of meaning and purpose in wellness counseling. The purpose of the current study is to investigate the effect of meaning and purpose in life on wellness and overall life satisfaction in an emerging adult population. Specifically, following a 5-week group counseling intervention, the study will measure changes in perceptions of wellness and levels of life satisfaction.

The research design for the present study includes pretest and posttest data collection of a sample of undergraduate students at a southwest college. The participants were given the Satisfaction with Life Scale (SWLS; (Diener, Emmons, Larsen, & Griffin, 1985), Five Factor Wellness Inventory (IS-Wel; Myers and Sweeney, 2005), Meaning in Life Questionnaire (MLQ; Steger, Frazier, Oishi, & Kaler, 2006), and a Demographic Questionnaire.

The results supported the hypothesis that the treatment group would have significantly higher levels of overall wellness when compared to the control after the 5-week group counseling intervention. The analysis indicated that, for emerging adults, a 5-week group counseling intervention produced significantly higher levels of perceived overall wellness as compared to a group who did not receive the intervention.

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CHAPTER I

INTRODUCTION

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. World Health Organization, 1946

Overview

Wellness is now a central construct in professional counseling (Myers and Sweeney, 2005a). That is, counseling has been dramatically impacted by a shift in focus from providing treatment to influencing prevention. Because of this, wellness in counseling is now the preferred therapeutic approach for many in the profession (Myers & Sweeney, 2008). The American Association for Counseling and Development, now the American Counseling Association, adopted the counseling wellness paradigm in 1989, stating that they: “support the counseling profession’s position to advocate toward a goal of optimum health and wellness within our society” (AACD, 1989).

Having purpose and meaning as an individual plays an important role in wellness (Savolaine & Granello, 2002). Having purpose and meaning in life contributes to optimal human development through improved resiliency, increased levels of happiness, and human flourishing (Bronk, Hill, Lapsley, Talib, & Finch, 2009). Existential and developmental theories suggest that individuals begin to perceive life as meaningful and purposeful around the developmental period of adolescence, which is often referred to as the time between childhood and adulthood (Varahrami, Arnau, Rosen, & Mascaro, 2010). Meaning and purpose may also play an important role in wellness during emerging adulthood, a term coined by Arnett for the developmental period between adolescence and young adulthood (Arnett, 2000).

Despite the benefits of wellness counseling across the lifespan, few studies have examined the usefulness of wellness counseling in emerging adulthood. Empirical investigation of the relationship between meaning and purpose with wellness and overall life satisfaction during this developmental period is paramount for the counseling profession.

Statement of the Problem

In 1989, the American Counseling Association (ACA) adopted a wellness paradigm. Specifically, ACA stated that wellness is a central tenet in counseling, a construct that all professional counselors must adopt. However, even though a wellness paradigm was adopted, the counseling profession has not adequately investigated the effect of meaning and purpose on individual wellness and life satisfaction, specifically during emerging adulthood. Given the recent awareness of the emerging adult developmental period (Arnett, 2005), much is unknown about the effect of wellness factors on this population (Myers & Sweeney, 2008). Specifically, those wellness factors that need additional investigation in an emerging adult population include: relationships, identity development, career and life aspirations (Connolly & Myers, 2003; Sinclair & Myers, 2004), as well as effects of ethnicity (Lee, 2005), gender, sexuality (Dew, Myers, & Wightman, 2006), and age (Holcomb-McCoy, 2005). Although there is limited counseling research on wellness, it is far from comprehensive. Specifically, research on the constructs of *meaning* and *purpose* and the effects of these concepts on perceived wellness and life satisfaction is lacking. In the literature review of this proposal, the literature about wellness will be further delineated.

Meaning and Purpose in Wellness

Wellness theory through the counseling lens conceptualizes meaning and purpose as two distinct yet connected constructs. Research has assisted in the development of a counseling model known as the Indivisible Self Wellness model (IS-Wel, Meyers & Sweeney, 2005) that is accepted and used throughout the profession. Myers, Sweeney, and Witmer (2000) presented this holistic model of wellness that is composed of five domains: the essential self, physical self, social self, coping self, and creative self (Myers, Sweeney and Witmer, 2000). The IS-Well Model (Meyers & Sweeney, 2005) describes meaning-making in life and purpose as a function of the Essential Self domain, which is associated with spirituality and transcendence, a search for something greater than one's self. However, it can be argued that meaning-making encompasses goals, personal direction, and achievement (Myers and Sweeney, 2008).

Despite the different uses of the term, theorists agree on the importance of meaning and purpose in development. However, the emerging adult theory suggests that many adolescents are largely rejecting traditional value systems and norms (Calabrese & Seldin, 1992). This creates an additional problem, in as much as it has been stated in existential theory that establishing values is a guiding force in identity development (Arnett, Ramos & Jensen, 2001). Meaning in life through adherence to a value system allows the individual to understand aspects of social, vocational, and personal relationships (Savolaine & Granello, 2002). Therefore, individuals who lack meaning and purpose may encounter lower levels of life satisfaction and overall wellness (Steger, Oishi, & Kashdan, 2009).

Significance of the Study

The World Health Organization (WHO) has defined wellness as a state of complete physical, mental, and social well-being (1946). Counseling, in the context of a wellness paradigm, focuses on identifying client strengths and using them to promote resiliency and treat dysfunctional behaviors. Myers, Sweeney, and Witmer's (2000) wellness counseling model is often used to achieve this, while incorporating a developmental perspective.

The emerging adult developmental theory asserts that individuals in this period of development accomplish tasks that facilitate growth from a child to an adult. During emerging adulthood the individual continues to form an identity through the social influences of peers, family, and friends—a process that continues throughout the lifespan and contributes to individual development. Unsuccessful completion of developmental tasks associated with a life stage can result in strained and unhealthy relationships, failure to achieve goals, and a lack of overall life-direction (Savolaine & Granello, 2002).

Meaning and purpose also contribute to individual development. Victor Frankl (1965) wrote that one of the largest crises an individual faces is the feeling that life is devoid of meaning, thereby filling voids with unhealthy behaviors. Frankl theorized that finding meaning in a person's life allowed the individual to make sense out of his or her surroundings and establish hope for their future. He also wrote that discovering meaning in life served as a beacon to guide people and set the pace for their personal development (Frankl, 1967). As counselors, it is the charge of the profession to help clients reach their potential and strive toward optimal health by assisting individuals in finding and creating meaning and purpose in their lives.

To date there have been few studies that examined the link between meaning and purpose in emerging adults and overall life satisfaction and wellness. If greater understanding of meaning and purpose in life lead to higher levels of overall life satisfaction, then there is potential to better assist clients by directing intervention and treatment plans toward developing these two constructs in wellness counseling.

Purpose of the Study

The purpose of this study is to investigate the extent to which emerging adults' overall well-being and life satisfaction are impacted with respect to meaning-making and purpose in life. It will also add to the body of counseling literature as it relates to wellness. Specifically, this study will assess participants using the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen & Griffin, 1985), Five Factor Wellness Inventory (5FWel; Myers & Sweeney, 2005a), and the Meaning in Life Questionnaire (MLQ) (Bodenhorn & Skaggs, 2005).

Research Questions

Given the uniqueness and complexity of emerging adult development, 18-to-25 year-olds experiences significant personal growth and development. The following research questions will be examined:

1. Do emerging adults perceive wellness as a significant part of healthy development?
2. Does this population practice wellness in their daily functions?
3. Do emerging adults struggle to find and establish meaning in their decision-making and daily functioning?

4. Does meaning-making impact overall wellness?
5. Do emerging adults struggle to find and establish purpose in their lives?
6. Does having a purposeful life impact overall wellness?
7. Finally, does having meaning and purpose in your life impact overall wellness?

Definition of Terms

Wellness is the paradigm for counseling that provides strength-based strategies for assessing clients, conceptualizes issues developmentally, and plans interventions to remediate dysfunction and optimize growth (Meyers & Sweeney, 2008).

Meaning in Life varies from coherence in one's life, to goal directedness or purposefulness, to the ontological significance of life from the point of view of the experiencing individual. Others offer semantic definitions (e.g., "What does my life mean?") There is diversity in perspectives regarding how to achieve meaning in life where each person must create meaning in his or her own life through the pursuit of important goals or the development of a coherent life narrative (Steger, 2006).

Purpose in Life is a philosophical question concerning the meaning and significance of life. It also involves existence in general.

Life Satisfaction is a sense of well-being and may be assessed in terms of mood, satisfaction with relations with others, and with achieved goals, self-concepts, and ability to cope with daily life.

Emerging Adulthood is a developmental period characterized by identity exploration, instability, possibilities, and self-focusing. Emerging adults feel they are between adolescence and adulthood but cannot be classified as either one or the other.

Delimitations

The literature review and research design were delimited as follows:

1. The study utilizes a developmental framework as well as existential and counseling wellness theories to guide research and discussion. Issues of purpose and meaning-making are delimited by these useful theoretical perspectives.

Limitations of the Study

One limitation of the study may include the ability for adolescent and emerging adult populations to process abstract cognitive concepts, such as introspection, moral judgment, and hope for future achievements and accomplishments.

Secondly, the sample may not be representative of emerging adults. Participants belonged to existing groups. While the participants themselves were not randomly selected, the groups were randomly assigned as treatment or control.

Another possible limitation is that that the sample may not representative of the overall population. To achieve greater external validity, the research study should draw the sample from a wider population.

Assumptions of the Study

The following assumptions were made in this study:

1. It is assumed that participants have the ability to read, understand, and communicate their perceptions of purpose in life, meaning-making, overall life-satisfaction, and wellness.
2. It is assumed that the participants express their perceptions of variables in this study accurately.
3. It is assumed that the construct of wellness described in this study is

appropriate for the research design.

CHAPTER II

LITERATURE REVIEW

The terms that are being herein examined are *meaning* and *purpose* and their relationship to *wellness* in counseling. For purposes of this literature review, *meaning* encompasses a large sphere of important life aspirations and *purpose* is related to goals that touch the lives of others (Damon, Menon, and Bronk, 2003).

Overview

This review of the literature examines the relationship between the role of the meaning and purpose in life and overall life satisfaction and wellness. This chapter consists of the applicable literature supporting the above constructs. Developmental and wellness theories utilized in the current study will be described. These theories include Erikson's Psychosocial Development Theory, Piaget's Stages of Cognitive Development, Arnett's Emerging Adulthood Theory of Development, and the Indivisible Self Wellness Model.

One of the roles of the professional counselor is to help individuals meet their full potential. In order for individuals to reach their full wellness potential, emotional, physical, and psychological growth must occur. Myers and Sweeney (2005) supported this role by stating that professional counselors help the client seek wellness through optimal life functioning. The American Counseling Association adopted a wellness paradigm for all counseling interventions as part of their professional identity (ACA, 2005). This declaration asserts that it is the duty of the counselor and responsibility of the client to seek a holistic wellness approach through a balanced mind, body, and spirit.

Wellness as a Construct in Counseling

Wellness in counseling is not a new phenomenon. Adlerian theory serves as a foundation for the modern wellness movement in its emphasis on finding a balance within the individual. Adler promoted a whole person view of personality. Adler considered the self to be indivisible, with the sense of purpose as central to the understanding of human behavior (Adler, 1956). This was a shift in thought from the conflict-based psychoanalytic drive theory of Freud to a holistic and phenomenological world view (Adler, 1954).

In an attempt to define wellness, Halbert Dunn (1961) provided an early conceptualization of wellness as a disciplined lifestyle promoting mental and physical health. According to Dunn (1961), the pursuit of wellness requires that people “maintain a continuum of balance and purposeful direction.” As the understanding of wellness evolved, researchers viewed wellness in terms of the individual’s subjective reality. Dunn further explained wellness as “an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable” (pp. 4-5). With this in mind, counselors began addressing the need for individuals to create specific meaning and purpose in life in order to achieve overall life satisfaction.

In 1961, Dunn’s landmark book, *High-level Wellness*, applied the concept that an integrated mind, body, and spirit affect each individual’s pursuit of meaning and purpose. From his theory, Dunn developed a Maturity in Wholeness model that explained the impact of life experiences on wellness development. Dunn (1961) specifically addressed *purpose* in life as a part of holistic wellness. He described purpose in life in wellness as a

process of moving toward greater potential, purpose in life constitutes working for something rather than struggling against something.

Bill Hettler (1984) expanded on Dunn's wellness model by offering a hexagon model of wellness. Hettler defined wellness as "an active process through which people become aware of, and make choices toward, a more successful existence" (1984, p. 14). Hettler's model included six dimensions of wellness. These six dimensions include: intellectual, emotional, physical, social, occupational, and spiritual (1984).



Figure 1. The Six Dimensions of Wellness (Hettler, 1984)

The next prominent researcher expanded on Hettler's concepts. Egbert (1980) stated that wellness is an integration of all aspects of the personality. In this model Egbert described aspects of individual wellness postulating that in order for an individual to achieve optimal wellness all individuals must have a clear sense of identity, a reality-oriented perspective, and a clear meaning and purpose in life. Further, Egbert defined wellness as the recognition of a unifying force in one's life, the ability to cope creatively and to be inspired by hope, and the ability to form creative, open relationships (1980). Such integration of self results in a pursuit of optimal human functioning that involves the mind, body, and spirit (Archer, Probert, & Gage, 1987).

Adding to the definition of wellness as a subjective interpretation of health, Jensen and Allen (1994) described wellness as one's perception within the context of the self and others. The authors state that life roles, choices, relations, abilities, beliefs, practices, social supports, interpersonal relationships, and culture are all significant influences on perceptions of health. They also conclude that interpersonal and intrapersonal dimensions impact the subjective experience of wellness (Putnam, Geenen, Powers, Saxton, Finney & Dautel, 2003).

The most definitive wellness model used today was offered by Myers, Sweeney, and Witmer (2000). The authors defined wellness as a holistic approach to "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). The authors continued by asserting that wellness is a state of being that include a pursuit of optimal functioning (Myers, Sweeney, & Witmer, 2000).

Roscoe (2009) reviewed wellness theories and measures. She emphasized the subjective nature of wellness in her own definition:

Wellness is not just the absence of disease or illness, though both wellness and illness are needed to define the other. Without illness there would be no concept of wellness. Wellness is all encompassing and can be viewed on a continuum; not an end state (Roscoe, 2009).

Another discipline that focuses on mental health defines wellness in a different way. The Positive Psychology literature defines wellness as positive in nature, future focused, and making the most of the strengths of the individual (Seligman, 2002).

Components of Wellness

Counseling wellness models guide the emerging wellness paradigm. Having examined numerous definitions of wellness, this review will describe the most frequently cited theoretical model in counseling literature. This model is the Indivisible Self Model (Myers & Sweeney, 2005b).

Indivisible Self Model of Wellness

The Indivisible Self wellness model (IS-Wel; Hattie, Myers, & Sweeney, 2004, see figure 2) was based on structural equation modeling of the 5F-Wel Inventory (5F-Wel). The IS-Wel model is a three-level factor structure, with Indivisible Self as the first higher order wellness factor central to each individual, consistent with Adler's indivisibility of self theoretical perspective (Adler, 1954). Myers and Sweeney (2004) have explained why Adlerian theory was to serve as a framework for the counseling wellness movement. The authors stated, "Adler proposed that holism (the indivisibility of self) and purposiveness are central to understanding human behavior." The Myers and

Sweeney (2004) further explained that Adler emphasized the whole rather than the parts, the interaction between all elements, and the impact of the whole on the social environment. Myers and Sweeney (2004) continued by asserting that Adlerian theory gave a framework for a higher-order indivisible factor with five second-order subfactors and 17 third-order factors (Myers & Sweeney, 2000; Sweeney & Witmer, 1991).

The second-order factors address the Creative, Coping, Social, Essential, and Physical Selves. Each construct is examined further in the following sections.

Creative Self

The Creative Self is a combination of attributes formed by the individual to make a unique social place among others (Myers & Sweeney, 2005). The Creative Self includes the concepts of thinking, emotions, control, work, and positive humor.

Coping Self

The Coping Self includes components with which the individual copes with struggles and challenges associated with daily living (Myers & Sweeney, 2005). The researchers noted highlight herein the parts of the coping self as leisure, stress management, self-worth, and realistic beliefs. Researchers have long supported the idea that healthy coping contributes to greater levels of overall life satisfaction and fewer occurrences of prolonged negative life episodes (Antaramian, Huebner & Valois, 2008). Research has also indicated that effective stress management, made possible by the Coping Self, contributes to overall wellness (Clarke, 2006; Carver & Conner-Smith, 2010).

Social Self

The Social Self is characterized by friendship and love (Myers, & Sweeney, 2005). Friendships and loving relationships enhance the quality and length of life, thus contributing positively to overall quality of life. Conversely, Myers and Sweeney (2005) assert that isolation, alienation, and separation from others generally are associated with lower levels of overall life satisfaction. Supportive relationships are the strongest predictor of positive mental health over the lifespan (Kaplan, Cassel & Gore, 1977; Kawachi & Berkman, 2001).

Essential Self

The Essential Self was defined by Myers and Sweeney (2005) as an awareness of spirituality, gender identity, cultural identity, and self-care. These concepts are the lenses through which life experiences are filtered and provides context for our thoughts, emotions and behaviors (Myers & Sweeney, 2005). Spirituality has positive benefits for longevity and quality of life, and is viewed by Adler as central to holism and wellness (Myers & Sweeney, 2005). Spirituality incorporates one's existential sense of meaning, purpose, and hopefulness toward life. Other aspects of identity development influence how we see ourselves and how others interpret our actions (Erikson, 1968). Furthermore, spirituality combined with identity recognition affects the meaning individuals associate with life, self, and others (Myers & Sweeney, 2005).

Physical Self

The Physical Self includes factors of physical activity and healthy nutrition (Myers & Sweeney, 2005). Modern wellness models emphasize the importance of physical activity and healthy nutrition as important components of overall health and

well-being; however, they argue that physical activity is only a piece in the larger wellness construct. The authors acknowledge the significance and importance of the physical self but caution against overemphasis on physical self as a determinant of one's wellness and overall life satisfaction (Myers & Sweeney, 2005).

Context

The indivisible self-wellness model highlights the role of the contexts in which we operate and the effects of these contexts on overall wellness and life satisfaction (Myers & Sweeney, 2005). The authors refer to these contexts as the systems in which every person operates. The contexts that the authors outline that affect our daily functioning are local, institutional, global and chronometrical (Myers & Sweeney, 2005). Local contexts include families, neighborhoods, and communities. Institutional contexts are level of education, religion, government, business and industry, and the media. Global contexts include politics, culture, global, events, and the environment and the influence of the media. Chronometrical reflects the recognition that we change our attitudes and beliefs over time.

Each element of the IS-WEL model is independent but interacts with all others to contribute to holistic well-being and overall functioning. Individuals use these five constructs to interact with the environment at the same time the environment is influencing the individual. Overall wellness represents the compilation of the five components and life contexts and is considered to be a measurement of general well-being (Myers & Sweeney, 2005).

The third level of wellness factors includes 17 third order factors that are categorized by the five second order domains. They are thinking, emotions, control,

work, positive humor, leisure, stress management, self-worth, realistic beliefs, exercise, nutrition, spirituality, gender identity, cultural identity, self-care, friendship, and love (Hattie, Myers, and Sweeney, 2004).

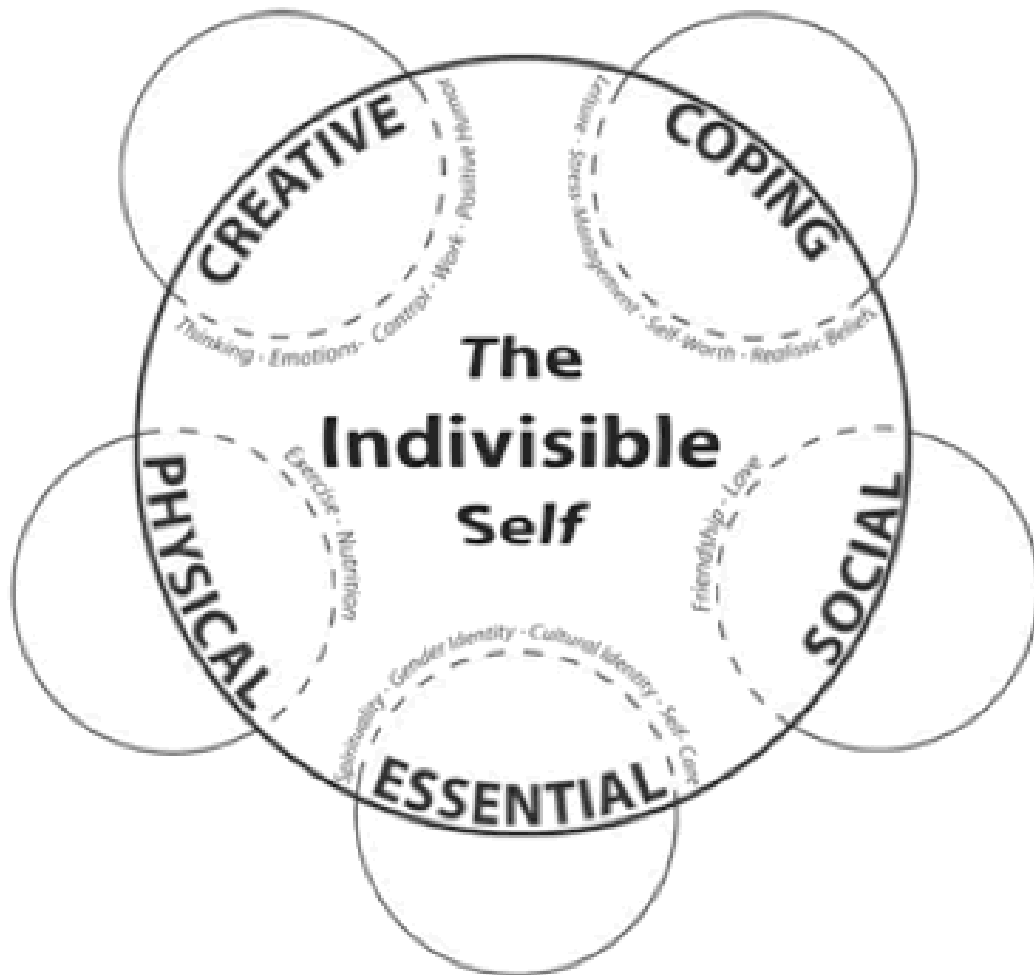


Figure 2. Indivisible Self Wellness Model (IS-Wel; Myers & Sweeney, 2005)

Adolescent Development

Erik Erikson (1968), a developmental psychologist, made a significant contribution to the way human development is understood as it occurs across the lifespan. Erikson theorized that individuals develop over eight distinct stages. He termed this

developmental theory Psychosocial Development, to reflect the impact that environmental and social influences have on individual development. The stages of development according to Erikson are: Trust versus Mistrust (ages 0 to 18 months), Autonomy versus Shame and Doubt (ages 18 months to 3 years), Initiative versus Guilt (ages 3 to 5 years), Industry versus Inferiority (ages 6 to 12 years), Identity versus Role Confusion (ages 12 to 18 years), Intimacy versus Isolation (ages 18 to 35 years), Generativity versus Stagnation (ages 35 to 65 years), and Integrity versus Despair (ages 65 to death). During each stage, a crisis arises that must be resolved before entering the next stage.

The crisis that exists during the fifth stage of psychosocial development is Identity versus Role Confusion. This stage is associated with development during adolescence, which can be defined as the period between childhood and adulthood. During this developmental stage the individual assumes the task of forming his or her own identity. Erikson emphasized the importance of having a purpose or belief system early in life in order for adolescents to resolve the identity crisis that exists during that stage (1968). He went further to state that a lack of purpose would have negative implications for development throughout the lifespan.

Jean Piaget's theory of Cognitive Development is also recognized for having a significant impact on the understanding of human development. Piaget believed that cognitive development was the process of learning and thinking through four distinct stages. These stages include: sensorimotor (ages 0 to 2 years), preoperational (ages 2 to 7 years), concrete operational (ages 7 to 11 years) and formal operational (ages 11 through adulthood). Piaget focused on the thinking and learning process of individuals, along with

their ability to adapt to the environment. He believed that human beings are capable of higher level cognition through abstract thought and symbolic reasoning. He also theorized that cognitive development was influenced by external factors, causing individuals to adapt to their environment through organized schemas that dictate actions and behaviors. This leaves the individual constantly seeking a balance between schemas and environmental equilibrium.

Piaget's *preoperational* stage occurs during adolescence. During this stage intelligence is demonstrated through the use of symbols related to abstract concepts. The adolescent acquires the skills to think logically and begins to use deductive reasoning, which allows a person to think hypothetically and apply moral judgments.

Both Piaget and Erikson have identified a period of development between childhood and adulthood in their theories. They focused on the development of abstract thought. Erikson and Piaget posited that abstract thought contributed to the creation and implementation of a belief system, purposeful long-term planning, and goal setting.

Emerging Adult Development

The theoretical framework known as *emerging adulthood* expands on the cognitive and affective constructs of the early developmental theories. The term *emerging adulthood* was introduced as a developmental stage in the human growth and development theory of Jeffrey Arnett (2000). Numerous historical changes have caused emerging adulthood to become a distinct period of the life course.

People used to go from adolescence to young adulthood in their late teens or very early twenties, when they chose a stable occupation, married, and had their first child. Now, most people experience adolescence, then emerging adulthood, then

young adulthood. Emerging adulthood lasts from the late teens (beginning about age eighteen) through at least the mid-twenties. (Arnett, 2000)

This increase in age, combined with the changes in college and postgraduate education, changing standards of sexual health and attitudes, changing social roles, and an increased desire for independence and freedom among youth have caused a need for this developmental stage between adolescence and adulthood (Arnett 2005).

Like adolescence, *emerging adulthood* is a period of the life course that is socially constructed (Arnett, 2000). Arnett wrote that the primary function of the time between childhood and adulthood is identity development. He also recognized the effect social factors had on extending this developmental process (Arnett, 1997, 2000). Since then, many studies have indicated the importance of environmental influences on the transition from adolescence to adulthood.

Arnett (2000) posited that during adulthood, one learns to be an independent and functioning person who is able to care for his or her own needs. The characteristics of emerging adulthood include individual character qualities such as taking greater responsibility for one's actions, greater autonomy in decision-making, and a greater reliance on financial independence (Greene, Wheatley, and Aldava, 1992; Scheer and Palkovitz, 1995).

Meaning and Purpose in Life and Wellness

The degree to which a person searches for meaning in his or her life is considered a core psychological motivation (Frankl, 1963). The terms *meaning* and *purpose* are essential parts of most counseling wellness models (Hettler, 1986; Sweeney & Witmer, 1991; Meyers, Sweeney & Witmer, 2000). However, counseling literature is insufficient

in the studies that examine these concepts through a counseling wellness paradigm.

Accordingly, researchers are forced to examine literature from other mental health disciplines. For the purposes of this literature review, much of the literature is reviewed from the fields of positive psychology and existentialism. Regretfully, it is unclear how concepts from disciplines with different or competing worldviews translate to the counseling wellness paradigm.

Meaning in Life and Wellness

Meaning in life is defined as an “understanding of existence, a sense of purpose in one’s life, the pursuit and attainment of worthwhile goals, and an accompanying sense of fulfillment” (Ho, Cheung and Cheung, 2010, p. 658). Wellness is an active pursuit and requires interaction between the individual and the environment. The search for meaning in life requires the same, thus allowing it to fit appropriately into a wellness paradigm. Therefore, the role of meaning-making in early developmental stages may be a central component for a successful transition into adulthood. An adolescent or emerging adult may derive meaning from a variety of sources. According to positive psychology literature, these sources may include: achievement, relationship, religion, self-transcendence, self-acceptance, intimacy, and fair treatment (Wong, 1998).

The wellness model proposed by Myers, Sweeney and Witmer (2000) proposes meaning in life falls within the second-order domain of the Essential Self, which incorporates spirituality and religion (Myers, Sweeney and Witmer, 2000). While counseling literature does not lack examination of spirituality and religion on counseling literature, the definitions and foci may not be the same as counseling wellness definitions

of meaning and purpose. Therefore, it is important to expand the review of literature to other fields of study in order to sufficiently address this concept.

One field of study making considerable contributions to the understanding of meaning in life is Positive Psychology. This field is most often associated with the search for authentic happiness (Seligman, 2002). According to one of this field's co-founders, positive psychology has three distinct pillars: (a) the study of positive emotions; (b) the study of positive traits, specifically personal virtues and strengths; and (c) the study of positive institutions, such as a strong family and a sense of democracy and free public inquiry (Seligman, 2002, p. xi). Essentially, the central concepts of the theory associated with this movement is positive emotion, engagement, relationships, meaning and accomplishment, with the result of successful achievement of these concepts being authentic happiness. However, this theory associates closely to an individual's well-being, rather than overall sense of wellness. While subtle, this is a notable distinction from the counseling wellness paradigm that urges a movement toward holistic wellness rather than a search for authentic happiness and well-being.

A study within the Positive Psychology movement examined meaning in life in relation to well-being over the life span, specifically the presence of meaning in life, and the search for meaning (Steger, Oishi, & Kashdan, 2009). The findings from this study assert that people in later life stages report higher levels of presence of meaning in life. Conversely, young individuals report higher levels of searching for meaning in life (Steger, Oishi, & Kashdan, 2009). The study also indicated a positive correlation between the presence of meaning and well-being across life stages. Individuals reporting searching for meaning later in life are more strongly associated with well-being deficits.

The populations studied included emerging adulthood, young adulthood, middle-age adulthood, and older adulthood. Furthermore, the Steger et al. (2009) study established well-being through happiness, life satisfaction, positive and negative affect and a lack of depression (Steger, Oishi, & Kashdan, 2009).

A study that investigated meaning in life within the adolescent population identified the search for meaning in life as a protective factor in adolescent development, specifically health-related variables (substance abuse, health risk behaviors, and psychological health (László, Piko, and Steger, 2011)). This study is significant because adolescents and emerging adults experience higher levels of risk-taking behaviors (Arnett, 2000, Bradley & Wildman, 2002). The results of the study indicated that meaning in life played a protective role with regard to health risk behaviors, with the exceptions of smoking and binge drinking. The authors reported that among “male adolescents in Romania, meaning in life was found to be correlated only to illicit drug and sedative use, whereas among females, levels of perceived meaning in life was associated with binge drinking, unsafe sex, and lack of exercise and diet control” (Laszlo, Piko & Steger, 2011). It was found that within Romanian adolescents, meaning in buffers against risk-taking behaviors (László, Piko and Steger, 2011).

Steger (2005) conducted a study looking at meaning in life, religiousness, and wellness, thereby examine the religiousness and well-being when mediated by meaning in life (2005). The researcher found that the relationship between religious behavior and wellness was changed when also examining meaning in life. The study found that meaning in life may be an effective vehicle through which counselors and clients can

discuss larger life issues regardless whether the counselor and client share similar religious or spiritual beliefs (Steger, 2005).

Purpose in Life and Wellness

Like the definition of *meaning* in life, *purpose* in life is an often cited but an ambiguously defined concept. According to Damon, Menon and Bronk (2003) the concept of purpose in life conveys an externally oriented quest. Of the many definitions that exist, Damon, Menon and Bronk have asserted that purpose in life must involve the three following conditions:

1. Purpose is a goal, but it is more stable and far-reaching than low-level goals.
2. Purpose is a part of one's personal search for meaning, but it also has an external component, the desire to make a difference in the world, to contribute to matters larger than the self.
3. Unlike meaning alone (which may or may not be oriented toward a defined end), purpose is always directed at an accomplishment toward which one can make progress (Damon, Menon and Bronk, 2003).

According to Kosine, Steger, and Duncan (2008), *purpose* refers to people's important goals, which helps people meet their true potential and increase life satisfaction (Kosine, Steger and Duncan, 2008, p. 133).

One of the most important questions to be asked when addressing abstract thought processes, which is required for meaning-making and purpose in life, is whether adolescent and emerging adults are capable of understanding purpose in life as a concept. Furthermore, how does this question impact overall life satisfaction? However, it is

uncertain whether adolescents and emerging adults think of purpose in the same ways as researchers.

Bronk, Hill, Lapsley, Taliba, and Finch (2009) assessed purpose, hope, and life satisfaction in three age groups: adolescents, emerging adults, and adult populations. The instruments used in this study were the Revised Youth Purpose Survey (Bundick, Andrews, Jones, Mariano, Bronk & Damon, 2006), the Trait Hope Scale (Snyder et al., 1991), and the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985). According to the Diener and associates, increase life satisfaction was report at all three life stages when identifying purpose in life. However, searching for a “purpose was only associated with increased life satisfaction during adolescence and emerging adulthood” (Bronka, Hill, Lapsley, Taliba & Finch, 2009); furthermore, hope mediated the relationship between purpose and life satisfaction at all three stages of life.

Meaning and Purpose in Wellness Counseling

All models of wellness in this study acknowledged the importance of meaning and purpose. A review of counseling literature involving the meaning in life and purpose in life yielded few results. This study adds to the body of research in the area of counseling wellness. Meaning and purpose impacted an individual belief and value system and identity development (Hatfield and Hatfield, 1993, Westgate, 1996). While most counseling models recognize the theoretical significance of meaning and purpose in life as an important aspect of wellness, the research in these areas in reference to wellness is lacking (Savolaine & Granello, 2003).

Summary

The counseling profession established a wellness paradigm stating that all counseling interventions should take place through the lens of wellness. Over the past 30 years, the preferred counseling wellness has model had its roots in a wheel of wellness model developed by Myers, Sweeney and Witmer (1996, 2000). This model has evolved to its current incarnation of the IS-WEL model (Myers and Sweeney, 2005). The major challenge for the counseling profession continues to be a lack of empirical evidence supporting this model, specifically within the areas of meaning and purpose in life. Therefore, it is appropriate to continue to measure the impact of meaning and purpose in life as it contributes to overall wellness and life satisfaction.

When reviewing literature on meaning and purpose in life, other mental health fields must be examined. Two fields making contributions to the literature in this area are positive psychology and existential theory. Because wellness is ambiguously defined and changes in definitions across fields, this creates a challenge when applying to counseling wellness models. This review of literature attempts to define wellness in counseling, while examining the role of meaning and purpose on emerging adults' level of wellness and life satisfaction.

CHAPTER III

RESEARCH METHODOLOGY

This chapter provides an overview of the proposed study and the specific research questions that guide the design of this study. The method for selecting participants and their demographics will be described in the Participants subsection. The Instrumentation subsection describes the psychometric characteristics of the questionnaires used in this study. Finally, the procedures subsection provides a detailed account of the timing of the study, along with the verbal and written instructions given to all participants. The plan for debriefing participants following completion of the study will be presented. Finally, a subsection on proposed statistical analyses will include the method for analyzing and interpreting results.

Overview of Study's Purpose, Research Questions, and Design

The purpose of this study was to examine how emerging adults' overall life satisfaction and levels of wellness are influenced by group counseling sessions, which discuss the extent to which they believe their lives have meaning, and the development of a specific purpose to guide their lives were discussed.

The independent variable is five-week group counseling sessions where the researcher discussed purpose in life and meaning in life with participants in the treatment group when the participants in the control group met with the researcher without focused discussions. The dependent variables are (a) overall life satisfaction and (b) overall perception of wellness. Statistical analyses will be used to determine the effects of

discussions on purpose in life and meaning in life on emerging adults' overall life satisfaction and wellness.

Participants

In total, 48 participants completed the 5-week intervention and were included in the current study. The control group consisted of two classes totaling 15 (N=15) participants. All of the participants (N = 63) completed the pretest and posttests as well as 5 weeks of either treatment group counseling or control group counseling. All participants completed the pretest and posttest. Accordingly, there were no missing data.

Recruitment

I acquired permission from the Chair of the Allied Health Program at a southwest community college to have access to students in the Allied Health Programs. I addressed the class and explained details of the study as stated in the Participant Recruitment Script (see Appendix). The oral recruitment was read to the potential participants for five minutes at the beginning or end of class. The details included that participants must be between the ages of 18 and 25 years old and that the study examine at the effect of meaning and purpose in life on wellness and overall life satisfaction. Included in the recruitment script was an explanation that each group meeting would involve a wellness awareness activity and a discussion about the participants' reflections and input. Furthermore, each participant was asked to participate in the activity and discussion within each group meeting; however, participation during the meetings and in the study itself was voluntary. The potential participants were informed that the sessions would be in the classroom for their class for up to 60 minutes for five sessions.

After I addressed the class, I distributed an information sheet about the study and the option to leave an e-mail address for further correspondence. The potential participants were told that giving their e-mail address was a request for more information about the study and to remind participants of the upcoming wellness session. A follow-up e-mail consisted of the E-mail Correspondence Study Description before Study (see Appendix).

Each participant in the treatment group received five group wellness sessions given after their class time and at the class's assigned location. Participants were informed that their participation in the study was voluntary and were able to withdraw from the study at any time without any penalty. Their decision of whether or not to participate would not affect their standing in the course. The instructor of the course was not present during the testing or intervention for the study or given any information about participants. Therefore, the course instructor did not know who had participated in the study. A total of six classes agreed to participate in the study, with 4 designate as treatment and 2 as control groups.

Instruments

The three instruments that were used in this study were: the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen & Griffin, 1985), Five Factor Wellness Inventory (5FWel; Myers & Sweeney, 2005a), and the Meaning in Life Questionnaire (MLQ, Steger, Frazier, Oishi, & Kaler, 2006). Additionally, participants were asked to complete a short demographic survey.

Satisfaction with Life Scale (SWLS)

The 5-item SWLS assesses global judgment of life satisfaction (Diener, Emmons, Larsen, & Griffin, 1985). The SWLS consists of five statements that have responses ranging from 1 (strongly disagree) to 7 (strongly agree). Sample statements include “In most ways my life is close to my ideal” and “I am satisfied with life” (Diener, Emmons, Larsen, & Griffin, 1985).

Validity and Reliability

Exploratory factor analysis studies suggest that the SWLS scale is one-dimensional. Using Principal Axis Factor Analysis, Diener et al. (1985) found a single factor accounting for 66% of the variance; similar findings were reported by Pavot, Diener, Colvin, and Sandvik (1991). In terms of reliability, the SWLS has been found to be internally consistent and temporally stable (Diener et al, 1985). The authors found a coefficient alpha of .87 and a test-retest correlation coefficient of .82 (Pavot & Diener, 1993).

Scoring

Obtained scores indicate a participant’s range of life satisfaction, with high scores indicating high satisfaction. The results provide a range of scores which indicate extreme life dissatisfaction (low) to extreme satisfaction (high) with life (Pavot & Diener, 1993).

The Five Factor Wellness Inventory

The 5F-Wel is often utilized by counselor researchers when assessing wellness. The 5FWel inventory was developed by Myers and Sweeny (2005a). This inventory is based on theory and examines wellness from a holistic perspective. This inventory

provides an assessment of wellness utilizing a positive, holistic, and prevention-focused approach.

Subscales and Versions

The Five Factor Wellness Inventory (5FWel) was developed on confirmatory Factor Analysis (CFA) used to identify five constructs describing wellness factors. These domains of wellness include: the creative self, coping self, social self, essential self, and physical self. Within these domains, the inventory assesses 17 factors of wellness including: personal cognitive constructs of wellness, emotions, control, work, positive humor, leisure, stress management, self-worth, realistic beliefs, friendship, love, spirituality, gender identity, cultural identity, self-care, nutrition, and exercise.

The version of the instrument used for this study was developed for adolescent and adult populations. The participants in this study completed the 5F-Wel Version A because that version of the instrument is written at the 9th grade reading level. Given the age of the target population, this version of the 5F-Wel inventory is adequate and meets the needs of the study.

Test Items

The Five Factor Wellness Inventory (5F-WEL) is composed of 91 items. Participants respond using a four point Likert-type scale from 1 (Strongly Agree) to 4 (Strongly Disagree). Items include, “I am an active person and I believe in the existence of a power greater than myself” (Myers and Sweeney, 1999). The inventory should be completed in less than 30 minutes.

Validity and Reliability

Confirmatory and exploratory factor analyses of the 5FWel have indicated that the instrument is valid and reliable. Regarding validity researchers identified 17 third-order factors, 5 second-order factors, and a single higher order wellness factor (Myers & Sweeney, 2005). The 5F-Wel inventory contains 73 items that are scored on scales representative of the higher-order total wellness, with five factors of the self, and the 17 third-order factors. Contextual variables, in turn, were assessed by 18 items that at present are considered experimental inasmuch as norms for these are not yet available (Els, & De la Rey, 2006).

Reliability for the 5F-WEL ($n = 2,093$) general wellness factor as well as the five second order factors is as follow: Total Wellness = .90; Creative Self = .92; Coping Self and Social Self = .85; Essential Self = .88; and Physical Self = .88. Reliability for third-order factors ranged from .70 to .87, except for Self-Care and Realistic Beliefs, which were .66 and .68 receptively (Hattie, Myers & Sweeney, 2004). Convergent and divergent validity of the 5F-WEL has been supported in regard to ethnic identity, acculturation, body image, self-esteem, and gender role conflict.

Scoring

As stated previously, the 5F-Wel inventory is scored based on respondent answers to a four point Likert scale, including strongly agree, agree, disagree, and strongly disagree. Each response is converted to a numerical score from four to one and the responses are summed for the subscale (Myers & Sweeney, 2004). All items are worded positively. Higher scores indicate greater wellness.

Meaning in Life Questionnaire

The Meaning in Life Questionnaire (MLQ, Steger, Frazier, Oishi, & Kaler, 2006) will be used in this study to measure the following domains: search for meaning and presence of meaning in life. The MLQ is a 10-item, self-report instrument, with response items on a Likert Scale ranging from 1 (absolutely untrue) to 7 (absolutely true).

Subscales and Versions

The MLQ has two subscales. These subscales are titled *Search* and *Presence*. An example from the *Search* subscale is, “I am always searching for something that makes my life feel significant,” and an example from the *Presence* subscale is, “I understand my life’s meaning.” These subscales are designed to distinguish between search for purpose and established and understood presence of meaning in life.

Validity and Reliability

The internal consistency reliability estimates for the *Search* subscale were .90. The internal consistency for the *Presence* subscale was .70.

Demographic Questionnaire

A demographic survey (see Appendix E) will also be given to the participants. The survey will include age, date of birth, gender, and race/ethnicity. The questions are designed to assess participant descriptive data.

Procedure

This study utilizes a quasi-experimental research design where entire groups of participants were randomly assigned to an experimental and a control condition. Before the random assignment, participants completed instruments that measure the pretest scores of the dependent variables. After being assigned to different treatment conditions,

participants in the experimental condition met the researcher once a week for a one-hour session discussing purpose and meaning of life for five weeks whereas participants in the control condition met the researcher for social conversations without specific topics. After the five weeks, the dependent variables were measure again to detect the impact of the intervention on participants' life satisfaction and perceived wellness.

I identified participants who met the research criteria for inclusion in the study. Upon selecting a treatment and control group, all participants were read a recruitment script to inform the potential participants about the purpose of the study, potential risks, and the voluntary nature of their participation in this study. Given that the participants were selected from allied health courses, potential participants were informed that choosing not to participate would not affect their standing in the course.

Each participant selected an up to five digit participant number that was be used instead of personal identification. Only the investigator and faculty representative had access to any identifiable information. Accordingly, information collected in association with this study remained confidential.

The study design utilized a counseling group intervention discussing meaning and purpose concepts in the treatment group and on intervention for the control group. Irvin Yalom investigated therapeutic factors that lead to interpersonal change in group therapy. Yalom identified eleven factors in group therapy that promoted growth and change. Those factors include: universality, altruism, instillation of hope, imparting of information, development of social skill, interpersonal learning, imitative behavior, group cohesiveness, catharsis, existential factors, and the corrective recapitulation of the primary family group (Yalom, 1985).

Classes were assigned to either the control or treatment group. The same researcher administered surveys and the group counseling for both treatment and control groups. Each participant received a pretest of MLQ, 5F-WEL, SWLS and Demographic surveys. The pretest surveys took approximately an hour to complete.

Once the participants agreed to join in the study, each class was randomly selected to be the treatment or control group. The treatment group was given psychoeducational, experiential learning activities. These activities were selected from *Comprehensive Wellness: An Innovative course* (Walker, Johnston, Taylor, Tabor-Wilkes, & Harris-Wilkes, in press), as well as selected activities that foster meaning in life and purpose in life development. Treatment group participants engaged in educational activities over a five-week period.

The control group did not receive the educational wellness intervention sessions but were required to meet with the investigator for the same amount of time as the treatment group. This included working with the participants on their regular class activities, discussions, or material that was previously assigned for the course.

The five-week group counseling session used an experiential activity focusing on meaning and purpose in life. Each participant was asked to do the activity. Following the activity, the group engaged in a group counseling session that included discussing the activity and relating it to personal experiences. The activities included defining core values, defining success and failure, a meaning-building activity relating to an aspect of a house, writing a personal mission statement, and a balloon activity. All activities were designed to apply meaning and purpose concepts to daily life and future decision making.

All activities are a part of a wellness education curriculum approved by the Texas Education Agency as an innovative course for public high schools.

The first group counseling session utilized an activity to help participants define core values. Each participant began with a list of twenty-eight values listed on a sheet of paper. The participants were instructed to eliminate 8 values that they do not recognize as core values. The participants then eliminate an additional 5 to bring the total to fifteen. The participants were instructed to further narrow the list to ten and then 5 values. The remaining values represent core values. A group counseling intervention followed the activity.

The second activity helped the participants define success and failure by watching a television commercial and music video. The participants discussed how to define success and failure in their lives. Meaning and purpose in life is impacted by interpretation of life experiences. A group counseling intervention explored subjective interpretation of life events.

The third activity was a meaning-building activity relating to aspects of a house. Participants discuss the different aspects of building a house. The participants explore what aspect of a house best represents them.

The fourth activity examines the importance of writing a personal mission statement. The activity models a personal mission statement after a corporate or organization mission statement. After completing the activity, the group counseling participants discussed the benefits the goals to a sense of direction and achievement.

The final group counseling session involved an activity that challenges participants to explore the importance of life direction. The final activity involved using a

balloon to demonstrate that life events are unpredictable and not in a consistent trajectory. The activity allows participant to examine how to apply resiliency skills to adverse life experiences.

Upon completion of the 5-week group counseling intervention, both the treatment and control group were given a posttest survey, including MLQ, 5F-WEL, SWLS. The posttest survey did not include demographic data.

Only the primary investigator and co-investigator will have access to information. All data associated with this study will remain strictly confidential. Participant data will be entered into the computer using only the assigned number. All materials will be locked in the primary investigator's file cabinet at Texas Tech University.

Participants received incentives for participation. Each session allowed the participant to be eligible for a \$10 gift card. A total of \$50 was available for a random drawing.

Statistical Analysis

Data analyses will include an analysis of covariance (ANCOVA) using the group counseling sessions as the independent variable, pretest scores of meaning in life, purpose in life, satisfaction with life, and overall wellness as covariates, and the posttest scores of the same measurements as the dependent variable. The primary focus of the analysis was to measure the intervention effect of the counseling sessions on participants' attitudes toward and satisfaction of life after the prior difference on the dependent variables controlled statistically. The critical assumption of homogeneity of slope between the covariates and the independent variable were examined before ANCOVA was conducted. Ultimately, because of the experiential study design, the hope is to attribute the

significant differences between the experimental and the control groups to the independent variable of counseling intervention.

Hypotheses

The following research hypotheses will be evaluated:

Hypothesis 1. Controlling for the difference in searching for meaning in life prior to treatment, participants receiving a five-session group counseling intervention will have a significantly higher average score in searching for meaning in life than those not receiving a counseling intervention.

Hypothesis 2. Controlling for the difference in presence of meaning in life prior to treatment, participants receiving a five-session group counseling intervention will have a significantly higher average score in presence of meaning in life than those not receiving a counseling intervention.

Hypothesis 3. Controlling for the difference in satisfaction with life prior to treatment, participants receiving a five-session group counseling intervention will have a significantly higher average score in searching for satisfaction with life than those not receiving a counseling intervention.

Hypothesis 4. Controlling for the difference in overall wellness prior to treatment, participants receiving a five-session group counseling intervention will have a significantly higher average score in overall wellness than those not receiving a counseling intervention.

Summary

This chapter described the methodology that was applied to the study. In the current study, research participants were recruited from a two-year public college.

Participants were given information about the study and agreed to voluntarily participate. Participants were surveyed to investigate levels of wellness, measured by perceived meaning in life, purpose in life, and life satisfaction. Classes of the participants were randomly assigned to an experimental and a control condition. Each treatment group participant then engaged in a five-week counseling intervention. The control group did not receive group counseling intervention but did have scheduled meeting with the principle investigator over a five week period. After the intervention, each participant took a posttest survey to measure the same variables from the pretest. All data were collected and entered by the researcher and analyzed using analysis of covariance. All participant information was kept strictly confidential.

CHAPTER IV

RESULTS

Overview

The purpose of the current study was to investigate the effect of having or not having a five-session group counseling intervention of discussion on meaning and purpose in life, wellness, and overall life satisfaction in an emerging adult population. This chapter includes a report of the statistical analyses and findings for the current study. The results are reported in the following sections: research design, demographic data, descriptive statistics from the Meaning in Life Questionnaire (MLQ), the Satisfaction with Life inventory (SWL) and the Five Factor Wellness inventory (5F-Wel), results of hypothesis testing, and a summary of the statistical analyses.

Research Design

The quasi-experimental research design utilized a pretest and posttest design to measure the effect of meaning and purpose in life, overall wellness, and life satisfaction within an emerging adult population following a five-week counseling intervention. In order to do this, participants were assigned to either a control group or a treatment group. Four assessments (MLQ, SWL, 5F-Wel, and a demographic survey) were given before and after a 5-week counseling intervention.

The independent variable for the current study was whether the participants had the focused discussion on meaning and purpose of life or not through a group counseling intervention. The dependent variables were participants' posttest scores for meaning in life, purpose in life, wellness, and life satisfaction. The pretest scores of the dependent

variables served as covariates in the analysis of covariance. All analyses presented were conducted by computer analysis using the IBM Statistical Package for the Social Sciences (SPSS) software Version 20.0.

Data were collected and analyzed to test the following research hypotheses:

Hypothesis 1. Controlling for the difference in searching for meaning in life prior to the treatment, participants receiving a five-session group counseling intervention will have a significantly higher average score in searching for meaning in life than those not receiving a counseling intervention.

Hypothesis 2. Controlling for the difference in presence of meaning in life scores prior to the treatment, participants receiving a five-session group counseling intervention will have significantly a higher average in presence of meaning in life scores than those not receiving a counseling intervention.

Hypothesis 3. Controlling for the difference in satisfaction with life prior to the treatment, participants receiving a five-session group counseling intervention will have significantly a higher average in satisfaction with life than those not receiving a counseling intervention.

Hypothesis 4. Controlling for the difference in overall wellness scores prior to the treatment, participants receiving a five-session group counseling intervention will have a significantly higher average in overall wellness than those not receiving a counseling intervention.

Demographic Information

A total of 63 participants agreed to participate in a 5-week wellness counseling intervention and were included in the current study. Classes of the participants were

randomly assigned to either a treatment or control group. All of the participants (N = 63) completed the pretest and posttests as well as 5-weeks of either treatment group counseling or control group counseling.

The current study excluded four participants due to item analysis after completing testing, which gave a total of 63 participants. It was the opinion of the principal investigator that the items were not answers with complete sincerity. These participants received the counseling intervention but their test score were not used in the analysis.

Gender, Age, and Ethnicity

The groups were divided into a treatment (n = 48) and a control group (n = 15). In the current study, 27 (42.9 %) of the participants were male, and 36 (57.1%) of the participants were female (see Table 1). By group, participants assigned to the control included six males and nine females, and participants assigned to the treatment group included 21 males and 27 females (see Table 2). The participants ranged in age from 18 to 25 years, with a mean of 22.16 years. By group, the participants in the control group ranged in age from 19 to 25 years, with a mean age of 22 years, and the treatment group ranged in age from 18 to 25 with an average age of 22.21. Thus participants in both groups were the same age on average.

Within the total sample, 37 (58.7%) participants identified their ethnicity as White or Caucasian, 22 (34.9%) identified themselves as Hispanic, two (3.2%) participant identified as African American, and two (3.2%) participants identified as Indian. By group, participants assigned to the control group included nine Hispanic participants and two (3.2%) who identified themselves as Indian. Table 1 illustrates overall participant gender, age, and ethnicity.

The treatment group consisted of 30 (62.5%) participants identified their ethnicity as White or Caucasian, 15 (31.25%) identified as Hispanic, 1 (2.08%) participant identified as African American, and 2 (4.17%) identified themselves as Other. The control group consisted of 7 (46.67%) participants identified their ethnicity as White or Caucasian, 7 (46.67%) identified as Hispanic, 1 (6.67%) participant identified as African American, and 0 (0%) identified themselves as Other. Table 2 illustrates gender, age, and ethnicity by group.

Table 1. Overall Demographic Information

Gender	Age	Ethnicity
N = 63 Male 27 (42.9%) Female 36 (57.1 %)	N = 63 Range: 18-25 Mean: 22.21	N = 63 White: 37 (58.7%) Hispanic 22 (34.9%) African American: 2 (3.2%) Other: 2 (3.2%)

Table 2. Demographic Information by Group

	Control (N = 15)	Treatment (N = 48)
Gender:		
Female	9	27
Male	6	21
Age:		
Mean	22	22.21
Range	19-25	18-25
Ethnicity:		
White	7 (46.67%)	30 (62.5%)
Hispanic	7 (46.67%)	15 (31.25%)
African American	1 (6.67%)	1 (2.08%)
Other	0	2 (4.17%)

Results of Hypothesis Testing

The analysis was computed using analysis of covariance (ANCOVA). ANCOVA is the appropriate statistical analysis because it allows the researcher to control the potentially confounding variables of the differences in the dependent variables prior to the treatment between the treatment and the control condition statistically. The Bonferroni correction test was used to make multiple comparisons between each of two groups. Post hoc Bonferroni tests were computed that were adjusted for multiple comparisons. The Bonferroni level for multiple comparisons established the p value at $.05/\text{number of comparisons}$. The current study examined four comparisons. Therefore, the post hoc Bonferroni comparison used the alpha of $p < .05/4 = .0125$. Therefore, an alpha level of .0125 was used for hypothesis tests. The results of the hypothesis testing are provided in the following sections.

Hypothesis 1: Controlling for the difference in searching for meaning in life prior to the treatment, participants receiving a five-session group counseling intervention will have a significantly higher average score in searching for meaning in life than those not receiving a counseling intervention.

Table 4 shows that the mean and standard deviation for the Searching for Meaning in Life Scale for the total sample was 4.75 ($SD = 1.31$). The mean and standard deviation for the Searching for Meaning in Life Scale posttest scores by group were 4.6 ($SD = 1.25$) for the control group and 4.8 ($SD = 1.34$) for the treatment group, respectively.

Table 3. Pretest and Posttest Descriptive Statistics for Searching Meaning in Life Inventory Grouped by Experimental Conditions

	Total	Treatment	Control
Pretest			
N	63	48	15
Mean	4.60	4.63	4.52
Std. Deviation	1.39	1.50	1.05
Posttest			
N	63	48	15
Mean	4.75	4.8	4.6
Std. Deviation	1.31	1.34	1.24

Test of Homogeneity of Slope

As seen in Table 4, the underlying assumption of homogeneity of slope, that is, the Group*searchpre effect, for the one-way ANCOVA was not significant, $F(1, 59) = 1.45, p = .23$, which means the relationship between the pretest and posttest on the searching meaning of life score is parallel for the treatment and the control condition. The assumption of homogeneity of slope is confirmed and can continue to ANCOVA.

Table 4. Analysis of Co-Variance for Search for Meaning in Life Pretest Scores

Source	SS	df	MS	F	p
Corrected Model	67.81 ^a	3	22.60	34.37	.00
Intercept	2.5	1	2.5	3.8	.07
Group	1.30	1	1.3	1.98	.17
Searchpre	43.33	1	43.33	65.87	.00
Group*searchpre	.96	1	.96	1.45	.23
Error	38.8	59	.66		
Total	1529.48	63			
Corrected Total	106.62	62			

a. R Squared = .636 (Adjusted R Squared = .618)

Test on the Research Hypothesis 1

ANCOVA with Group as the independent variable, posttest score of Search meaning in life as the dependent variable, and pretest score of search meaning in life as the covariate shows the difference between the control and the treatment condition is not significant, $F(1, 60) = .91, p = .34$. The results of the analysis indicate that after controlling the difference in the pretest score, the 5-week counseling treatment with discussion on meaning and purpose of life did not generate significantly higher level of search meaning in life for participants in the treatment condition. The results of the analysis are presented in Table 5.

Table 5

Analysis of Co-Variance for Search for Meaning in Life Pretest Scores

Source	SS	df	MS	F	p
Search Pretest	66.40	1	66.40	100.20	.00
Group	.61	1	.61	.91	.343
Error	39.76	60	.663		
Total	1529.48	63			

Hypothesis 2. Controlling for the difference in presence of meaning in life scores prior to the treatment, participants receiving a five-session group counseling intervention will have significantly a higher average in presence of meaning in life scores than those not receiving a counseling intervention.

Table 6. Pretest and Posttest Descriptive Statistics for Presence of Meaning in Life Inventory Grouped by Experimental Conditions

	Total	Treatment	Control
Pretest			
N	63	48	15
Mean	4.62	4.78	4.16
SD	.59	.52	.82
Posttest			
N	63	48	15
Mean	5.62	5.73	5.24
SD	5.61	.68	.90

Test of Homogeneity of Slope

As seen in Table 7, the underlying assumption of homogeneity of variance for the one-way ANCOVA has been met as evidenced by $F(1, 59) = 3.28, p = .075$. The dependent variable of treatment or control group and for Presence for Meaning in Life pretest score were not significant so homogeneity of slope is confirmed and can continue to ANCOVA.

Table 7 Test of Homogeneity of Slope for the Presence subgroup of Meaning in Life Inventory.

Source	SS	df	MS	F	p
Corrected Model	16.62 ^a	3	5.54	17.01	.00
Intercept	4.94	1	4.94	15.15	.07
Group	1.33	1	1.33	4.07	.05
presencepre	13.16	1	13.16	40.367	.00
Group*searchpre	1.07	1	1.07	3.28	.08
Error	19.23	59	.33		
Total	2022.76	63			
Corrected Total	35.86	62			

a. R Squared = .464 (Adjusted R Squared = .436)

Summary of the Statistical Analyses

In the analysis of examining Presence for Meaning in Life score controlling for pretest score, this relationship is significant, $F(1, 60) = 1.93, p = .17$. The results of the analysis indicate that there is not a relationship between the covariate of Satisfaction with Life pretest scores and the dependent variable treatment or control group. The test assesses the differences among the adjusted means for the two groups, which are reported in the Descriptive Statistics box as 5.24 (control) and 5.73 (treatment).

The results shown in the below graph (Table 8) are as follows: The treatment and control group source evaluates the hypothesis that the population adjusted means are not significant. The results of the analysis indicate that this hypothesis could not be confirmed, $F(1, 60) = 1.93, p = .17$.

Table 8. Analysis of Co-Variance for Presence for Meaning in Life Scores Pretest Scores

Source	SS	df	MS	F	p
Presence Pretest	12.71	1	12.71	37.77	.00
Group	.66	1	.66	1.93	.17
Error	20.30	60	.34		
Total	2022.76	63			

The test assesses the differences among the adjusted means for the two groups, which are reported in the Descriptive Statistics box as 5.24 (control) and 5.73 (treatment).

Hypothesis 3. Controlling for the difference in satisfaction with life prior to the treatment, participants receiving a five-session counseling intervention will have significantly a higher average in satisfaction with life than those not receiving a counseling intervention.

Table 9. Pretest and Posttest Descriptive Statistics for Satisfaction with Life Inventory
Grouped by Experimental Conditions

	Total	Treatment	Control
Pretest			
N	63	48	15
Mean	5.16	5.23	4.93
Std. Deviation	.91	.93	.84
Posttest			
N	63	48	15
Mean	5.35	5.43	5.06
Std. Deviation	.99	1.00	.91

Test of Homogeneity of Slope

As seen in Table 10, the underlying assumption of homogeneity of variance for the one-way ANCOVA has been met as evidenced by $F(1, 59) = .637, p = .428$. The dependent variable of treatment or control group and Satisfaction with Life pretest score were not significant, so homogeneity of slope was confirmed and the data analysis can continue to ANCOVA.

Table 10. Test of Homogeneity of Slope for the Satisfaction with Life Pretest Scores

Source	SS	df	MS	F	p
Corrected Model	43.07 ^a	3	14.36	49.27	.00
Intercept	.24	1	.240	15.15	.056
Group	.23	1	.23	.79	.377
Satispre	28.86	1	28.86	99.10	.00
Group*searchpre	.19	1	.19	.64	.49
Error	17.19	59	.29		
Total	1860.80	63			
Corrected Total	60.26	62			

a. R Squared = .715 (Adjusted R Squared = .700)

Summary of the Statistical Analyses

In the analysis of the Satisfaction with Life score controlling for the pretest score, the relationship was not significant, $F(1, 60) = .38, p = .54$. Therefore, the results of the analysis indicate that there is not a relationship between the covariate of Satisfaction with Life pretest scores and the dependent variable treatment or control group.

Table 11. Analysis of Covariance for Satisfaction with Life Scores Pretest Scores

Source	SS	df	MS	F	p
SWL Pretest	41.34	1	41.34	142.757	.00
Group	.11	1	.11	.38	.54
Error	17.38	60	.29		
Total	1860.80	63			

The test assesses the differences among the adjusted means for the two groups, which are reported in the Descriptive Statistics box as 5.067 (control) and 5.43 (treatment).

A one-way ANCOVA was computer for Hypothesis 3 of the current study. The independent variable, group, included two levels: treatment or control. The dependent variable was the participant's posttest scores on the Satisfaction with Life Scale, and the covariate was the participant's pretest score on the Satisfaction with Life Scale. A preliminary analysis was calculated to evaluate the homogeneity of slope, which is an assumption indicating that the relationship between the covariate and the dependent variable do not differ significantly as a function of the independent variable $F(1, 60) = .38, p = .54$. The hypothesis was not confirmed.

Hypothesis 4. Controlling for the difference in overall wellness scores prior to the treatment, participants receiving a five-session group counseling intervention will have a significantly higher average in overall wellness than those not receiving a counseling intervention.

Table 12. Pretest and Posttest Descriptive Statistics for Five Factor Wellness Inventory Grouped by Experimental Conditions

	Total	Treatment	Control
Pretest			
N	63	48	15
Mean	3.04	3.11	2.82
Std. Deviation	.25	.21	.35
Posttest			
N	63	48	15
Mean	3.11	3.21	2.79
Std. Deviation	.25	.23	.35

Test of Homogeneity of Slope

As Table 13 shows, the underlying assumption of homogeneity of variance for the one-way ANCOVA was met as evidenced by $F(1, 61) = .337, p = .564$. The dependent variable of treatment or control group and Five-Factor wellness pretest score are not significant so homogeneity of slope is confirmed can continue to ANCOVA.

Table 13. Analysis of Covariance for Presence for Meaning in Life Pretest Scores

Source	SS	df	MS	F	p
Corrected Model	4.97 ^a	3	1.66	80.65	.80
Intercept	.10	1	.10	4.96	.08
ffwpre	3.01	1	3.01	146.27	.713
Group	.02	1	.02	.79	.01
Group*ffwpre	.01	1	.01	.34	.56
Error	1.21	59	.02		
Total	616.92	63			
Corrected Total	6.18	62			

a. R Squared = .804 (Adjusted R Squared = .794)

In the below analysis examining the Five-Factor Wellness scores and controlling for pretest score, this relationship is significant, $F(1, 60) = 7.45, p < .05$. Additionally, the results of the analysis indicate that there is a relationship between the covariate of pretest scores and the dependent variable treatment or control group.

The results shown in Table 14 are presented in the following paragraph. The treatment and control group source tests the hypothesis that the population adjusted means are not equal. The results of the analysis indicate that this hypothesis should be confirmed, $F(1, 60) = 7.45, p < .05$. The test assesses the differences among the adjusted means for the two groups, which are reported in the Descriptive Statistics box as 2.79 (control) and 3.21 (treatment).

Table 14. Analysis of Covariance for Five-Factor Wellness Scores Pretest Scores

Source	SS	df	MS	F	p
5F Well Pretest	3.01	1	3.01	148.15	.000
Group	.151	1	.15	7.45	.008
Error	1.219	60	.02		
Total	616.918	63			

A one-way analysis of covariance (ANCOVA) was conducted for Hypothesis 5 of the current study. The independent variable, group, included two levels: treatment and control. The dependent variable was the participant posttest scores of the Five-Factor Wellness Inventory, and the covariate was the participants' pretest score on the Five-Factor Wellness Inventory. A preliminary analysis was computed to evaluate the homogeneity of slope, which is an assumption indicating that the relationship between the covariate and the dependent variable do not differ significantly as a function of the independent variable, $F(1, 61) = .337, p = .564$. The dependent variable of treatment or control group and Five-Factor Wellness pretest score were not significant (see Table 15), so the assumption of homogeneity of slope is confirmed, and the analysis can continue to the ANCOVA.

For ANCOVA examining the Five Factor Wellness score controlling for pretest score, the relationship was significant, $F(1, 60) = 148.150, p < .001$. (See Table 14). However, only 11% (partial $\eta^2 = .11$) of the total variance in the Five-Factor Wellness

posttest scores was accounted for by the groups when controlling for the effect of the participants' pretest scores.

Summary

The purpose of the current study was to investigate the effect of having or not having a five-session group counseling intervention of discussion on meaning and purpose in life, wellness, and overall life satisfaction in an emerging adult population. This chapter described the methodology that was applied to the study, which comprises of a report of all the statistical analyses and findings for the current study.

The analysis of covariate test of the dependent variables when controlling for pretests scores was the main statistic of interest. This analysis produced a significant result for the Five Factor Wellness Inventory. The analysis of covariance indicated that, after the five-session group counseling intervention, the treatment group reported significantly higher levels of overall wellness than the control group. Chapter V contains a discussion of all results explored in this chapter, as well as implications to the field of counseling and recommendations for future research.

CHAPTER V

DISCUSSION

This chapter presents a summary of the investigation, a discussion of the findings, implications, and limitations of the study. It concludes with recommendations for future research.

Summary

The purpose of the current study was to investigate the effect of Meaning and Purpose in Life on wellness and overall life satisfaction in an emerging adult population. Specifically, following a 5-week group counseling intervention, the study measured changes in perceptions of wellness and levels of life satisfaction.

Having purpose and meaning as an individual plays an important role in wellness according to Savolaine and Granello (2002). Existential and developmental theories suggest that individuals begin to perceive life as meaningful and purposeful around the developmental period of adolescence, which is often referred to as the time between childhood and adulthood (Varahrami, Arnau, Rosen, & Mascaro, 2010). Meaning and purpose may also play an important role in wellness during emerging adulthood, a term coined by Arnett for the developmental period between adolescence and young adulthood (Arnett, 2000).

The current study is unique because few studies have utilized an experimental study design to explore the effects of meaning and purpose in life on wellness and overall life satisfaction. This study is also unique and significant because the counseling

profession adopted a wellness paradigm as the preferred therapeutic approach. Specifically, the ACA stated that *wellness* is a central tenet in counseling, an approach that all professional counselors must adopt. The study reported herein attempts to fill gaps in the literature, because even though a wellness paradigm was adopted, the counseling profession has not adequately investigated the effect of meaning and purpose on individual wellness and life satisfaction, specifically during emerging adulthood. Given the recent awareness of the emerging adult developmental period (Arnett, 2005), much is unknown about the effect of wellness factors on this population (Myers and Sweeney, 2008). Specifically, the wellness factors need additional investigation in an emerging adult population including relationships, identity development, and career and life aspirations (Connolly & Myers, 2003; Sinclair & Myers, 2004), as well as effects of ethnicity (Lee, 2005), gender, sexuality (Dew, Myers, & Wightman, 2006), and age (Holcomb-McCoy, 2005). Although there is limited counseling research about wellness, it is far from comprehensive. Specifically, research on the concepts of meaning and purpose and the effects of these concepts on perceived wellness and life satisfaction is lacking. In the literature review for the study reported herein, the literature about wellness will be further delineated.

Wellness is an important part of daily functioning. Specifically, purpose and meaning in life contribute to wellness through our relationships, intimacy, religion, self-transcendence, self-acceptance, and achievement (Wong, 1998). Purpose and meaning in life appeal to our greater sense of self and contribute to optimal human development through improved resiliency, greater levels of happiness, and human flourishing (Bronk, Hill, Lapsley, Talib, & Finch, 2009).

Wellness emphasizes prevention as well as treatment. This approach stresses positive characteristics, attitudes, and beliefs within the individual and helps the client strive toward reaching his or her full potential.

Little research exists examining meaning and purpose and wellness in an emerging adult population. Despite the benefits of wellness counseling across the lifespan, few studies have examined the usefulness of wellness counseling in emerging adulthood. Experimental studies investigating the relationship between meaning and purpose on wellness and overall life satisfaction during this developmental period are paramount for the counseling profession.

Instruments used in this study were derived from the Positive Psychology and Counseling literature. The participants were given the Satisfaction with Life Scale (SWLS, Diener, Emmons, Larsen, & Griffin, 1985), Five Factor Wellness Inventory (IS-Wel, Myers & Sweeney, 2005), Meaning in Life Questionnaire (MLQ, Steger, Frazier, Oishi, & Kaler, 2006), and a Demographic Questionnaire. These instruments rated highly in validity and reliability (Diener, Emmons, Larsen, & Griffin, 1985, Myers & Sweeney, 2005, & Steger, Frazier, Oishi, & Kaler, 2006).

The research study design for this study was a quantitative, quasi-experimental design. The research design includes random selection to a treatment or control group, with a pretest, five-week group counseling intervention, and posttest data collection from a sample of undergraduate emerging adult population. All participants voluntarily agreed to participate in the study. Compensation was given to participants for consideration of their time. All participants, treatment and control, were given the option of a five weekly counseling sessions addressing meaning and purpose in life, but only the treatment group

received the intervention during the study. The control group engaged in regular class discussions.

Discussion of the Findings and Conclusions

This section discusses findings and conclusions by hypotheses. Each hypothesis will be examined to determine significance of the present study, implications and limitations, and recommendations derived from the results. The chapter will conclude with a closing statement of the current study.

Hypotheses

Hypothesis 1. Controlling for the difference in searching for meaning in life prior to the treatment, participants receiving a five-session counseling intervention will have a significantly higher average score in searching for meaning in life than those not receiving a counseling intervention.

This hypothesis examines participant responses to the Searching for Meaning in Life score following a five-session group counseling intervention. As stated previously in the literature review, meaning in life is divided into two subgroups: activity searching for meaning in life and the presence of meaning in life. This hypothesis addresses the individual's levels of searching for meaning in life.

The current study found no statistically significant difference in searching for meaning in life between treatment and control groups. Possible reasons for not finding significant results may include that the current study lacks statistical power. Given the small sample size ($N = 63$), the number of participants made it difficult to find statistical significance. Larger numbers of participants would make it more likely to find a significant effect size between groups. The size of the control group ($N = 15$) offered a

particular challenge. This lack of size in the control group may have resulted in the effect being smaller than expected.

While the results for Hypothesis 1 were not significant, there may be useful data from the results. Though not statistically significant, trends indicated that higher mean scores exist for the treatment group than the control. Mean scores for Searching for Meaning in Life after a five-week group counseling intervention (treatment group) was 4.8 compared to no counseling intervention (control group) was 4.6. These findings represent only a slight change in means between groups but do show signs of improvement. Possible reasons for not finding statistical significance may be due to sample or effect size.

Ideal research conditions for this study may have yielded statistically significant results. A larger sample size could have been a factor. The developmental theories identified the search for meaning in life as a hallmark feature of emerging adult developmental needs to determine and establish identity, career, and social roles (Steger, Oishi, & Kashdan, 2009, Arnett, 2000, Erikson, 1968; Marcia, 1966). Existing research established a link between developmental theories and individuals searching for meaning in life (Steger, Oishi, & Kashdan, 2009). The Steger, Oishi, and Kashdan (2009) study measured the impact of the search for meaning in life on overall on other concepts of psychological well-being, specifically authentic happiness. Their study found statistically significant results with a sample size of greater than 730 participants ($N = 731$). Consistent with research findings, those at earlier life stages reported higher levels of searching for meaning (Steger, Oishi, & Kashdan, 2009).

Because statistical significance was not achieved, Hypothesis 1 cannot be confirmed. Lack of significance may be telling in terms of counseling an emerging adult population. The search for meaning in life evolves over the lifetime. A five-week group counseling intervention cannot take the place of a lifetime of experiencing and interpreting life events. By measuring the change in scores from pretest to posttest, changes in means may only be an indicator that these larger concepts have been introduced, but little integration into daily functioning had taken place. More group counseling interventions over a longer period of time may improve measures of significance.

Hypothesis 2. Controlling for the difference in presence of meaning in life scores prior to the treatment, participants receiving a five-session counseling intervention will have significantly a higher average in presence of meaning in life scores than those not receiving a counseling intervention.

This hypothesis examined participant responses to presence of meaning in life items following a five-session group counseling intervention. This hypothesis addresses the second subgroup of meaning in life: presence. This hypothesis addresses the individual's levels of presence of meaning in life.

Presence of Meaning in Life represents extent to which respondents feel their lives are meaningful (Steger, Oishi, & Kashdan, 2009), thus they have awareness and understanding of an individual's meaning in his or her thoughts, feelings, and behaviors. Questions in the current study that measure this ask: "I have a good sense of what makes

my life meaningful.” Higher levels of Presence of Meaning in Life correlate with higher levels of life satisfaction (Steger, Oishi, & Kashdan, 2009).

The current study found no statistically significant difference in the presence of meaning in life between treatment and control groups. As stated with the previous hypothesis, possible reasons for not finding significant results may include limitations of the research study design. Lack of a sufficient ($N = 63$) sample affected producing statistical significance. Under ideal circumstances, greater numbers of participants would make it more likely to find a significant effect between groups. As stated previously, the size of the control group ($N = 15$) may not have been large enough to fully measure the effects of this hypothesis.

Existing research has revealed the influence of measurement on age-related variation in levels of the presence of meaning (Steger, Frazier, Oishi, & Kaler, 2006). This existing research showed a positive correlation between age and presence of meaning in life. As one grows older, his or her ability to perceive meaning in life is more stable, whereas searching for meaning in life decreases.

It was not a surprise that the study reported herein was unable to find statistical significance with respect to presence in life given their age demographic of participants. It would be unexpected that significant change would occur after a five-week group counseling intervention. Both searching and presence of meaning in life are multilayer and highly contextual. Individuals may search for an entire lifetime without finding significance and meaning in life. With that being stated, introducing the concept of presence of meaning in life may provide therapeutic results.

As with Hypothesis 1, the current study found no statistically significant difference between treatment and control groups. As reported in the results section of the study, change did occur in the measure of presence of meaning in life for the two groups. The descriptive data indicated a mean score of 5.73 (treatment) and 5.24 (control). While not statistically significant, the difference between treatment and control groups showed a trend toward a higher mean score for the treatment group than the control group.

Hypothesis 3. Controlling for the difference in satisfaction with life prior to the treatment, participants receiving a five-session counseling intervention will have significantly a higher average in satisfaction with life than those not receiving a counseling intervention.

This hypothesis examines participant responses to satisfaction with life scores following a five-session group counseling intervention. This hypothesis addresses the individual's current levels life satisfaction. Different from happiness, satisfaction with life represents extent to which respondents feel satisfied with their lives and the implications those judgments have on our attitudes and behaviors (Diener, Emmons, Larsen, & Griffin, 1985).

The SWLS contains five items on a 7-point Likert-scale (1 = strongly disagree to 7 = strongly agree). Accordingly, respondents can score a possible range between 5 to 35, with a score of 20 being a neutral score on the scale. Scores between 5 and 9 indicate respondents are extremely dissatisfied with life. Scores from 15 to 19 indicate slightly dissatisfied with life. Respondent scores between 21 and 25 represent slightly satisfied. Those that scores between 31 and 35 indicate extremely satisfied with life. The mean

total score for the treatment group was 27.15 and for the control group was 25.3. The treatment group posttest scores showed that they were moderately satisfied with life while the control group indicated just above slightly satisfied with life.

Items in the current study that measure satisfaction with life state: “In most ways my life is close to my ideal” and “I am satisfied with my life.” Individuals with higher levels of satisfaction with life correlate with better judgment about themselves and behaviors that reflect high life satisfaction (Diener, Emmons, Larsen, & Griffin, 1985).

The study reported herein found no statistically significant difference in Satisfaction with Life between treatment and control groups. Possible reasons for not finding significant results may include limitations to research study design. As stated in hypothesis 1 and 2, low sample size (N=63) may have affected finding statistical significance. As with the other hypotheses tested, ideal circumstances would include greater numbers of participants in order make it more likely to find a significant effect between groups. Having lower numbers of participants in both the treatment and control group lessens the chances of ruling out the chance that something other than the treatment intervention causes the changes in means between pretest and posttest. As stated previously, the size of the control group (N = 15) may not have been large enough to fully measure the effects of this hypothesis.

Existing research has shown that scores on the Satisfaction with Life Scale (SWLS, Diener, Emmons, Larsen, & Griffin, 1985) correlate with measures of mental health. It also has been found to be predictive of future behaviors such as expressing both positive and negative behaviors related to one’s feelings about his or her life. The SWLS

has been used as a measure of the life satisfaction component of subjective wellness and overall well-being (Diener, Emmons, Larsen, & Griffin, 1985).

As with the previous hypothesis, the current study found no statistically significant difference between treatment and control groups. As reported in the results section of the study, change did occur in the measure of satisfaction with life for the two groups. The descriptive data indicated a mean score of 5.06 (control) and 5.43 (treatment) per item. While not statistically significant, the difference between treatment and control groups showed a trend toward a higher mean score for treatment than control after a 5-week group counseling intervention.

Not finding statistical significance with respect to satisfaction with life given the age and life stage of the participants was not a surprise and was expected. It was hopeful but unrealistic to find significant change in life satisfaction after a five-week meaning and purpose counseling intervention. Evaluating meaning in a person's life involves a great deal of contemplation and introspection. Given that all of the participants were students at a two-year college, they may still be searching for career, or educational or personal fulfillment, thus their satisfaction with life may be fluid. With that being stated, introducing the concepts of meaning and purpose in life may provide therapeutic results over a long period of time and may not be present after a brief counseling intervention.

Hypothesis 4. Controlling for the difference in overall wellness scores prior to the treatment, participants receiving a five-session counseling intervention will have a significantly higher average in overall wellness than those not receiving a counseling intervention.

As expected, the treatment group produced significantly higher overall wellness scores than the control group after the 5-week group counseling intervention. The findings of the present study indicated that posttest results showed differences resulting from the intervention rather than pretest differences between groups. The treatment group had significantly higher levels of reported wellness scores than the control group did after the 5-week group counseling intervention. The ANCOVA indicated a small effect, $\eta^2 = .11$.

The results of this hypothesis support the literature suggesting that meaning and purpose counseling with emerging adults can improve their individual prospect of wellness. Wellness factors are based on an Indivisible Self Wellness Model (IS-Wel; Myers & Sweeney, 2005), which emphasize a comprehensive or holistic view of the individual. Included in this model is interpreting our environmental influences and how they affect daily functioning. Myers and Sweeney (1999) have described wellness as a series of choices integrating mind, body, and spirit into one's life experiences and understanding. Wellness becomes a way of life that puts the emphasis on optimal human functioning.

After the 5-week group counseling intervention, participants scored an average of 3.31. This score indicates an above average to significantly above average wellness score. These findings are significant because participants changed perceptions and attitudes about a healthy lifestyle.

These finds directly impact counselors and client intervention. The IS-Wel model asserts that changes in wellness attitudes and behaviors in any one area can contribute to changes in other areas. Clients are able to realize that wellness is a choice, and that each

choice made toward wellness promotes greater happiness and life satisfaction (Myers & Sweeney, 2005).

Significance of the Results

This study fills gaps in the field of counseling literature for emerging adult populations by exploring the relationship between overall wellness and meaning and purpose in life. The findings of this study have practical counseling or therapeutic and research applications. Considering counseling implications, these findings indicate that addressing meaning and purpose in life may not have direct effect on the clients understanding of meaning and purpose but have implications on his or her overall sense of wellness. Put simply, it may not be realistic to expect change in these two concepts over a five-week group counseling intervention, but addressing meaning and purpose in life impacts our wellness pursuit. The current study emphasized the greater need for clarification in the concepts of meaning and purpose in life. Furthermore, further studies should be conducted to explore the long term effects of meaning and purpose counseling on overall wellness. This study emphasizes the need for clarification in terms of wellness counseling. As a profession, counseling adopted a wellness paradigm. Ambiguity exists surrounding the terms meaning and purpose, as well as the two terms.

Implications of the Study

Opportunity for future research of this study will help counselors and researchers apply a wellness component in all counseling interventions. Specifically, this study will help counselors understand the importance of meaning and purpose in wellness counseling.

Implementing meaning and purpose in life counseling within an emerging adult

population has shown to improve levels of wellness. An improvement in search and presence of meaning (e.g., increasing the awareness of the decisions made and finding purpose in those outcomes), could improve the lives of the participants by finding value and satisfaction in their lives, both for themselves and a greater being. An improvement in the understanding and perspective of meaning and purpose in life could serve to fill a void and apply direction to life. Life satisfaction could be improved if participants recognized what gave their life significant and pursued future goals and achievements that were in line with those values. Further, significant findings for this age population may serve as a call for further research in other age groups.

Wellness counseling in an emerging adult population should include meaning and purpose in life exploration. The counseling profession has utilized theory and therapeutic techniques that emphasize finding significance from life events. The presence of and search for meaning in life are a part of the process of finding significance from experiences. When clients are able to find meaning from their environment, they apply that knowledge to an internal decision-making model. This internal compass guides future decisions.

In contrast, low levels of meaning and purpose in life can be harmful and lead to risk-taking behavior. A healthy sense of meaning and purpose in life may help the individual find significance in their thoughts, feelings and behaviors. A void in meaning and purpose leads the individual to find other ways to fill the emptiness (i.e., drugs and alcohol, etc.) (Frankl, 1959). Emerging adults that experience a lack of meaning and purpose to their lives may not have the drive and ambition to achieve. This pattern could develop in adolescence and continue through emerging adulthood.

Existing counseling wellness literature suggested the need for experimental study on the effect of meaning and purpose on wellness and overall life satisfaction. This study provided significant result for these important concepts within an emerging adult population. Because of the experimental design of the study, causality can be assumed between the intervention and an increase in wellness scores. The intervention involved a 5-week framework for an effective way to implement meaning and purpose intervention into wellness counseling that produce effective results.

Future research could benefit by improvement to the study design. First, future research should use a larger sample. The improvement of a greater sample size would create a more statistically powerful study. Second, future research should use equal participant numbers for treatment and control groups. Third, future research should randomly assign individuals to a treatment and control group. A more representative demographic sample would create more generalizable findings for future research. Replication studies would also be a recommendation for future research. Replication studies could apply similar interventions to different populations to determine their effect.

Current study shows that meaning and purpose in life improves overall wellness. This is the most significant finding from the study. Researchers should use these findings to further wellness research. Specifically, further research should be done to explore therapeutic techniques that may help counselors achieve wellness success for their clients. Other important findings from this study show that measure of searching for and presence of meaning in life may not be directly affected but does impact overall wellness. This indicates that the client may not be able to clearly define their own meaning and purpose in life but a wellness counseling intervention that includes meaning and purpose

may help the client recognize holistic nature of health and well-being. Their levels of meaning and purpose may not have changed but their attitudes and beliefs about being physically active, healthy nutrition, work goals or supportive relationships may have changed. These are the types of individual changes that counselors and clients strive for.

Limitations of the study

The measure of perceived meaning and purpose in life, life satisfaction and overall wellness was done through self-report data. The researcher took every care possible to explain the intent and purpose of the study to the participants before the study began. However, as the nature of self-reporting surveys, beliefs about the above concepts are subjective and responses may not represent true beliefs, attitude or behaviors.

Another limitation of this study is that the sample was recruited from students at a two-year, community college in the southwest United States. Therefore, the participants that chose to be a part of this study may not fully representative of a national sample.

Furthermore, these results may not be generalized to the larger population of emerging adults because the participants were not randomly assigned to a treatment or control group. As stated previously, each class was randomly assigned to groups but individuals did not have an equal chance of random selection. This limitation was due to restrictions by college administrators and the availability of the students.

Another limitation of the study involving the sample was the number of participants. The students all attended classes in the Allied Health program at the two-year college. The decision was made to use this student population because of access and availability. Finding a large enough sample of students and potential participants between the ages of 18 to 25 was a limitation and particular challenge. A larger number of

participants would produce stronger results. A small sample size can increase the likelihood of committing Type I statistical error. With the number of groups and independent variables used in the study, a larger sample size was necessary.

The last limitation involved the length of the counseling intervention. The current study used a 5-week meaning and purpose group counseling intervention. While grateful for the access to the participants, the length of time of the intervention was not enough to change subjective attitudes and beliefs about meaning and purpose in life. Five-weeks of meaning and purpose group counseling intervention was long enough to see significant change in participant's overall wellness. This indicates that these large concepts like finding meaning and purpose in life may need longer interventions, while changes to attitudes about wellness can be made with shorter counselor interventions.

Recommendations of the study

The current study successfully explored the effect of meaning and purpose in life on wellness and life satisfaction. However, this sections offers consideration for improvement should this study be replicated with other participants. Inclusion of participants from a larger sample with more diversity of ethnicity, gender, and age would provide a more representative and generalizable sample of emerging adults.

The second recommendation would be to explore more variables. Future research could explore if age, socioeconomic status, parent education level, participant grade point average or other variables contribute to higher levels of perceived meaning and purpose in life, life satisfaction and overall wellness following direct meaning and purpose counseling intervention. These results would help counselors determine if clients are reaching their full wellness potential.

A third recommendation would be to use a difference meaning and purpose wellness curriculum to measure effects on wellness and life satisfaction. The current study utilized meaning and purpose activities from a Texas Education Agency certified innovative course on comprehensive wellness. This curriculum was developed with particular emphasis on health and wellness from a developmental theoretical perspective. Other possible curriculum could emphasis other aspects of meaning and purpose in life.

A longitudinal, follow up study could provide important and interesting findings. A longitudinal study would provide the next step for this study by determining whether changes found in score on pretest and posttest are lasting and engrained over time. One of the main components of counseling is to change unhealthy thoughts, attitudes and behaviors into life-long health changes. A longitudinal study would determine if these changes continue over time and are seen as lasting.

The current study utilized an experimental quantitative study design. It would be helpful if further research were done utilizing a qualitative research design. Qualitative data serves to help researchers and counselors better evaluate perceived meaning and purpose in emerging adults. Furthermore, this type of research design is particularly useful to determine other variables that impact overall wellness and life satisfaction.

Finally, it is recommended that future research compare scores of the effect of perception of meaning and purpose in life on overall wellness and life satisfaction for emerging adult to other age demographics, specifically adolescents, adults and older adults. Steger, Oishi, and Kashdan (2009) found that searching for meaning in life is higher during younger ages and decreases over time, while presence of meaning in life measures lower earlier in life and increase over time. It would be interesting to determine

if this holds true for wellness counseling interventions. It could be hypothesized that developmental and life experiences impact meaning purpose levels. Results could seek to determine if counseling techniques should vary based on age of the client.

Conclusion

In conclusion, research indicates that emerging adults are still evaluating identity, work and personal goals and are establishing more intimate and long term relationships. For many, this developmental period offers enormous personal change and growth. Many of the decisions made during this period have lasting and often life-long consequences. For many, this developmental period is defined by change and uncertainty.

The present study was conducted to further advance the understanding of meaning and purpose in life through a wellness counseling perspective. Second, attempts to further define concepts of meaning and purpose and delineate difference in their impact on overall wellness. Third, determine whether life satisfaction is impact by meaning and purpose in life wellness counseling. Given that much of the meaning and purpose in life counseling literature examines these concepts on authentic happiness, examine changes in life satisfaction may provide meaningful study results. Finally, the current study applied an experimental study design to wellness counseling to determine if meaning and purpose cause significant change in wellness attitudes and behaviors. The results of this study have confirmed that meaning and purpose counseling through a wellness perspective can help emerging adults. Meaning and purpose counseling has a significant impact on overall wellness attitudes and beliefs. The results also confirm that while scores of meaning and purpose in life and life satisfaction may not be directly affected, overall wellness scores can be improved. This tells a counselor to not expect direct

change to meaning and purpose initially but to focus more on the results to overall wellness. Improved wellness, as the stated counseling paradigm, should be the overall measure of counseling success.

The implications of this study indicate that wellness counseling be used with emerging adults. The implications also suggest that replication studies should be done to test different wellness counseling techniques, as well the effects of longer counseling interventions and follow up studies to determine if the results are lasting.

REFERENCES

- Arnett, J. J. (1997). Young people's conceptions of the transition to adulthood. *Youth and Society, 29*, 3-23.
- Arnett, J. J., Ramos, K. D. and Jensen, L. A. (2001). Ideological views in emerging adulthood: Balancing autonomy and community. *Journal of Adult Development, 8*, 69-79.
- Adler, A. (1954). *Understanding human nature*. Greenwich, CT: Fawcett.
- Adler, A. (1956). *The Individual Psychology of Alfred Adler*. Ed. By H. L. & R. R. Ansbacher. New York: Basic Books.
- American Association for Counseling and Development. (1991). *AACD strategic plan*. Alexandria, VA: Author.
- American Counseling Association. (2005). *ACA code of ethics*. Alexandria, VA: Author.
- Antaramian, S. P., Huebner, E. S. and Valois, R. F. (2008), Adolescent Life Satisfaction. *Applied Psychology, 57*, 112–126.
- Archer, J., Jr., Probert, B., & Gage, L. (1987). Attitudes towards wellness. *Journal of College Student Personnel, 28*, 311-317.
- Arnett, J. J. (2000). Emerging adulthood. A theory of development from the late teens through the twenties. *American Psychologist, 55*, 469-480.
- Baumeister, R. F. (1991). *Meanings of life*. New York: Guilford Press.
- Bradley, G., & Wildman, K. (2002). Psychosocial predictors of emerging adult's risk and reckless behaviors. *Journal of Youth and Adolescence, 31*, 253–267.
- Breitbart, W., Rosenfeld, B., Gibson, C., Pessin, H., Poppito, S., Nelson, C., (2010). Meaning-centered group psychotherapy for patients with advanced cancer: A pilot

- randomized controlled trial. *Psycho-Oncology*, 19, 21–28.
- Bronk, K. C., Hill, P. L., Lapsley, D. K., Talib, T. L. & Finch, W. H. (2009). Purpose, hope and life satisfaction in three age groups. *Journal of Positive Psychology*, 4 (6), 500-510.
- Bodenhorn, N. & Skaggs, G. (2005). Development of the school counselor self-efficacy scale. *Journal of Measurement and Evaluation in Counseling and Development*, 38, 14-28.
- Bundick, M., Andrews, M., Jones, A., Mariano, J. M., Bronk, K. C., and Damon, W. (2006). *Revised youth purpose survey*. Stanford, CA: Stanford Center on Adolescence.
- Byron, K., & Miller-Perrin, C., (2009). The value of life purpose: Purpose as a mediatory of faith and well-being. *Journal of Positive Psychology*, 4(1), 64-70.
- Calabrese, R. L., & Seldin, C. A. (1992). A contextual analysis of alienation among school constituencies. *Urban Education*, 22, 227-237.
- Carver, C. S., & Connor-Smith, J. (2010). Personality and Coping. *Psychology*, 61, 679–704.
- Clarke, A. T. (2006). Coping with interpersonal stress and psychological health among children and adolescents: A meta-analysis. *Journal of Youth and Adolescence*, 35, 11-24.
- Chamberlain, K., & Zika, S. (1988). Religiosity, life meaning, and wellbeing: Some relationships in a sample of women. *Journal of Scientific Study of Religion*, 27, 411-420.

- Chamberlain (Eds.), Exploring existential meaning: Optimizing human development across the life span (pp. 7–22). Thousand Oaks, CA: Sage.
- Chandler, C. K., Holden, J. M., & Kolander, C. A. (1992). Counseling for spiritual wellness: Theory and practice. *Journal of Counseling & Development, 71*, 168–175.
- Connolly, K. M., & Myers, J. E. (2003). Wellness and mattering: The role of holistic factors in job satisfaction. *Journal of Employment Counseling, 40*, 152–160.
- Cruse, R., Nicholas, D. R., Gobble, D. C., & Frank, B. (1992). Gender and wellness: A multidimensional systems model for counseling. *Journal of Counseling & Development, 71*, 149–156.
- Damon, W., Menon, J., & Bronk, K. C. (2003). The development of purpose during adolescence. *Applied Developmental Sciences, 7*(3), 119–128.
- Deci, E. L., & Ryan, R. M. (2000). The “what” and “why” of goal pursuit: Human needs and the self-determination of behavior. *Psychological Inquiry, 11*, 227–268.
- Dew, B. J., Myers, J. E., & Wightman, L. F. (2006). Wellness in adult gay males: Examining the impact of internalized homophobia, self-disclosure, and self-disclosure to parents. *Journal of LGBT Issues in Counseling, 1*, 23–40.
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment, 49*, 71–75.
- Dunn, H. L. (1961). *High-level wellness*. Thorofare, NJ: Charles B. Slack.
- Egbert, E. (1980). Concept of wellness. *Journal of Psychiatric Nursing and Mental Health Services, 9*–13.

- Els, D. A., & De la Rey, R. P. (2006). Developing a holistic wellness model. *South African Journal of Human Resource Management, 4*, 46-56.
- Erikson, E. H. (1968). *Identity: Youth and Crisis*. W. W. Norton, New York.
- Ferrans C.E. & Powers, M.J. (1992). Psychometric assessment of the Quality of Life Index. *Residential Nursing Health, 15*, 29-38.
- Field, A. P. (2005). *Discovering statistics using SPSS* (2nd edition). London: Sage.
- Frankl, V.E. (1963). *Man's Search for Meaning*. Pocket Books, New York
- Frankl, V. E. (1965). *The doctor and the soul: From psychotherapy to logotherapy*. New York: Vintage Books.
- Frankel, V. E. (1967). *Psychotherapy and existentialism: Selected papers on logotherapy*. New York: Touchstone/Simon & Schuster.
- Gill, C. S., Minton, C. A., & Myers, J. E. (2010). Spirituality and religiosity: Factors affecting wellness among low income rural women. *Journal of Counseling and Development, 88*, 293-302.
- Greene, A. L., Wheatley, S. M., & Aldava IV, J. F. (1992). Stages on life's way: Adolescents' implicit theories of the life course. *Journal of Adolescent Research, 7*, 364-381.
- Hattie, J. A., Myers, J. E., & Sweeney, T. J. (2004). A factor structure of wellness: Theory, assessment, analysis, and practice. *Journal of Counseling & Development, 82*, 354-364.
- Hattie, J. A., Myers, J. E., & Sweeney, T. J. (2004). A factor structure of wellness: Theory,

- assessment, analysis, and practice. *Journal of Counseling & Development*, 82, 354-364.
- Hettler, B. (1980). Wellness promotion on a university campus. *Family and Community Health*, 3, 77-95.
- Hettler, W. (1984). Wellness: Encouraging a lifetime pursuit of excellence. *Health Values: Achieving High Level Wellness*, 8, 13-17.
- Hettler, B. (1986). Strategies for wellness and recreation program development. In F. Leafgren (Ed.). *Developing Campus Recreation and Wellness Programs*. San Francisco: Jossey-Bass.
- Holcomb-McCoy, C. (2005). Wellness and children: Research implications. In J. E. Myers & T. J. Sweeney (Eds.), *Counseling for wellness: Theory, research, and practice* (pp. 59–66). Alexandria, VA: American Counseling Association.
- Ingersoll, R. E. (1998). Refining dimensions of spiritual wellness: A cross-traditional approach. *Counseling and Values*, 42, 156–165.
- Jensen, L. A., & Allen, M. N. (1994). A synthesis of qualitative research on wellness-illness. *Qualitative Health Research*, 4, 349–369.
- Kaplan, B. H., Cassel, J. C., & Gore, S. (1977). Social support and health, *Medical Care*, 15, 45-58.
- Kawachi I., & Berkman L. F. (2001). Social ties and mental health. *Journal of Urban Health*, 78, 458-467.
- Keyes, C. L. M. (1998). Social Well-Being. *Social Psychology Quarterly*, 61, 121 -140.
- Kenyon, G. M. (2000). Philosophical foundations of existential meaning. In G. T. Reker and K.

- Kosine, N. R., Steger, M. R., & Duncan, S. (2008). Purpose-centered career development: A strengths-based approach to finding meaning and purpose in careers. *Professional School Counseling, 72*, 133-135.
- László, Piko, & Steger, (2011). Meaning in life: Is it a protective factor for adolescents' psychological health? *International Journal of Behavioral Medicine, 18*, 44-51.
- Lee, C. C. (2005). Ethnicity and wellness. In J. E. Myers & T. J. Sweeney (Eds.), *Counseling for wellness: Theory, research, and practice* (pp. 105–115). Alexandria, VA: American Counseling Association.
- Maddi, S. R. (1970). The search for meaning. In M. Page (Ed.), *Nebraska Symposium on Motivation* (pp. 137–186). Lincoln, NE: University of Nebraska Press.
- McAdams, D. P. (1993). *The stories we live by: Personal myths and the making of the self*. New York: Morrow.
- McKnight, P. E., & Kashdan, T. B. (2009). Purpose in life as a system that creates and sustains health and well-being: An integrative, testable theory. *Review of General Psychology, 13*, 242-251.
- Mosak, H. H., & Dreikurs, R. (1967). The life tasks: III, The fifth life task. *Individual Psychologist, 5*, 16 - 22.
- Myers, J. E. (1992). Wellness, prevention, development: The cornerstone of the profession. *Journal of Counseling & Development, 71*, 136-139.
- Myers, J. E., Luecht, R., & Sweeney, T.J. (2004). The factor structure of wellness: Reexamining theoretical and empirical models. *Measurement and Evaluation in Counseling & Development, 36*(4), 194-208.

- Myers, J. E., & Sweeney, T. J. (1999). *The Five Factor Wellness Inventory*. Palo Alto, CA: Mindgarden, Inc.
- Myers, J. E., & Sweeney, T. J. (2004). *Manual for the Five Factor Wellness Inventory 5F-Wel*. Greensboro, NC: Author.
- Myers, J. E., & Sweeney, T. J. (2005a). The indivisible self: An evidence-based model of wellness. *The Journal of Individual Psychology*, 61(3), 269-279.
- Myers, J. E., & Sweeney, T. J. (Eds.). (2005b). *Manual for the Five Factor Wellness Inventory*. Palo Alto, CA: Mindgarden, Inc.
- Myers, J. E., & Sweeney, T. J. (Eds.). (2005c). *Wellness in counseling: Theory, research, and practice*. Alexandria, VA: American Counseling Association.
- Myers, J. E., & Sweeney, T. J. (2005d). *Five Factor Wellness Inventory, Adult*. Palo Alto, CA: Mindgarden.
- Myers, J. E., & Sweeney, T. J. (2007). Wellness in counseling: An overview (American Counseling Association Professional Counseling Digest-09). Alexandria, VA: American Counseling Association.
- Myers, J. E., & Sweeney, T. J. (2008). Wellness counseling: The evidence base for practice. *Journal of Counseling & Development*, 86, 482-493.
- Myers, J. E., Sweeney, T. J., & Witmer, J. M. (1996). *The Wellness Evaluation of Lifestyle*. Palo Alto, CA: Mindgarden.
- Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000). The Wheel of Wellness, counseling for wellness: A holistic model for treatment planning. *Journal of Counseling & Development*, 78, 251-266.

- Opatz, J. P. (1986). Stevens Point: A longstanding program for students at a Midwestern university. *American Journal of Health Promotion, 1*(1), 60-67.
- Pavot, W., & Diener, E. (1993). Review of the Satisfaction with Life Scale. *Psychological Assessment, 5*(2), 164-172.
- Pavot, W., Diener, E., Colvin, C. R., & Sandvik, E. (1991). Further validation of the Satisfaction with Life Scale: Evidence for the cross-method convergence of well-being measures. *Journal of Personality Assessment, 57*, 149-161.
- Putnam, M., Geenen, S., Powers, L., Saxton, M., Finney, S., & Dautel, P. (2003). Health and wellness: People with disabilities discuss barriers and facilitators to well-being. *Journal of Rehabilitation, 69*, 37-46.
- Reker, G. T., & Wong, P. T. P. (1988). Aging as an individual process: Toward a theory of personal meaning. In J. E. Birren & V. L. Bengtson (Eds.). *Emergent theories of aging* (pp. 214-286). New York: Springer.
- Reker, G.T., Peacock, E.J., & Wong, P. T. P., (1987). Meaning and purpose in life and well-being: A life-span perspective. *Journal of Gerontology, 42*, 44-49.
- Roscoe, L. (2009). Wellness: A review of theory and measurement for counselors. *Journal of Counseling and Development, 87*, 216-226.
- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations of the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*, 1069-1081.
- Ryff, C. D., & Keyes, C. L. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology, 69*, 719-727.

- Ryff, C. D., & Singer, B. (1998). The contours of positive human health. *Psychological Inquiry, 9*, 1–28.
- Savolaine, J., & Grandello, P. F. (2002). The function of meaning and purpose for individual wellness. *Journal of Humanistic Counseling, Education and Development, 41*, 178-189.
- Scheer, S. D., & Palkovitz, R. (1995). Adolescents-to-adults: Social status and cognitive factors. *Sociological Studies of Children, 6*, 125–140.
- Schulenberg, J. E., & Maggs, J.L. (2002). A developmental perspective on alcohol use and heavy drinking during adolescence and the transition to young adulthood. *Journal of Studies on Alcohol, 14*, 54–70.
- Seligman, M. E. P. (2002). *Authentic happiness*. New York: Free Press.
- Sexton, T. L. (2001). *Evidence-based Counseling Intervention Programs: Practicing "Best Practices"*. In D. C. Locke, J. E. Myers, & E. H. Herr (Eds.), *The handbook of counseling* (pp. 499-512). Thousand Oaks, CA: Sage.
- Sinclair, S. L. & Myers, J. E. (2004). The relationship between objectified body consciousness and wellness in a group of college women. *Journal of College Counseling, 7*, 151–160.
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., Yoshinobu, L., Langelle, C., & Harney, P. (1991). The will and the ways: development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology, 60*, 570-585.
- Steger, M. F. (2005). Meaning in life: One link in the chain From religiousness to well-being. *Journal of Counseling Psychology, 52*(4), 574-582

- Steger, M.F., Frazier, P., Oishi, S., & Kaler, M. (2006). The Meaning in Life Questionnaire: Assessing the Presence of and Search for Meaning in life. *Journal of Counseling Psychology, 53*, 80–93.
- Steger, M. F., Oishi, S., & Kashdan, T. (2009). Meaning in life across the life span: Levels and correlates of meaning in life from emerging adulthood to older adulthood. *Journal of Positive Psychology, 4*, 43-52.
- Sweeney, T. J., & Witmer, J. M. (1991). Beyond social interest: Striving toward optimum health and wellness. *Individual Psychology, 47*, 527–540.
- Travis, J. W., & Ryan, R. S. (1988). *Wellness workbook*. Berkeley, CA: Ten Speed Press.
- Varahrami, A., Arnau, R. C., Rosen, D. H. & Mascaro, N. (2010). The relationship between meaning, hope and psychosocial development. *International Journal of Existential Psychology and Psychotherapy, 3*, 1-13.
- Witmer, J. M., & Sweeney, T. J. (1992). A holistic model for wellness and prevention over the life span. *Journal of Counseling & Development, 71*, 140–148.
- Wong, P. T. P. (1998). Implicit Theories of Meaningful Life and the Development of the Personal Meaning Profile. In P.T.P. Wong & P.S. Fry (Eds.), *The Human Quest for Meaning: A Handbook of Psychological Research and Clinical Applications*. Mahwah, New Jersey: Lawrence Erlbaum Associates.
- World Health Organization (1946). The Preamble to the Constitution of the World Health Organization, adopted by the International Health Conference, 19-22 June 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) entered into force 7 April 1948.

World Health Organization. (1967). *Constitution of the World Health Organization*.

Retrieved 5 October 2010, from

http://www.who.int/governance/eb/who_constitution_en.pdf

Westgate, C. E. (1996). Spiritual Wellness and Depression, *Journal of Counseling and Development*, 75, 26-35.

Wylie, R. C. (1989). *Measures of Self-concept*. Lincoln, NE: University of Nebraska Press.

Yalom, I.D. (1985). *The theory and practice of group psychotherapy* (3rd ed.). New York: Basic Books.

APPENDIX A

IRB 503119 APPROVAL LETTER



TEXAS TECH UNIVERSITY
Vice President for Research

November 3, 2011

Dr. Bret Hendricks
Outreach & Distance Education-Other
Mail Stop:

Regarding: 503119 The Effect of Meaning and Purpose in Life on Wellness and Overall Life Satisfaction in an Emerging Adult Population

Dr. Bret Hendricks:

The Texas Tech University Protection of Human Subjects Committee approved your claim for an exemption for the proposal referenced above on November 1, 2011.

Exempt research is not subject to continuing review. However, any modifications that (a) change the research in a substantial way, (b) might change the basis for exemption, or (c) might introduce any additional risk to subjects must be reported to the IRB before they are implemented.

To report such changes, you must send a new claim for exemption or a proposal for expedited or full board review to the IRB. Extension of exempt status for exempt projects that have not changed is automatic.

The IRB will send annual reminders that ask you to update the status of your research project. Once you have completed your research, you must inform the Coordinator of the Committee either by responding to the annual reminder or by notifying the Coordinator by memo or e-mail (donna.peters@ttu.edu) so that the file for your project can be closed.

Sincerely

A handwritten signature in cursive script that reads "Rosemary Cogan".

Rosemary Cogan, Ph.D., ABPP
Protection of Human Subjects Committee

Box 41075 | Lubbock, Texas 79409-1075 | T 806.742.3905 | F 806.742.3947 | www.vpr.ttu.edu

An EEO/Affirmative Action Institution

APPENDIX B

PARTICIPANT RECRUITMENT SCRIPT

Participant Recruitment Script (Given verbally and in person)

Hello, my name is Greg Johnston. I am a doctoral student at Texas Tech University in the Counselor Education Program. I am doing my final research study alongside Dr. Bret Hendricks. I am studying how meaning and purpose in life affects an individual's sense of wellness and overall life satisfaction. Basically, I am looking at ways to improve wellness in people's lives.

If you volunteer to participate in this study, you will be asked to attend five (5) group wellness sessions lasting around 30 minutes and no longer than 60 minutes. The wellness groups will typically do a short activity and then discuss their reflections about the activity. We would like to ask you some questions that will take about 45 minutes. You will complete on your own time and return to the information desk before the first session. The final decision about participation is yours and there is no penalty for not participating.

I have handed out an information sheet about the study with space for your email address. Please return it to me and I will contact you about participation and remind you of upcoming group sessions.

Your participation is voluntary and I will not share your answers with anyone. Only the research team will see your answers. Your instructor will not know who participates and your class grade will not be affected.

Because your time is valuable, I will offer a \$10 gift card per week. You will have roughly a one in ten chance to win per week. If you attend a session, your name goes into a drawing. One name will be selected for a \$10 gift card per week. Attending five sessions gives you five opportunities to win.

Do you have any questions? If you have questions later, please do not hesitate to ask me. You can contact me or Dr. Bret Hendricks for any further information. My phone number is (806) 392-5775. Dr. Hendricks can be reached at (806) 742-1997 ext. 230. My email address is greg.johnston@ttu.edu. Thank you for your time.

APPENDIX C

STUDY INFORMATION SHEET

Study Information Sheet

Who: The people in the research study will be made up of students aged 18-25 years old. Please do not feel obligated to participate as your inclusion in this study is certainly welcomed but entirely voluntary.

What: The study looks at the effect of meaning and purpose in life on wellness and overall life satisfaction. Each group meeting will involve an activity about meaning and purpose and a discussion about your reflections and input. You will be asked to participate in the activity and discussion within each group meeting but (like the study itself) your participation within the meeting is voluntary. You will be asked to answer questions before our first session and after our last. These may take you 45 minutes to complete. Your answers will be confidential.

When: The group will meet for up to 60 minutes directly following your class for five (5) sessions.

Where: Your classroom following the class. However, your class instructor will not be present or know who participates in the study. Your class grades will not be affected by choosing or not choosing to participate in the research study.

Why: Hopefully, this study will help researchers and counselors improve people's sense of wellness and satisfaction in life. There is a lot we know about meaning and purpose in life but more that needs to be learned. A study like this helps us understand more and then use the knowledge when counseling others.

Participants will have an opportunity to participate in a drawing each week for a \$10 gift card. The odds of winning are one and ten. If you attend a session, your name goes into a drawing. One name will be selected for a \$10 gift card per week. Attending five sessions gives you five opportunities to win.

Contact information:

Greg Johnston
(806) 392-5775
Greg.johnston@ttu.edu

Dr. Bret Hendricks
(806) 742-1997 ext.230
Bret.hendricks@ttu.edu

If you are interested in participating in this research study or would like more information and ask questions, please provide your name and email address. The researchers will be back in touch with you. Your email address and name will be kept confidential and only used to contact you about the research study and remind you of upcoming sessions. Your name and email information will be destroyed after the study is complete.

Name: _____

Email address: _____

Want to be texted? What's your number? _____

APPENDIX D

E-MAIL CORRESPONDENCE STUDY DESCRIPTION

E-mail correspondence

Subject: Meaning and Purpose study

Hi study participant,

This is a reminder that tomorrow after class we will have our group wellness session for the meaning and purpose study. During this time we will introduce a topic to the group and have an open discussion.

Again, the session will take place tomorrow, November #, 2011, directly following your class in the designated classroom. The entire session will last no longer than one hour. If you have any questions or concerns, please feel free to contact me at (806) 392-5775 or Dr. Bret Hendricks at (806) 742-1997 ext.230.

Thank you for agreeing to participate in this study, and I look forward to seeing you soon.

Greg Johnston

APPENDIX E

DEMOGRAPHIC QUESTIONNAIRE

Demographic Information

Your last five digits of your student ID # _____

• Age: 18 – 19 – 20 – 21 – 22 – 23 – 24 – 25 (circle one)

• Gender (check one): Male _____ Female _____

• Ethnicity: White _____
Hispanic/Latino(a) _____
Black _____
Asian/Pacific Islander _____
Other (specify) _____

• Education (ex: sophomore year of college): _____

• Grade Point Average: _____

• Parents education level: Mother: _____

(ex: high school or bachelor's degree)

Father: _____

Posttest only. Check the session(s) you attended:

Session 1 _____

Session 2 _____

Session 3 _____

Session 4 _____

Session 5 _____

APPENDIX F

MEANING IN LIFE QUESTIONNAIRE

Meaning in Life Questionnaire

Please take a moment to think about what makes your life and existence feel important and significant to you. Please respond to the following statements as truthfully and accurately as you can, and also please remember that these are very subjective questions and that there are no right or wrong answers. Please answer according to the scale below:

Absolutely	Mostly	Somewhat	Can't	Somewhat	Mostly	Absolutely
Untrue	Untrue	Untrue	Say	True	True	True
			True or			
			False			
1	2	3	4	5	6	7

1. _____ I understand my life's meaning.
2. _____ I am looking for something that makes my life feel meaningful.
3. _____ I am always looking to find my life's purpose.
4. _____ My life has a clear sense of purpose.
5. _____ I have a good sense of what makes my life meaningful.
6. _____ I have discovered a satisfying life purpose.
7. _____ I am always searching for something that makes my life feel significant.
8. _____ I am seeking a purpose or mission for my life.
9. _____ My life has no clear purpose.
10. _____ I am searching for meaning in my life.

MLQ syntax to create Presence and Search subscales:

Presence = 1, 4, 5, 6, & 9-reverse-coded

Search = 2, 3, 7, 8, & 10

APPENDIX G

SATISFACTION WITH LIFE SCALE

Satisfaction with Life Scale

(Diener, Emmons, Larsen, & Griffin, 1985).

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

_____ In most ways my life is close to my ideal.

_____ The conditions of my life are excellent.

_____ I am satisfied with my life.

_____ So far I have gotten the important things I want in life.

_____ If I could live my life over, I would change almost nothing.

- 31 - 35 Extremely satisfied
- 26 - 30 Satisfied
- 21 - 25 Slightly satisfied
- 20 Neutral
- 15 - 19 Slightly dissatisfied
- 10 - 14 Dissatisfied
- 5 - 9 Extremely dissatisfied