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Wellness: Preventative care for middle school girls

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Running head: WELLNESS: PREVENTATIVE CARE FOR MIDDLE

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Abstract

An eight-week psycho-educational group to improve wellness knowledge and content was examined. A pre- and post-test was given to 10 female seventh and eighth grade students in a rural, predominately Caucasian middle school in order to measure: 1) An increase in students' knowledge of spiritual wellness and ability to identify ways to increase spiritual wellness, 2) an increase in students' knowledge of the self-direction component of wellness and the ability to identify ways to improve self-direction, 3) an increase in students' knowledge of work and leisure and the ability to increase this component of wellness, 4) an increase in knowledge of friendship wellness as well as ability to identify ways to increase friendships, and 5) an increase in knowledge of the love component of wellness as well as ways to increase love relationships. Findings indicated that group experience was effective for helping student's identify and understand wellness as a whole, gain the knowledge of various components of wellness, as well as ways to improve each type of wellness. Implications for school counselors are proposed.

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Table of Contents

Wellness: Preventative care for middle school girls

Many people think of health in terms of disease (Condon, 2004; Conduit, 1995; Dickman, 1988; Edlin & Golanty, 1992; Golanty, 1992; Koenig, 1991). For them, health is primarily about the presence or absence of symptoms and illness (Golanty, 1992). They view health as what people have when they're not sick. It is true that not being sick is one aspect of health, just as it is important that the idea of health is a sense of optimum well-being, thus called wellness (Chambers-Clark, 1981; Conduit, 1995; Dickman, 1988; Hafen, Franksen, Karren, & Hooker, 1992; Hattie, Myers, & Sweeney, 2004, Hettler, 1984; Myers, Sweeney & Witmer, 2000; Sweeney & Witmer, 1991). Health has much more to do with the quality of life and the attainment of wellness than with the medical repair of various body parts (Golanty, 1992). This is called holistic health; the term holistic is used to emphasize that health is affected by every aspect of life (Edlin & Golanty, 1992; Witmer & Sweeney, 1992). In the framework of this document, the term wellness will be used to refer to this phenomenon of holistic health. Wellness comes from the unity of body, mind, and spirit (Conduit, 1995; Dellve, Samuelsson, Talbom, Fasth, & Hallberg, 2006; Dickman, 1988; Golanty, 1992; Hatfield & Hatfield, 1992; Hattie, Myers, & Sweeney, 2004; Hettler, 1984; Kime & Schlaadt, 1992; Myers, Sweeney, & Witmer, 2000; Priest, 2007; Sweeney & Witmer, 1991; Weaver, 2002; Witmer & Sweeney, 1992).

Wellness is an active process of becoming aware of and making choices toward a more successful existence (Condon, 2004). The pursuit of a healthy balanced lifestyle is interconnected with wellness (Dellve et al., 2006). According to Dickman (1988) wellness refers to a feeling, an awareness by the whole person that his or her components

and processes are not only under control, but working together harmoniously as a unit. This can help explain why sadness and stress can lead to bigger physical pain like rheumatoid arthritis, migraines, and anxiety (Myers et al., 2000). This feeling of wellness is intensely personal and may be, at least for a short time, almost independent of the state of the world (Golanty, 1992). An individual who desires some degree of wellness needs to understand its relation to behavior (Edlin & Golanty, 1992). Therefore, to have wellness one must realize that their individual thoughts and behaviors directly affect their state of wellness.

As stated before, wellness is an active process (Condon, 2004), therefore wellness, in distinction to happiness, needs to be pursued as a conscious objective (Dickman, 1988). It does not occur automatically with most people, and unless it is set up as a desirable objective, it cannot affect behavior in a consistent manner (Edlin & Golanty, 1992). Wellness is thus seen as an attitude or a response to living with conscious life choices (Myers et al., 2000). It is important though to understand that wellness is not static. An individual does not achieve it and then relax, thinking that the mountain has been climbed and the struggle is over (Hatfield & Hatfield, 1992). Wellness depends on awareness of self and the attitudes and behaviors to make each new day a possibility for feeling well (Sjostrom & Steiner-Adair, 2005).

The goal of having wellness in ones life is just that, a goal. It is the difference between aspirations and mere survival (Edlin & Golanty, 1992); it is living on a higher level of thinking and processing (Hafen et al., 1992). In striving to be whole, the wellness approach embodies a holistic view of humans (Dickman, 1988). As mentioned before holistic health embodies the mind, body, and soul to help achieve the desired state

of wellness (Conduit, 1995; Golanty, 1992; Hatfield & Hatfield, 1992). According to Dickman (1988) anxiety cannot exist in the presence of deep muscle relaxation. Thus it appears that anxiety can be treated by methods that reduce muscle tension, for example. The connection between a physical state of anxiety and a conscious choice to exercise can rid the body of anxiety (Edlin & Golanty, 1992). Exercise may actually abolish anxiety and its accompanying unhappiness rather than merely providing a diversion from them. This is one example of how our conscious choices to be well can aid in healing our physical bodies.

There are a number of wellness ideals and models that date back from very early philosophers and theorists Adler, Jung, and Maslow for example (Chambers-Clark, 1981). Jung and Maslow argued that striving toward self-actualization, growth, and excellence is a universal human tendency and overarching life purpose (Edlin & Golanty, 1992). More recently, Sweeney and Witmer (1991), Witmer and Sweeney (1992), and Myers, Sweeney, and Witmer (2000) proposed a holistic model of wellness and prevention over the life span based on theoretical and empirical literature that incorporates concepts from psychology, anthropology, sociology, religion, and education. The results of research as well as theoretical perspectives from personality, social, clinical, health, and developmental psychology were foundations for this model, as well as stress management, ecology, and contextualism (Myers et al., 2000). This is the model that will be outlined and used for the purpose of this document as it is highly researched based, widely used, and easy to implement into our daily lives.

The model proposes five major life tasks, depicted in a wheel, which are interrelated and interconnected (Witmer & Sweeney, 1992). These five tasks are

spirituality, self-direction, work and leisure, friendship, and love. The life task of self

direction is further subdivided into 12 tasks of (a) sense of worth, (b) sense of control, (c)

realistic beliefs, (d) emotional awareness and coping, (e) problem solving and creativity,

(f) sense of humor, (g) nutrition, (h) exercise, (i) self care, (j) stress management, (k)

gender identity, and (l) cultural identity (Myers et al., 2000). These life tasks interact

dynamically with a variety of life forces, including but not limited to, one's family,

community, religion, education, government, media and business/industry (Witmer,

Sweeney, & Myers, 1998).
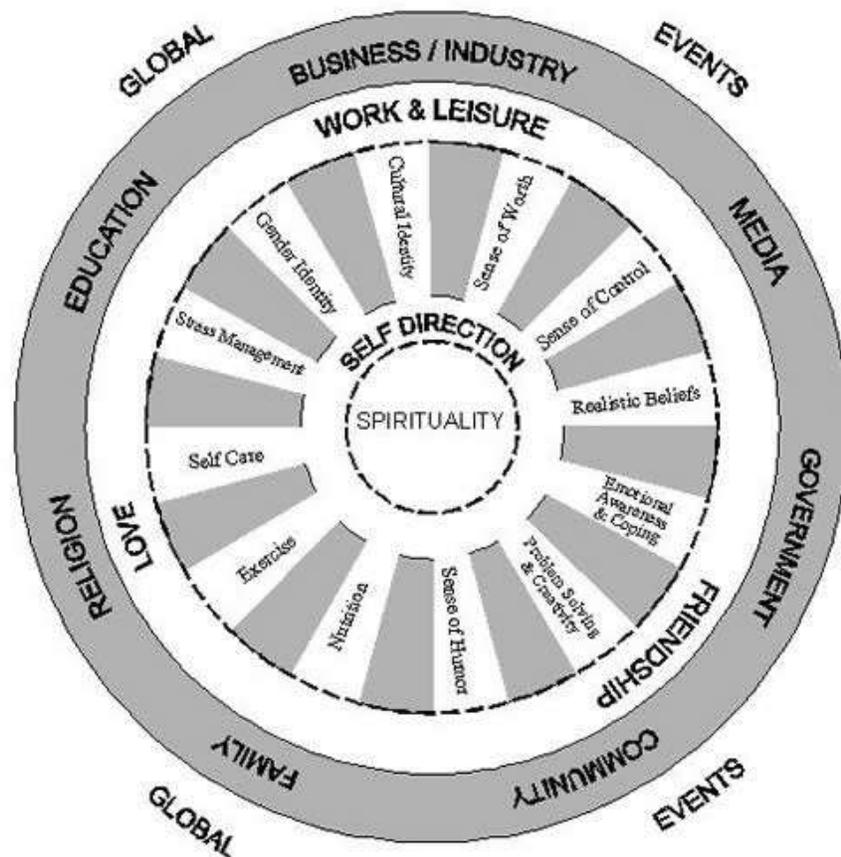
Wellness is a broad topic and can relate to a variety of groups of people (Golanty, 1992); for the purpose of this research wellness is mainly discussed in the context of adolescent females. Women are more often in the caretaker role and many balance an outside career, family, household chores, and relationships with partners and friends (Arpanantikul, 2006). With such busy and full lives, women sometimes forget to care for them self. Their own well-being is ignored as they are rushing and trying to do so much (Lightsey, 1996). The effect of culture is particularly significant with regards to the structural characteristics of marital life, division of domestic labor, and raising and caring for children (Kulik & Rayyan, 2006). Media is another strong force in aiding gender stereotypes; women see commercials, movies, television shows, and magazine articles all showing women doing the housework, the childcare, and career (Arnett, 2007).

Adolescent girls grow up viewing this image of what it is to be a woman and slowly find themselves following the same track as their female ancestors (Lightsey, 1996). Young girls grow up with the mindset that they can do it all, but are not always taught self-care and self-respect (Sjostrom & Steiner-Adair, 2005). The idea of teaching wellness to adolescent girls is preventative care. Learning about wellness and its benefits can be a lifelong tool for an individual to live well and live fully (Conduit, 1995). If adolescent girls learn the value of wellness at a young age, they might live more balanced and fulfilled lives.

Educators and counselors alike have declared calls for a reduced focus on deficits and pathology and increased attention to strengths and general wellness in all children (Suldo, Riley, Schaffer, 2006). Life satisfaction is one of the most well-established indicators of general wellness and, moreover, positive functioning (Arpanantikul, 2006).

Most examinations of adolescent's life satisfaction have examined the role of family relations and intra-personal variables (Arnett, 2007). Studies of life satisfaction, or wellness, are less prevalent (Suldo et. al., 2006).

Spirituality

Spirituality is the core component of wellness (Matthews, 1998; Myers, Sweeney, & Whitmer, 2000) and is the source of all other dimensions of wellness (Gomez & Fisher, 2005; Whitmer, Sweeney, & Myers, 1998). Though spirituality is a powerful concept, throughout the years it has been quite ambiguous to define (Golanty, 1992; Hage, 2006; Simon, Crowther, & Higgerston, 2007). According to Condon (2004) the very nature of spirituality is the subject of considerable philosophical debate. Spirituality often is divided into two types (Matheis, Tulsky, & Matheis, 2006). The first, religious spirituality can be defined as a relationship with God or a higher power and typically is observed among individuals attending organized religious services with a community of other people (Ingersoll, 1994). The other type, existential spirituality, is not directly related to a specific place of worship or set of widely accepted ideals. Instead, it refers to a worldview or perspective in which individuals seek purpose into their life and come to understand their life as having ultimate meaning and value. For the purpose of this research, spirituality is defined similarly to existential spirituality, as a persistent sense of self that addresses ultimate questions about the nature, purpose, meaning of life, resulting in behaviors that consistent with the individual's core values (Jurkovic & Walker, 2006; Keisling, Sorell, Montgomery, & Colwell, 2006, Matthews, 1998).

Simon, Crowther, & Higgerston (2007) found that spirituality provides breast cancer patients with hope and the ability to live a positive life in the face of illness. It is

the deep sense of self-awareness and an understanding of personal purpose in this world

that allows some individuals to stand apart from others as healthier and happier beings

(Hage, 2006). According to Matheis, Tulsky, & Matheis (2006) a number of studies have

illustrated the health benefits that accrue to patients with medical and psychiatric

conditions who hold spiritual beliefs. Individuals who describe themselves as spiritual

are better able to endure symptoms and experience improvements in their physical health

(Koenig, 1991; Myers, Sweeney, & Whitmer, 2000). Therefore, the benefits of living life

as a spiritual being are plentiful as it can aid in increasing physical health, reducing

stress, allowing a person to have a clearer view of self, and a deeper sense of

connectedness (Bufford, Paloutzian, & Ellison, 1991; Golanty, 1992; Jurkovic & Walker,

2006; Keisling, Sorell, Montgomery, & Colwell, 2006; Koenig, 1991; Matheis, Tulsky, &

Matheis, 2006; Matthews, 1998; Myers, Sweeney, & Whitmer, 2000; Simon, Crowther,

& Higgerston, 2007).

One of the benefits of becoming more spiritually aware, regardless of the chosen

method, is a healthier lifestyle (O'Grady, 2006). Being in touch with their spiritual

feelings can help an individual handle life's ups and downs with understand and

compassion for themselves and others, this is especially important during the adolescent

years (Rayle & Myers, 2004; Rich & Cinamon, 2007). They can become open to love in

the higher sense of its meaning, which is acceptance and tolerance, even towards

themselves. They love their family and friends even when relations are strained. They

also have the potential to see beauty and harmony in more and more aspects of living.

There is a lack of research on existential spirituality relating to adolescent girls in

the United States, though located in a study from the United Kingdom information

regarding adolescent spiritual development was discussed. According to O'Grady (2006) the importance of the emergence of their own beliefs and values is imperative to healthy growth and development. The development of self begins in early adolescence (Arnett, 2007) and through this process of figuring out one's worldview and purpose in life, spirituality is emerging (Rayle & Myers, 2004; Rich & Cinamon, 2007; Sjostrom & Steiner-Adair, 2005). Though adolescent girls may not call their inner-growth spirituality, their formation of self is an important and meaningful point of their development as women (Fisher, 2006).

Spirituality can assist adolescents in feelings of inner peace and harmony, at a time when so many physical and emotional changes are occurring (May & Logan, 1993). According to Erickson's Stages of Psychosocial Development, the 5th stage which occurs during adolescence is Identity vs. Role Confusion (Philipchalk & McConnell, 1994). It is within this stage of psychosocial development that adolescents begin to form their own identity based upon the outcome of their explorations, thus forming their sense of spirituality (Sjostrom & Steiner-Adair, 2005). Adolescents are determining various roles within the world and figuring out their personal core values (Arnett, 2007; Rayle & Myers, 2004).

Finally, spiritual experiences can engender feelings of compassion, peace of mind, and harmony with the environment (Golanty, 1992). These feelings are believed to be the cornerstone of health, for they represent a balance between the inner and outer aspects of human experience, which is why spirituality is seen as the core characteristic of wellness (Bufford, Paloutzian, Ellison, 1991).

<div align="center">Self-Direction</div>

The life task of wellness is self-direction, which is the manner in which an individual regulates, disciplines, and directs the self in daily activities and in pursuit of long-range goals (Hafen, Franksen, Karren, & Hooker, 1992; Harari, Waehler, & Rogers, 2005; Myers, Sweeney, & Whitmer, 2000). It refers to a sense of mindfulness and intentionality in meeting the major life tasks (Rayle & Myers, 2004). Self-direction is further subdivided into the 12 tasks of (a) sense of worth, (b) sense of control, (c) realistic beliefs, (d) emotional awareness and coping, (e) problem solving and creativity, (f) sense of humor, (g) nutrition, (h) exercise, (i) self care, (j) stress management, (k) gender identity, and (l) cultural identity (Hattie, Myers, & Sweeney, 2004; Myers, Sweeney, & Witmer, 2000; Witmer, Sweeney, & Myers, 1998).

Sense of worth

Sense of worth includes descriptions, prescriptions, and expectations about our self (Weaver, 2002). High self-esteem or self-concept results when individuals consider aspects of their life as important and gain the confidence to fulfill their expectations (Adams, Bezner, & Steinhardt, 1997). The individual who has high self-esteem is excited by new challenges and seeks self-actualization (Griva & Joekes, 2003). Positive self-esteem is a preventative factor for illness, enhances recovery from illness, and enhances overall well-being (Myers, Sweeney, & Witmer, 2000). In countries like the United States, where being an individual is widely supported; self-esteem is a significant predictor of life satisfaction (Conduit, 1995). On the other hand Conduit (1995) states that those with a collectivist orientation, relationship harmony seems to be more closely related to self-esteem.

The basic idea of focusing on ones sense of worth can be daunting for an adolescent. It is within the precious years of adolescence when an individual can really manipulate who they are, trying out various roles and figuring out who it makes sense for them to be in this world (Arnett, 2007). Focusing on an adolescent's sense of worth involves a deep connection with one's mind and body; it entails an ability to believe in being worthy and important in society (Compton, Smith, Cornish, & Qualls, 1996).

With rising counts of adolescent depression, the concept of sense of worth is increasingly difficult for many (Sawyer, Miller-Lewis, & Clark, 2007). One of the devastating effects of depression is a gradual and ever increasing loss of a sense of one's own worth or value (Moor et al., 2007). Therefore, when working with adolescence and focusing on sense of worth it is vital to be patient and empathic with where they are in their own development (Myers, Sweeney, & Witmer, 2000).

Sense of control

The concept of sense of control can also be an intimidating way of viewing the self (Jinggiu & Wang, 2007; Myers, Sweeney, & Whitmer, 2000; Weaver, 2002). People experience positive outcomes when they perceive themselves as having an impact on what happens to them, while they tend to experience negative outcomes when they perceive a lack of personal control (Markstrom & Markstrom, 2007). Thus, if people perceive they have control over what arises for them, this is called an internal locus of control. If individuals feel a sense of control over their life, they realize they can adjust their thoughts, actions, and behaviors to make a change (Jinggiu & Wang, 2007). Having an internal locus of control has been associated with lower levels of anxiety and depression and higher levels of esteem and life satisfaction (Myers, Sweeney, & Witmer,

2000). This holds true for many people, if there is an internal locus of control, the individual sees the power within them and recognizes the control they have to make a change (Weaver, 2002). This perceived control is associated with emotional well-being, successful coping with stress, better physical health, and better mental health over the life span, as well as psychological hardiness (Suizzo & Soon, 2006).

On the other hand a perceived lack of personal control is called an external locus of control (Jinggiu & Wang, 2007; Myers, Sweeney, & Witmer, 2000; Suizzo & Soon, 2006). Lower levels of perceived self-control predict weight gain (Weaver, 2002), depression, anxiety (Langdon & Talbot, 2006), and decrease in most physical actives (Myers, Sweeney, & Witmer, 2000). If an individual perceives others having power and control over their life it can easily seem like there is no way out, which results in a slim possibility to make change (Langdon & Talbot, 2006).

Sense of control, or locus of control, is particularly interesting when adolescents are considered. Adolescents often feel an external locus of control, believing that parents, teachers, and other adults have control over their personal outcome. To a great part this is true; they are going through periods of storm and stress which includes conflict with parents, moodiness, and risk taking behavior, and are unable to consider they have any control over what happens to them (Dr. Brown, 2007, personal communication). This is an age group where it is extremely difficult to gain a sense of internal locus of control, a typical adolescent might be told to go to school, to do homework, to prepare for college, to get a part-time job, who to date, when it is appropriate to date, where to live, and so on. When in reality, it can be viewed as internal choices. For example, the adolescent is choosing to live with their parents, to have the

safety of a home to return to, to obey his or her parents, to attend school and prepare for college, and to earn money. Rather than looking at this situation externally and giving power to the adults, it can be viewed internally by recognizing the adolescent's choice to obey these rules; there is an option to not obey them and to choose other options.

Realistic beliefs

The next subcategory of self-direction is realistic beliefs, which embraces the notion of a realistic versus unrealistic thought processes (Langdon & Talbot, 2006). People have a tendency to disturb themselves through the perpetuation of their irrational beliefs, the major ones being (a) I must be loved or approved of by everyone, (b) I must be perfectly competent and productive, (c) it is a catastrophe when things go other than the way one might wish, (d) Life must be absolutely fair, and (e) it is better to avoid life's difficulties than to take responsibility for changing them (Myers, Sweeney, & Witmer, 2000). Healthy individuals are able to process information accurately and perceive reality as it is rather than as they wish it to be (Witmer & Sweeney, 1992).

Realistic beliefs are about coming to terms with what is really happening and accepting what is real (Ulione, 1996), rather than ruminating on what will not happen. Having realistic beliefs is not discounting the importance of dreams and goals; rather it is locking reality into these dreams and goals to make them attainable (Hill, 2004). For example, the irrational belief that one must be loved or approved of by everyone simply cannot happen because as humans, we are inevitably different and will have a variety of thoughts and ideas (Myers, Sweeney, & Witmer, 2000). As a result, each individual has their own idea about who to love and what type of person to approve of will be different.

People who have realistic beliefs are able to accept themselves as imperfect (Philipchalk & McConnell, 1994).

Within the context of adolescence, realistic thinking is a process that can be highly complicated (Condon, 2004). It is only in late adolescence when an individual can feel more comfortable and grounded in who they are (Arnett, 2007). Realistic thinking in adolescence is interconnected with self-esteem and self-image (Moor et al., 2007). The thoughts and ideas about the self of an adolescent are often unrealistic and unattainable (O'Grady, 2006). Having a healthy level of self-esteem can aid in thinking realistically (Myers, Sweeney, & Witmer, 2000), as can having an internal locus of control. Therefore, realistic beliefs connect quite similarly with the previous tasks of self-direction in that knowledge of the self and awareness of what is real and what is not will assist in healthier, more balanced individuals (Condon, 2004; Moor et al., 2007; Sjostrom & Steiner-Adair, 2005).

Emotional awareness and coping

The next task of self-direction is emotional awareness and coping, which involves personal experience and the ability to manage one's emotions (Ulione, 1996). Many individuals are limited in their ability both to experience and to express joy, anger, affection, and related human emotions (Akos & Levitt, 2003; Conduit, 1995; Espin, 1999; Hafen, Franksen, Karren, & Hooker, 1992; Jurkovic & Walkerm 2006; Sawyer, Miller-Lewis, & Clark, 2007; Ulione, 2006). For many people, emotions are difficult to express because it leaves them with a sense of vulnerability (O'Grady, 2006). Expressing emotions can be a terrifying and unsettling experience, leaving the individual feeling like they are transparent (Bardick, Bernes, McCulloch, Witko, Spradle, & Roest, 2004). As a

consequence, the quality and quantity of relationship events within their lives are limited (Myers, Sweeney, & Witmer, 2000). By contrast, healthy functioning is reflected in rich, varied, and frequent expressions and responses to people and events within one's daily experiences (Akos & Levitt, 2003).

Emotional awareness is especially noteworthy in adolescence, emotions are heightened and becoming more negative (Arnett, 2007). According to Baird et al. (1999) preadolescent individuals experience emotions such as "very happy," "proud," and, "in control," while adolescents describe their emotions as being "stressed," "annoyed," and "like a roller coaster." There is something unique about the emotional journey from a preadolescent to an adolescent (Akos & Levitt, 2003). Cognitive and physical changes throughout the body are the rationale for why these emotional changes occur in adolescence (Witko, Spradle, & Roest, 2004). From a study conducted by Baird et al. (1999) research suggests that adolescents often respond more with the heart than the head to emotional stimuli, whereas adults tend to respond in a more balanced and rational way. Negative emotions such as anxiety and depression are associated with immune system suppression and a consequent increase in the potential for physical illness (Sweeney & Witmer, 1991). Therefore, negative emotional awareness is a precursor to physical illness, thus showing the importance of wellness and a balanced life. Adolescence is a time when ironing out emotional awareness and coping skills is essential for healthy growth and development (Myers, Sweeney, & Witmer, 2000).

Problem solving and creativity

The following task is problem solving and creativity which introduces the topic of intellectual stimulation and brain functioning relating to wellness. Chambers Clark

(1981) suggests that all thinking involves problem solving. Furthermore, it was

suggested that the need to think soundly is innate and composed of several traits,

including the need to know, the need to learn, the need to organize, curiosity, and a sense

of wonder. Effective problem solving also correlates with reduced anxiety and

depression, increases hardiness, and overall psychological adjustment (Sweeney &

Witmer, 1991).

Creativity is a central piece of intellectual stimulation; it allows a person to

become an individual (Rayle & Myers, 2004). This creative force can have many

manifestations. It can range from keeping a house beautifully clean and arranged to the

finest sculpture or architecture. Creativity has been identified as a universal

characteristic of self-actualizing people, all of whom demonstrate originality,

expressiveness, imagination, inventiveness, and problem-solving ability (Kime &

Schlaadt, 1992).

In depression, creativity can almost cease to exist (Hafen, Franksen, Karren, &

Hooker, 1992). If a person feels no impulse to work or to engage in any activity that used

to delight, something starts to die within. Energies that used to flow out so abundantly

appear to disappear. Somehow they become toxic within. Therefore, creativity is

optimized in individuals with high self-esteem and has a positive effect on life

satisfaction, mental health, and overall wellness (Golanty, 1992).

Adolescence is the period in which the development of creativity occurs

(Sweeney & Witmer, 1991). Although there are precursors to creativity during earlier

childhood, both the motivation and the capacity to create appear first in the adolescent

period. Engaging in creative types of fields and outlets helps generally to establish

coherent identity during adolescence (Rothenberg, 2006). Problem solving becomes a critical issue in adolescence; it is during this time when adolescents are beginning to make decisions that will last a lifetime (Arnett, 2007). Effective problem solving skills can lead to a reduction in anxiety and stress (Sweeney & Witmer, 1991), thus resulting in greater life satisfaction and overall wellness (Sawyer, Miller-Lewis, & Clark, 2007).

Sense of humor

The next task of self-direction is sense of humor, a cognitive and emotional process, which includes both recognition and appreciation of humorous stimuli and creation of humorous stimuli (Solomon, 1996). Humor has numerous health benefits, especially when accompanied by laughter, humor causes the skeletal muscles to relax, boosts the immune system, oxygenates the blood, aids digestion, and releases chemicals into the brain that enhance a sense of well-being (Philipchalk & McConnell, 1994). Humor has also been associated with reduced depression and pain relief, higher levels of self-esteem and lower perceived levels of stress, and a greater positive response to both positive and negative life events (Myers, Sweeney, & Witmer, 2000).

There are several health benefits of humor, though humor that has a put-down component can lead to health problems (Solomon, 1996). This is especially noteworthy when considering the role of humor in adolescence lives. Often in schools, what is meant for a laugh comes across in a hurtful and sometimes bullying manor (Erickson & Feldstein, 2007). According to Erickson and Feldstein's study, teasing and bullying sometimes take the form of humor, with intentions to hurt and belittle the target. In these cases, what some might see as humor does not receive the health benefits as more clean or healthy humor. Therefore, a positive sense of humor facilitates the enjoyment of

positive life experiences and has a positive effect on physical health (Philipchalk &
McConnell, 1994).

Nutrition

The following task of self-direction is nutrition; there is a clear relationship
between what we eat and our health, moods, performance, and longevity (Conduit, 1995).
The eating and drinking habits of Americans, for example, have been implicated in 6 of
10 leading causes of death, including the fact that 1 in 3 Americans is considered to be
overweight (Myers, Sweeney, & Witmer, 2000). Diet and nutrition is a serious problem
in American culture (Bardick, Bernes, McCulloch, Witko, Spradle, & Roest, 2004).

Of the many things you can do to enhance your well-being, none is more
important than maintaining proper nutrition (Edlin & Golanty, 1992). The mind and
body cannot function optimally without the proper supply of nutrients and energy
obtained from healthy foods (Madray, Pfeiffer, & Ardolino, 2000). An important factor
in people receiving the proper nutrients they need to survive is the availability of, and
access to, the nutritious foods (Witmer & Sweeney, 1992). In developed countries, such
as the United States, food is generally plentiful and distribution of food is efficient,
except to individuals whose income is very low or a natural disaster has occurred (Edlin
& Golanty, 1992). Assuming that food is readily available and that individuals have
access to it, people make the decision numerous times a day what to put into their bodies
(Madray, Pfeiffer, & Ardolino, 2000). With fast food as plentiful and available as it is,
many find it difficult to turn down a meal that is low in cost and quickly processed
(Conduit, 1995). The culture of this nation is fast, hurried, and convenient and that is just
the types of food so many are eating (Myers, Sweeney, & Witmer, 2000).

Adolescents lives are quite complex, many are involved in after school clubs and activities, part-time jobs, family responsibilities, peer and romantic relationships, and school responsibilities (Arnett, 2007). With so much filling time in adolescent's lives, convenience is important (Ulione, 1996). Peer and media pressures are also intense with sex, drugs, alcohol, money, and freedom at the forefront of their lives (Myers, Sweeney, & Witmer, 2000). Messages about healthy eating habits are not necessarily reaching adolescents (Arnett, 2007; Witmer & Sweeney, 1992), one reason for this is that adolescents think about their lives in the moment and are not concerned with health impacts foods might have on their bodies later in life (Gordon & Golanty, 1992). Teaching nutrition and healthy eating habits to adolescents is vital in their development (Akos & Levitt, 2003).

Eating disorders often become a problem in adolescence, especially adolescent girls (Arnett, 2007; Bardick, Bernes, McCulloch, Witko, Spradle, & Roest, 2004; Sjostrom & Steiner-Adair, 2005). Many girls become very weight conscious, they skip meals, eat an unbalanced diet, and then binge on high fat or high sugar foods (Bardick, Bernes, McCulloch, Witko, Spradle, & Roest, 2004). Boys and girls at this life stage tend to aspire to the physical stereotypes for their gender; for girls this is to be thin, feminine, and attractive, and for boys this is to be tall, broad, and fit (Gordon & Golanty, 1992). Because of this physical stereotype for most girls, weight is a bigger issue than health, as a connection between the two is not prominent in their minds (Sjostrom & Steiner-Adair, 2005). In addition, there is little perceived benefit, and therefore little motivation to eat healthy. The long term affects of eating unhealthy have little resonance on adolescents (Arnett, 2007). The possibility of poor nutrition leading to a heart attack

in 20 to 30 years is difficult for them to comprehend emotionally at this age (Gordon &

Golanty, 1992). Although successful aging requires a nutritionally complete diet and

adequate exercise, it is not necessarily a priority for adolescence (Myers, Sweeney, &

Witmer, 2000).

Exercise

Similarly, exercise is the following task of self-direction. Regular exercise can

have both physical and emotional benefits, some of which include protection from heart

disease and stroke, high blood pressure, noninsulin-dependent diabetes, obesity, back

pain, osteoporosis, and can improve mood and help an individual to better manage stress

(Akos & Levitt, 2003; Bardick, Bernes, McMculloch, Witko, Spradle, & Roest, 2004;

Brooks & Magnusson, 2006; Condon, 2004; Harris, Cronkite, Moos, 2006; Myers,

Sweeney, & Witmer, 2000; Priest, 2007; Sjostrom & Steiner-Adair, 2005). Exercise

training has been shown to significantly decrease state-trait anxiety scores and decrease

mild depression, by activating neurotransmitters into the body (Hohepa, Schofield, &

Kolt, 2006). The health benefits of exercise can be achieved by virtually everyone

regardless of age, sex, race, or physical ability (Priest, 2007).

Exercise may also help to preserve a sense of social identity (Brooks &

Magnusson, 2006; Hastil, 2002; Witmer & Sweeney, 1992). Aside from the countless

physical benefits, sports provide children and adolescents with companionship, support,

and a sense of belonging (Harris, Cronkite, & Moos, 2006). Sports help children to

develop coping mechanisms and concentration, it helps rehabilitate traumatized children

and it provides increased self-worth and confidence (Priest, 2007). Childhood and

adolescence are critical periods for the acquisition of healthy behaviors (Hettler, 1984).

There is strong evidence of a significant decline in the level of physical activity during early adolescence, especially in low socioeconomic status groups (Sjostrom & Steiner-Adair, 2005).

Brooks and Magnusson (2006) found that when exposed to physical activity in school, boys gained a sense of security in their physical identity, concentrated better in school, felt less aggressive, and experienced a general sense of happiness. Girls reported increased self-confidence and sense of belonging. Consequently, physical activity has shown to have numerous physical and emotional benefits, aiding in the general wellness of an individual (Akos & Levitt, 2003; Arpanantikul, 2006; Bardick, Bernes, McCulloch, Witko, Spradle, & Roest, 2004; Brooks & Magnusson, 2006; Chambers, 1981; Edlin & Golanty, 1992; Hastil, 2002; Hohepa, Schofield & Kolt, 2006; Priest, 2007; Witmer & Sweeney, 1992).

Self-care

The following task of self-direction is self-care, which includes taking responsibility for one's wellness which requires personal habits of preventative behavior as well as remedial treatment (Myers, Sweeney, & Witmer, 2000). Self-care can be broken down into three categories: safety habits that we learn to protect ourselves from injury or death; periodic physical, medical, and dental checkups; and avoiding harmful substances, both those that we might ingest and toxic substances in the environment (Witmer & Sweeney, 1992). The central idea of self-care is responsibility, the ability for an individual to take ownership of their health and wellness (Bardick, Bernes, McCullouch, Witko, Spradle, & Roest, 2004). Taking responsibility for treating the self

with respect, care, and diligence are all key components of self-care (Adams, Bezner, & Steinhardt, 1997).

Self-care is also about being mindful and paying attention to one's body (Akos & Levitt, 2003). A lump in a woman's breast can easily be ignored for months or even years (Simon, Crowther, & Higgerston, 2007), as can severe back pain whenever an individual sits down. Feeling connected with our bodies is an important strategy of self-care, being mindful of what feels right and what does not (Apranantikul, 2006). Filling our bodies with substances like tobacco, alcohol, and drugs can be toxic and extremely hazardous on our health as can foods that are high in fats, sugars, or cholesterol (Condon, 2004).

Adolescence is a turning point for self-care (Arnett, 2007); they are given more independence with what to put in their bodies (Akos & Levitt, 2003), they are learning about how their daily activities affect their health and well-being (Brooks & Magnusson, 2006), and some are beginning to experiment with drugs and alcohol (Reed, Wang, Shillington, Clapp, & Lange, 2007). The average age when boys first try alcohol is 11-years-old and for girls it is 13-years-old (Sweeney & Witmer, 1991). The media is a large seller of drugs and alcohol, specifically directed toward adolescents, displaying an image that both are cool and trendy (Arnett, 2007). Both drinking and smoking are illegal for most adolescents, as the drinking age in the United States is 21 and the age in which an individual can purchase cigarettes is 18 (Ulione, 1996). Therefore, both drinking and smoking cigarettes are activities intended for adults but widely used and abused by adolescents. While experimenting with drugs and alcohol may seem like a phase adolescents pass through, if left unrecognized drinking and alcohol abuse could get

worse with age (Arnett, 2007). Early onset substance abusers become the most difficult

to treat in adulthood (Harari, Waehler, & Rogers, 2005). It remains important to teach

adolescents the impact of proper self-care as it has the potential to improve the quality

and longevity of life (Chambers, 1981).

Stress management

Stress management is the next task of self-direction which can have both a

psychological and physiological affect on individuals (Myers, Sweeney, & Witmer,

2000). The stress response of the body is meant to protect and support us. To maintain

stability, the body is constantly adjusting to its surroundings. When a physical or mental

event threatens this equilibrium, individuals react and this is called stress. With the

exception of major catastrophes, few events are stressful in themselves. Stress arises

when an individual perceives a situation as threatening. Stress is often associated with

situations that an individual finds difficult to handle. How an individual views things also

affects their stress level. If they have very high expectations, chances are they will

experience more than their fair share of stress.

Stress affects the mind, body, and behavior in many ways (Arpanantikul, 2006;

Condon, 2004; Myers, Sweeney, & Witmer, 2000); the signs and symptoms of stress vary

from person to person, but all have the potential to harm a person's health, emotional

well-being, and relationships with others (Dellve, Samuelsson, Talbom, Fasth, &

Hallberg, 2006) . Stress can damage a person in many subtle and unseen ways

(Chambers, 1981). It is important to pay attention to stress symptoms and learn to

identify what causes them, because if they persist, a person is at risk of serious health

problems (Sweeney & Witmer, 1991). Research suggests that anywhere from two-thirds

to 90 percent of illness is stress-related (Scherwitz, Graham, & Ornish, 1985). If the word disease is broken down there are two words present, dis and ease (personal communication with Pam Kramer). Thus, the word disease is the absence of feeling comfort and ease. As many as two thirds of all premature deaths in the United States are due to lifestyle factors that can be modified, which includes stress (Condon, 2004). Stress management techniques are even used in treating heart disease, a program so successful it even receives funding from Medicare (Scherwitz, Graham, & Ornish, 1985).

Stress in adolescence takes on a different form; pressures often come from outside sources such as family, friends, or school, but can also come from within (Busseri, Willoughby, Chalmers, & Bogaert, 2006). As children grow older into adolescence, academic and social pressures create stress, especially the quest to fit in (Moor et al., 2007). Many adolescents feel pressure from their parents to do well in school, to get into a good college, to be involved in activities at school, but sometimes these are not the same goals the adolescent has for him or her self (O'Grady, 2006). Gay and lesbian adolescents feel a great sense of stress (Arnett, 2007); suicide, depression, and anxiety are notably higher among gay and lesbian adolescents (Busseri, Willoughby, Chalmers, & Bogaert, 2006). Stress crosses all socioeconomic, cultural, religious, and gender lines and can have a harmful effect on immune system functioning if not treated properly (Sweeney & Witmer, 1991). Stress management is the ability to define stressors in one's life and to reduce stress by using strategies of stress reduction and is a vital component of overall wellness (Scherwitz, Graham, & Ornish, 1985).

Gender identity

The following task of self-direction is gender role socialization, which is a process that begins at birth and continues throughout the life span (Martin & Ruble, 2004). Gender role socialization results in culturally appropriate gender role behaviors being rewarded for both men and women (Myers, Sweeney, & Witmer, 2000). The process of figuring out a gender role begins immediately; little girls are often dressed in pink and boys in blue. Baby girls are spoken to in a soft voice telling them how beautiful they are while baby boys are being called handsome and strong (Caldera & Sciaraffa, 1998). Gender role stereotypes can even begin before birth, a pregnant mom might paint the nursery pink if she knows she is having a baby girl (Martin & Ruble, 2004).

Though gender role attitudes have become less traditional over the past few decades (Suizzo & Soon, 2006), it is still prevalent and widely discussed (Myers, Sweeney, & Witmer, 2000). Gender refers to the social categories of male and female, moreover, the characteristics of males and females are due to cultural and social beliefs, influences, and perceptions (Espin, 1999). Children are exposed to models throughout their environment as they search for cues about gender (Sjostrom & Steiner-Adair, 2005); they are forming their world view in regards to gender roles from parents, media, school, the community, and their peers (Martin & Ruble, 2004). Gender identity develops as children realize that they belong to one gender group, and the increased motivation to be similar to other members of their group is present (Hastil, 2002).

Identifying one's gender can be either comforting or stressful, depending on it being the mainstream ideal of what it means to be male or female or not (Jurkovic & Walker, 2006). For example, a boy grows up where traditional "masculine" behaviors are rewarded such as achievement, competition, and independence (Haynes, 2000).

Though, the boy does not necessarily feel those traits, he might be more comfortable with traditional "feminine" traits such as nurturing, supportive, interdependent, and empathic. Not feeling connected to the gender role an individual is born into can lead to higher levels of stress, depression, and anxiety (Espin, 1999; Hastil, 2002; Jurkovic & Walker, 2006; Martin & Ruble, 2004).

Gender differences have been linked to wellness as well as illness in adulthood (Haynes, 2000). For example, American women more readily report their illnesses than do men, use medical and mental health systems more frequently than do men, and outlive men by an average of 7 years. Gender role socialization flourishes within adolescence, it is during this time when many individuals get a sense of who they are as a boy and what this means for them (Arnett, 2007).

Cultural identity

Cultural identity, a concept that incorporates racial identity, acculturation, and an appreciation for the unique aspects of one's culture is the final task of self-direction (Hattie, Myers, & Sweeney, 2004). Like gender identity, cultural identity can be a positive personal strength that enhances growth and development across the life span (Wan, Chiu, Tam, Lee, Lau, & Peng, 2007). Cultural identity is positively related to well-being (Myers, Sweeney, & Witmer, 2000). Self-perceived health and wellness are affected by cultural identity because the concepts of health differ according to culture (Golanty, 1992). For example, happiness is explained in a Western context as being positively correlated with independence and an internal locus of control (Arnett, 2007). In Eastern societies, the subjective evaluation of happiness places greater emphasis on relationship harmony and interpersonal contentment (Wan, Chiu, Tam, Lee, Lau, & Peng,

2007). Cultural identity encompasses the collective reality of a group of people, and

therefore sets the boundaries and limitations of what it means to be well (Weaver, 2002).

For adolescents, feeling connected and a part of a group is essential for healthy

development of the self (Rayle & Myers, 2004). Feeling connected to a culture can

provide an adolescent with a sense of acceptance and assurance (Arnett, 2007). For many

adolescents, culture is the basic way to connect with others, when nothing else seems to

fit (Golanty, 1992). It is within the context of culture that an individual can connect with

others on how an individual celebrates holidays, what types of values to live by, where

geographically to live, how to address and communicate with others, and what types of

clothing to wear, for example (Wan, Chiu, Tam, Lee, Lau, & Peng, 2007).

In conclusion, the life task of self-direction is made up of a number of smaller

tasks all relating to the general idea of who an individual is, what makes them feel whole,

and how to care for the self (Myers, Sweeney, & Witmer, 2000). It is made up of tasks

that focus on the individual and what type of person they are and what type of person

they plan to be (Sweeney & Witmer, 1991). This life task focuses on long-range goals

and being aware of you present moment (Hafen, Franksen, Karren, & Hooker, 1992) as it

is a prerequisite for developing the self (Arnett, 2007).

<center>Work and Leisure</center>

The third life task is work and leisure, a task that provides an opportunity for

pleasurable experiences that are fundamentally satisfying and provide a sense of

accomplishment (Napholz, 1995). Work and leisure have the opportunity to challenge or

engage our senses, skills, and interests, frequently absorbing us in activities in a state of

consciousness (Myers, 2000). Feelings such as excitement and joy are enhanced during

work and leisure activities while anxiety and boredom are minimized (Sweeney &

Witmer, 1991).

Work

Work is integral to human functioning (Kuijpers, Schyns, & Scheerens, 2006;

McGillivray, 2005); it serves as the major function of economic support, psychological

purposes, and social benefits (Fouad, 2007). It is considered by Adler (1954) to be the

most important task for maintenance for life. Understanding the factors influencing

career choices, how people make career decisions, what paths people follow to end up at

a career destination, as well as maintenance and longevity of a career are vital

components of work and the multidimensional effort that goes into such a decision

(Napholz, 1995). Work satisfaction, which is composed of challenge, financial reward,

co-worker relations, and working conditions is one of the best predictors of longevity as

well as perceived quality of life (Lightsey, 1996). It is clear then, that individuals who

are not fulfilled in any of these areas might view the work or career portion of their lives

as negative. With work taking up as much time as it does throughout the day, it holds

great power in predicting a person's overall happiness and well-being (McGillivray,

2005). People who view their career as a calling tend to experience the highest work

satisfaction (Myers, 2000); this might be because they have reached their career choice

on purpose (Fouad, 2007). These individuals may have traveled on a long road to reach

this career choice, while others might have ended up at a job simply because of financial

reasons (Kulik & Rayyan, 2006).

Feelings of competence in work tasks also have a positive effect on life

satisfaction (Golanty, 1992), whereas work experiences and work outcomes are

consistently and positively related to self-reported emotional well-being (Kulik &

Rayyan, 2006). The meaning of work and the time commitments related to work must be

balanced in a healthy individual with time, energy, and satisfaction devoted to family and

friends (Ulione, 1996). Therefore, the role of balance when relating to careers is crucial,

the delicate balance between work and each of the other commitments in one's life are

necessary for overall well-being (Kuijpers, Schyns, & Scheerens, 2006). According to

Napholz (1995) those whose work had first or equal priority to their home life had higher

depression and role conflict scores than did those who put their relationships first. Thus,

work holds great influence over an individuals overall happiness and well-being,

depending on what work means to an individual, how they arrive at their choice of work,

their financial reward, and so on.

There is some evidence that factors relating to positive attitudes in the work place

are associated with leisure activities in or outside of the work environment (Fouad, 2007).

Promoting a staff development day, a day in which staff get together for team building or

leisure activities all can participate in can have a great influence on overall work

satisfaction (Napholz, 1995). Having only work-related contact with co-workers can

sometimes be a disadvantage, therefore providing opportunities for deeper connections

can be highly beneficial within the workplace (Witmer at al., 1998). Implementing

worksite wellness initiatives is one tool to contain healthcare costs (McGillivray, 2005).

There are various ways of implementing wellness into the workplace, applying a non-

smoking rule to the building, discounts at a local fitness facility, promote healthy eating,

providing a daycare facility on location or options to work from home, just to name a few

(Ulione, 1996). Each of these initiatives can increase the overall happiness of a workplace.

Leisure activities, including physical, social, intellectual, volunteer, and creative have a positive effect on self-esteem and perceived wellness (Arpanantikul, 2006). Leisure activities, though not fully supported as a major life task by some, are a key component of overall happiness and wellness in a person (Weaver, 2002). Leisure activities increase one's sense of emotional well-being (Rothenberg, 2006). Anything a person enjoys doing can be considered a leisure activity; therefore it is not difficult to understand how beneficial leisure can be to a person. If a person is engaging in an activity they enjoy, whether it be kayaking, playing the drums, playing soccer, reading, painting, or just resting they are very likely to be enjoying them self and feeling happy (Myers et al., 2000). The benefits of leisure activities are plentiful, but the amount that many individuals allow themselves to engage in leisure activities is less plentiful (McGillivray, 2005).

As mentioned previously, the balance between work and leisure is the key within this life task of overall wellness (Kuijpers, Schyns, & Scheerens, 2006). A lowered amount of leisure time can have negative affects on people, they might feel as though they have no time for themselves, or no enjoyment in life, for example (Weaver, 2002). However, leisure activities can mediate the effects of stress by providing social support and developing psychological hardiness (Dickman, 1988). Participation in some leisure activities, notably exercise, is an important means of reducing the effects of stress (Myers et al., 2000).

Work has become increasingly important with adolescents today for a variety of reasons (Arnett, 2007). One reason for this is that adolescents learn of brand name clothing, ipods, and cell phones through the media and want what is new and cool. For some, the only way to get these items is by working and making money themselves (Arnett, 2007). Having money and material things is important to many adolescents in the United States (O'Grady, 2006); by the 1980's part-time work had become typical for most American high school students (Fouad, 2007). It is in adolescence when most teenagers experience their first job, they learn about responsibility, money management, co-worker relationships, time management, and sometimes customer service (Mortimer, Finch, Ryu, Shanahan, & Call, 1996). Studies have shown that for some adolescents, working beyond 10 hours per week is disruptive to eating and exercise habits while also having an impact on the amount of sleep (Arnett, 2007). There are also several reported benefits associated with working adolescents, for both boys and girls, working at a job that involved learning new skills was positively related to psychological well-being, self-esteem, higher life satisfaction, and develop better social skills (Mortimer et. al., 1996).

Few adolescents see their part-time jobs as the beginning of the kind of work they expect to be doing as adults (Kuijpers et. al., 2006). Waiting tables, washing dishes, mowing lawns, sales clerking, for example are fine for bringing in enough money for an active leisure life, but generally these are jobs that adolescents view as temporary and transient (Fouad, 2007). There are a number of options as adolescents merge into the real world after high school, some of which include the army, the work force, or college. The act of planning out one's future is related to the well-being of an individual (Arnett, 2007). Sense of worth is an integral component of wellness and feeling worthy,

especially in terms of work, can heighten an individual's sense of overall life satisfaction (Witmer & Sweeney, 1992). While career choice is a key component in life satisfaction (Rayle & Myers, 2004), it most often does not play out in adolescence, rather the planning stages of an individuals working life take place here (Arnett, 2007). As stated earlier, understanding the factors influencing career choice, how people make career decisions, what paths people follow to end up at a career destination as well as maintenance and longevity of a career are vital components that affect work related wellness (Napholz, 1995). Many of these factors begin in adolescence, which is a time when individuals have the opportunity to make important and long-term decisions about their future (O'Grady, 2006). This sense of freedom and opportunity to make such choices can be both intimidating and exhilarating for adolescents depending on their readiness to make such decisions, their perceived level of independence, and availability to information and contacts to help make these decisions (Arnett, 2007).

Leisure activities can have a great effect on an individual's self-esteem and perceived wellness (Arpanantikul, 2006); specifically in relation to adolescence, it is an opportunity to express and enjoy themselves (Rothenberg, 2006). American schools provide an array of opportunities for students to express themselves and learn to be well rounded individuals through leisure activities (Brooks & Magnusson, 2006). These leisure activities include sports, music and art classes, and various clubs, some of which include chess club, a Good Samaritans club, Future Teachers of America, a book club, and the school newspaper. Adolescence is a time to explore and take risks (Arnett, 2007), joining clubs and activities at school is a great way to learn about one's interests and abilities (Rayle & Myers, 2004). Leisure activities are not always this ambitious

though, many adolescents enjoy relaxing in front of the television, watching movies, playing video games, or sleeping (Hohepa et. al., 2006). The purpose of including leisure activities within the wellness wheel is to discuss its importance of balance in ones life (Witmer & Sweeney, 1992). The quote, "Work hard, play hard" touches on the idea that for a sense of well-being and improved wellness, it is essential to include activities that motivate and give us a sense of purpose as well as activities that clear our mind, rejuvenate our soul, and bring a smile to our face (Lightsey, 1996).

It is in American high schools when adolescents are the most athletic (McGillivray, 2005), between mandatory physical education classes and after school sports, the opportunity of sports and physical exercise is plentiful (Brooks & Magnusson, 2006). Physical activity is a popular leisure activity among adolescents (Arnett, 2007); the benefits run the gamut from a feeling of belonging from being part of a team, to the health benefits of physical exercise (Harris, et. al., 2006). There has been extensive research that suggests not only are team sports good for the body and mind, but can also give adolescents the skills and attitudes they need to succeed with friends, in school, and with the rest of their lives (Rayle & Myers, 2004). There have also been studies done on the benefits of playing a musical instrument and how it affects SAT and math scores (Cox & Stephens, 2006). The benefits of leisure activities are clear, they help adolescents gain a sense of self, allow them to have fun and enjoy life, while increasing self-esteem and overall well-being (Arnett, 2007).

<div align="center">Friendship</div>

The friendship life task involves a connection with others either individually or in a community (Myers et al., 2000). This connection does not have a marital, sexual, or

familial commitment; rather this connection lies deep within our basic need to feel

bonded with others (Hafen et al., 1992). Humans have a fundamental need for contact

with other humans (Adler, 1954). Interactions and relationships with other people form a

network that is supportive, has the ability to make life meaningful, and ultimately enables

individuals to survive (Ainsworth, 1989). Thus, friendships have an important role in

overall wellness because of the deep need in humans to feel connected with one another

(Myers et al., 2000).

     Mattering, which is an important but understudied concept, is defined as a sense

of belonging in relation to others, or feelings that one is important to others (Harari et al.,

2005). The basic need to feel that one matters is vital in the development of self

(Philipchalk & McConnell, 1994). If an individual does not feel that he or she matters, a

handful of mental health related issues may arise, including depression, anxiety, and

personality disorders, for example (Sweeney & Witmer, 1991). People with satisfying

social relationships are more likely to avoid health damaging behaviors, such as smoking

and drinking, and are more likely to be happy, well-adjusted individuals, and consume a

nutritious and healthy diet (Brooks & Magnusson, 2006). Friendships often provide

meaning for one's life, the validation that a person matters and the validation that a

person is not alone (Chandler et al., 1992). A healthy friendship can also provide a buffer

against stress, such that friendship satisfaction is among the strongest predictors of

positive self-esteem (Hetler, 1984). These close relationships with others also prevent

feelings of loneliness and are essential for positive growth and development. In contrast,

people who are socially isolated, those who are unmarried, divorced, widowed, people

with few friends, and people who have few social contacts, are more likely to die from various diseases than those who have happy, fulfilling social lives (Fouad, 2007).

Empathy, cooperation, and altruism are all manifestations of social interest (Hettler, 1984). Those who regularly devote time to helping others are as likely to experience health benefits as those who exercise or meditate (Luks, 1992). The desire for interpersonal attachments is fundamental in human motivation (Adler, 1954). This motivation is reflected in the need for frequent, positive interactions with the same people and the search for a long-term, stable, and caring support network (Fouad, 2007). Therefore, the benefits of being a friend and having healthy friendships are innate and provide us with physical and emotional benefits (Myers et al., 2000).

Friendships in adolescence have similar benefits; however particular attention must be on the meaning and importance of friendships and mattering in adolescence (Arnett, 2007). Relationships with family and friends during adolescence change not only in quantity but also in quality (Hawkins & Booth, 2005). According to Mortimer et al. (1996) adolescents indicate that they depend more on friends than on their parents or siblings for companionship and intimacy. Friends become increasingly important during adolescence (Arnett, 2007; Videon, 2002); friends are the source of adolescents' happiest experiences, the people with whom they feel most comfortable, and the ones they feel they can talk to openly (Witmer & Sweeney, 1998). Adolescents report that their happiest moments take place with friends, and they are generally much happier with friends than with family (Arnett, 2007). It is important then to focus on friendships, because overall wellness in adolescents depends greatly on the quality of friendships (Furman & Buhrmester, 1992).

Two possible reasons why adolescents are generally happiest with friends is (1) adolescents find a close friend in someone who mirrors their own emotions, and (2) adolescents feel free and open with friends in a way they rarely do with parents (Myers et. al., 2000). Friends often value a person for who they really are, and sometimes adolescents only find this in friends (Hettler, 1984). Sometimes this means being able to talk about one's deepest feelings, especially about budding romantic relationships, puberty changes, and attitudes toward family (Hafen et. al., 1992). Of course, adolescent friendships are not only about emotional support and good times. They can also be the source of an adolescent's most negative emotions, including anger, frustration, sadness, and anxiety (Arnett, 2007). Adolescents' strong attachments to friends and their strong reliance on friends leave them vulnerable emotionally (Compton et. al., 1996). They worry a great deal about whether their friends like them, and about whether they are popular enough. Overall, however, positive feelings are much more common with friends than with family during adolescents, and enjoyment of friends increases steadily through the adolescent years (Moor et. al., 2007).

Making and keeping friends is an essential task in adolescent friendships (Arnett, 2007). The maintenance in adolescent friendships are an interesting concept, it is in adolescents that so many developmental and physiological changes occur and whether a friendship can stand the test of time through all of these changes is meaningful (O'Grady, 2006). Adolescent friendships are largely based on similar interests, but what happens when interests change? One week a 14-year-old girl is passionate about cheerleading and devotes much of her time to this interest, but what happens the following week when she decides she wants nothing to do with cheerleading? These quick changes are common in

adolescence, their bodies and minds are developing at a rapid pace and friends must keep

up (Arnett, 2007). This idea is common among adolescent girls as they can sometimes

have a different best friend or group every day. Therefore, it is important when working

with adolescent girls to discuss what a friend is. An individual, no matter what age, is

going to have a difficult time finding a best friend if they do not even know what their

idea of a best friend is (Paul & White, 1990).

Therefore, friendships are crucial for the development of a wellness lifestyle

(Myers et. al., 2000). Engaging in healthy friendships has a number of health and

emotional benefits ranging from higher self-esteem, ability to handle stress, and a general

sense of connectedness (Witmer & Sweeney, 1992). The process of learning about the

self, growing to form intimate friendships and relationships with others, and the ability to

feel emotions such as empathy and altruism is helping to lead individuals down a path of

wellness (Rayle & Myers, 2004).

<div align="center">Love</div>

The final component of the Wellness Wheel created by Witmer et al. (1998) is

love. Similar to the friendship piece of wellness, love encompasses a deep sense of

connectedness, trust, and commitment (McClelland, 1986). Relationships that are formed

on the basis of a sustained, long-term, mutual commitment and involve intimacy

constitute the life task of love (Hettler, 1984). According to Myers et al. (2000)

characteristics of healthy love relationships include (a) the ability to be intimate, trusting,

and self-disclosing with another person; (b) the ability to receive as well as express

affection with significant others; (c) the capacity to experience or convey nonpossessive

caring that respects the uniqueness of another; (d) the presence of enduring, stable,

intimate relationships in one's life; (e) concern for the nurturance and growth of others; and (f) satisfaction with one's sexual life or the perception that one's needs for physical touch and closeness are being met, or both. While the life task of love necessitates having a family or family-like support system that has the following nine characteristics: (a) shared coping and problem-solving skills; (b) commitment to the family; (c) good communication; (d) encouragement of individuals; (e) expression of appreciation; (f) shared religious/spiritual orientation; (g) social connectedness; (h) clear roles; and (i) shared interests, values, and time (Myers et. al., 2000). Through viewing these characteristics of both healthy love relationships and the characteristics of a healthy support system, healthy love relating to one's wellness is outlined and defined.

The feeling of being loved and valued by others has been identified as the core component of social support (Hawkins & Booth, 2005). Love can come in many different forms varying form *liking* to *consummate love* with every type in between (Steinberg, 2001). The *liking* form of love being the very basic form, which involves mostly intimacy, without passion or commitment. While consummate love integrates intimacy, commitment, and passion into the ultimate love relationship. There are a variety of forms of love, thus an array of outcomes; however the basic feeling of love can provide an individual with a higher sense of well-being and life satisfaction (Paul & White, 1990).

The risk of premature death and disease from all causes is 3 to 5 times higher for individuals who feel they are not loved (Lorenz, Wickrama, Conger, & Elder, 2006). Thus, mortality rates are consistently higher for divorced, single, and widowed individuals of both sexes and all races (Hawkins & Booth, 2005). Divorced individuals

have higher rates of heart disease, cancer, phenomena, high blood pressure, depression, alcoholism, traffic accidents, homicide, suicide, and accidental death than do people who are married (Videon, 2002). Divorced people also have poorer immune system function and are less resistant to disease (Myers et. al., 2000). These effects are not limited to any one culture (Hawkins & Booth, 2005). A study of Chinese adults, for example, showed that those with the greatest marital dissatisfaction experienced more psychiatric symptoms, had lower scores on measures of purpose in life, and perceived their health as poor (Hafen et. al., 1992). However, people who are unhappily married or in negative relationships are even less healthy than those who are divorced (Hawkins & Booth, 2005).

At the most basic level, love can be evaluated by each partner by how much it increases or decreases their overall well-being and happiness (Hawkins & Booth, 2005). A healthy love relationship allows both partners to fill their physical, emotional, and intellectual needs without loss or compromise (Myers et. al., 2000). In doing so, such relationships can provide a myriad of physical and emotional benefits.

Adolescent love has been a topic of research and discussion for years, one of the most notable documentations of adolescent love is Shakespeare's Romeo and Juliet. While many believe that early romantic relationships are merely crushes, they are central in adolescent's social lives and emotional experiences (Arnett, 2007). For example, the quality of romantic relationships has been found to be associated with socio-emotional adjustment during times of stress and nonstress (Furman & Buhrmester, 1992). Moreover these early romantic experiences are believed to play a pivotal role in both identity and intimacy development (Erikson, 1968) and may shape the course of

subsequent relationships and marriage in adulthood (Erikson, 1968; Sullivan, 1953). Certainly, the rising problems of teenage pregnancy, date rape, sexually-transmitted diseases, and AIDS underscore the importance of understanding early romance (Murray et. al, 1996).

An important shift in the nature of the attachment relationship to the parent is hypothesized to take place in adolescence, due to the hormonal changes brought on by puberty (O'Grady, 2006). These changes push the adolescent to search for a peer, usually of the opposite sex, with whom to establish a relationship. These changes are the turning point for adolescents, from forming close attachments with parents to peers, which can lead to adolescent love (McClelland, 1986).

Love has a different effect on adolescents than it does with adults, mostly because adolescents are not yet ready to handle the strong emotions and reactions they may feel from love (Arnett, 2007). One study explores the notion that teenagers who fall in love are more prone to depression, delinquency, and alcohol abuse. This study by Joyner and Udry (2000) to measure the levels of depression, researchers examined the answers to 11 questions about the adolescents previous week, such as how often they felt they could not shake off the blues. To measure what effect, if any, love has to do with the reported depression in adolescents, they were asked whether or not the adolescent was romantically involved. While the overall findings show that romantically involved adolescents reported higher levels of depression, there were three possible factors for this increased depression- deteriorating relationships with parents, poorer performance in school, and the breakup of a relationship.

Feelings of happiness, joy, and euphoria are also connected with adolescent love (McClelland, 1986). It can be very exciting for an adolescent to get attention from someone they are interested in and begin to have feelings of lust and love (Murray et. al., 1996). These positive feelings can oscillate however; an adolescent will, in one moment, feel on top of the world because they just had a great phone conversation, but within a few hours feel depressed because they suddenly found out the person on the phone is dating someone new (Arnett, 2007). Things then might look up a few hours later for the adolescent because they began talking with someone new, and these feelings are a large part of adolescent's lives, fluctuating all the time. While Furman and Buhrmester (1992) believe that romantic relationships can be risky on adolescents, it can also provide the adolescent with a great deal of social and emotional benefits as well.

Purpose of Research

There is a wealth of information and written material on wellness, varying from financial wellness (Chambers-Clark, 1981) to pet wellness (Rehm, 2004). However, very little research exists regarding wellness relating to adolescent girls (Suldo et. al., 2006). A psychoeducational group to help educate middle school girls on wellness was developed through research and examination of the Wellness Wheel (Myers et. al., 2000) coupled with research and experience with adolescent girls. The purpose of the group was to teach this optimal state of health and well-being to middle school girls so that in the future they may have a higher chance of leading healthy, balanced, and fulfilled lives.

Method

Setting

This study was implemented at Livonia Junior High School, a small, rural suburb outside of Rochester, New York. The junior high school consists of approximately 325 student's grades seven and eight. The student/teacher ratio for the junior high school is 11:1. The percentage of students who are members of families whose primary support is a public welfare program is 18%. The ethnic breakdown of the 325 junior high students was reported as: 5 African American students, 1 Asian American student, 2 Native American students, and 317 Caucasian students. The junior high school is attached to the high school building which houses the ninth through twelfth grades, and adds approximately 646 students to this combined building.

Participants

The procedure for choosing the participants for this study was started in the Physical Education classes for all seventh and eight grade girls at Livonia Junior High School. The students were read a statement about the Wellness Group (Appendix X) and if they were interested in joining the group they were given a consent form (Appendix X) to review with their parent or guardian. The first 10 girls to return these signed consent forms were given the student consent form (Appendix X) to review and sign. Once 10 girls handed in their parent/guardian consent forms and the student consent forms they were chosen to participate in the Wellness Group.

All ten participants chosen were seventh and eighth grade girls ages 12-14. Each of the ten participants was Caucasian. The Junior High building consisted of 325 students, 98% of which are Caucasian. Therefore it was not remarkable for the group to include all Caucasian students.

Procedure

The study consisted of eight weekly sessions that lasted for approximately 40 minutes. The sessions were held at various periods throughout the school day, beginning with 1st period and ending with 8th period so that the group members never missed each of their classes more than once within the rotation. Each session had a pre-planned format, but freedom was given to students to explore issues as they came up in discussion. An overview of the main topics of discussion and activities of each week follows:

Week one.

The first group was an introduction to the study itself. Since they only heard a brief overview of the group from their Physical Education class, they were given a detailed overview of the group goals, topics, and format to be covered. Next, each group participant was asked to say her name as well as one interesting fact about herself that makes her special and unique. This symbolized individuation and the formation of the group. The group discussed general rules for group participation including: rules about tolerance, kindness, respect and empathy for each of the group members, being open and honest with each others feelings, and rules about confidentiality. The students were then asked to have a free flowing discussion on wellness and to share, as a group, what it means to them. In conclusion, the facilitator thanked group members for joining and participating in the group.

Week two.

The group began with a brief review of the previous group meeting and reminder of the pre-test. Next, each participant was given the nine question pre-test labeled "Pre- and Post-Test on Wellness" (Appendix X). This test was a short answer questionnaire

designed by the facilitator. The students were not given a time limit in which to complete the pre-test. Three students were unable to attend this group session and were asked to complete the pre-test on their own without using any aids to assist in answering the questions. The students were reminded that the pre-test does not count for a grade and to be completely honest when taking the test, if there happened to be a question the students did not know the answer to just to write down "I don't know" in the space below. After all the pre-tests were completed, the students were given an opportunity to discuss any thoughts and feelings surrounding the pre-test and group. Lastly, the girls had time for free association to discuss anything on their mind.

Week three.

This session began with an explanation of spirituality and why spirituality is said to be the core of wellness. A discussion around spirituality and how it can enhance a deep sense of connectedness was explained. Along with an explanation and discussion around spirituality, the facilitator explained ways to increase spirituality. One of the ways to increase spirituality is yoga and this was the activity for the group. The facilitator then introduced the special guest for the group, Teri Thielges who is the School Psychologist and was also our yoga instructor. Teri Thielges then did a 30 minute introductory yoga and meditation session with the group members. Throughout the activity both Teri Thielges and the group facilitator discussed the importance of being mindful and taking personal time throughout the day to reduce stress and body tension.

Week four.

This session began with a recap of the previous week and the impression the spirituality discussion and yoga left with the group members. The facilitator then passed

out a thank-you card to the group members and asked them to sign it for Teri Thielges,

thanking her for teaching the group yoga. Next, the facilitator introduced the self-

direction component of wellness and briefly went over the 12 sub tasks of wellness which

include (a) sense of worth, (b) sense of control, (c) realistic beliefs, (d) emotional

awareness and coping, (e) problem solving and creativity, (f) sense of humor, (g)

nutrition, (h) exercise, (i) self care, (j) stress management, (k) gender identity, and (l)

cultural identity. The facilitator then explained that there were a few activities planned

for this week's group meeting. Cards (Appendix X) were passed out to each group

member and the facilitator explained the homework assignment that involved the cards.

Each group member was encouraged to write a thank-you letter to her self, focusing on

the positive attributes of her person. The facilitator explained that we often write thank-

you letters to others for being kind and thoughtful but rarely, if ever, does someone truly

sit down and think of reasons to thank themselves. Examples of this letter was shown to

the group members but were encouraged to be creative and write a thank-you letter that

contained their personal style and touch. This thank-you letter was meant to focus on the

sense of worth, emotional awareness and coping, and creativity sub categories of self-

direction. Next, the facilitator handed out an information sheet on locus of control

(Appendix X) to connect to the sense of control sub category of self-direction. A general

discussion of locus of control was introduced and discussed. The group ended with the

student's personal stories and thoughts on locus of control.

　　　Week five.

　　　This session began with a recap of the previous weeks main topics. The

facilitator then asked the group members if they wanted to share their experiences of

writing the self thank-you letter. Time was given to the students that wanted to share.

Next, the facilitator introduced the next component of wellness which was work and

leisure. The facilitator gave an overview of how work and leisure relate to wellness and

as the activity to gain knowledge of this type of wellness, the students made dream lists.

An example of one of the student's dream lists is included as Appendix X. Paper,

markers, colored pencils, crayons, magazines, rubber stamps, and stickers were supplied

to make the dream lists creative and original. A discussion about dreams and how each

of us can turn dreams into realities by making goals for ourselves went until the end of

the group session.

Week six.

The group began with a review of the previous week's group sessions. Next, the

facilitator introduced the friendship component of wellness and explained how

friendships relate to overall wellness. The facilitator discussed the importance of

friendships and how these interpersonal relationships keep us healthy and balanced.

Students were given colored makers to write down, on poster boards, qualities they look

for in a friend. The facilitator then pointed out how nowhere on the poster board did it

mention how a person dressed or where they shopped to be qualities that the group

members look for in a friend. Group members got involved in a discussion of best

friends and how great it feels when they feel connected to another girl. The facilitator

then read aloud the book titled, *She* (Yamada, 2005) and handed out mini posters to each

of the group members to help motivate the girls to find the goodness in them selves and

also to seek it out in friends. Examples of the mini posters are included in Appendix X.

Week seven.

The group began with a review of the previous week's group sessions. The facilitator then introduced love, which is the final component of wellness. Love was defined as a strong emotion or feeling with a partner, a family member, or a best friend. Healthy love relationships were defined and discussed as a group. For the activity to increase love relationships the facilitator introduced the Paiirs Wheel (Appendix X) to aid in communication. It was explained that communication is a key ingredient in any healthy relationship and offering the Paiirs Wheel as a tool, the group members practiced using "I statements" to communicate their feelings and needs to each other. The group session ended with a reminder that the following week would be the last group session. The facilitator quickly reviewed with the students that at the beginning of next week's session, they would take the post-test to measure the girl's knowledge of wellness and ways to increase the various components of wellness that they have learned about through the Wellness Group. Any questions and concerns were then discussed and answered.

Week eight.

The group began with the administration of the wellness post-test, which was the same test as the pre-test given the first week. The girls were given as much time as necessary to complete the post test, but no student took longer than 15 minutes to complete the test. The group then enjoyed snacks provided by the facilitator and the floor was open for feedback for the group facilitator as well as an open discussion on wellness. The facilitator thanked each group member with a congratulatory sheet (Appendix X) for participating in the facilitators Wellness Group.

Evaluation- I believe I need to state here how and when data was collected.

Results

The outcome of this study is presented and includes results of the pre-test and post-test.

Pre- and Post-Test Results

A pre- and post-test was given to each of the group members. The pre-test was given to 7 of the girls that attended the second group meeting. The 3 girls that missed the second group session were given the pre-test to take home and fill out without using any help. Before taking the pre-test, the girls were reminded that if they do not know the answer to a question to leave the answer blank. It was also stated that if they have one word to associate with an answer, they can use one word answers if that is all they can think of. Once all 10 pre-tests were completed, they were scored based on correct answers. Test questions and answers are as follows:

Question 1: What is wellness?

Six of the girls answered this question correctly on the pre-test. Two of the girl's answers stated that wellness is about balance. Another student similarly answered that "wellness is about becoming whole with all parts of our lives." Three of the girls responded with answers that wellness is about being healthy.

Question 2: Have you ever heard of the wellness wheel? If yes, please explain.

All 10 of the girls responded that they had never heard of the wellness wheel.

Question 3: What is spiritual wellness?

Two of the girls answered this question correctly. One girl stated that spiritual wellness is about feeling connected. Another girl stated that spiritual wellness sometimes has to do with religion and a belief in a higher being.

Question 4: What are some ways to increase spiritual wellness?

Six girls responded with a correct answer to this question. All six girls stated that "yoga" was a way to increase spiritual wellness. One girl also put down that participating in a religion could increase spiritual wellness.

Question 5: What is self-direction in relation to wellness?

None of the girls answered this question correctly on the pre-test.

Question 6: What are some ways to increase self-direction?

Three girls answered this question correctly. Two of the girls stated that self-esteem was a way to increase self-direction, "You have to care about yourself in order to have direction. Like, showering and playing sports and having friends. You can't have direction unless you care about stuff," and "I think having friends and self-esteem helps with directing yourself. You need friends to talk to about where you want to go." Another girl stated that self-direction is about "knowing yourself."

Question 7: What is work related wellness?

None of the girls answered this question correctly on the pre-test.

Question 8: What are ways to increase work related wellness?

One girl answered this question correctly. She stated that "You get to know what you want to do better, like study the job and really get a job that makes you happy."

Question 9: What is the leisure component of wellness?

One girl answered this question correctly, she stated "You are supposed to have fun too, not just work all the time. Take time out to relax and hang out with friends."

Question 10: What are some ways to increase the leisure component of wellness?

Two girls answered this question correctly. One suggested that you could increase leisure wellness by "hanging out with friends and relaxing," another stated "join sports like soccer and swimming so that you can be with your friends."

Question 11: What is friendship wellness?

Seven girls answered this question correctly. Girls responded with, "Knowing what a true friend is", "Having best friends that you love", "Being nice to people so that girls will want to be friends with you" and, "Best friends forever!" Girls also wrote down that friendship wellness is about "Knowing why you are friends with someone", "Having healthy friendships" and, "Having someone to talk to. Trusting someone else with how you feel and think about stuff."

Question 12: What are ways to increase friendship wellness?

Four girls answered this question correctly on the pre-test. Two of the answers were similar in that they discussed the importance of communication and being honest as a way to have better friends. One girl stated "In order to have good friends, I need to be a really good friend… so I would work on being a better friend." Another girl answered with "To really think about who I want as friends. Some of my friends really aren't worth it and they talk behind my back and sometimes are my friend and sometimes aren't my friend."

Question 13: What is the love component of love?

One girl answered this question correctly by explaining that "Love is the most powerful of all feelings and it shouldn't be said to everyone. I love my best friend, my boyfriend, and my family. I don't run around saying I love everyone in school like some people. Love wellness is about knowing how important love is."

Question 14: What are some ways to increase the love component of wellness?

None of the girls answered this question correctly on the pre-test.

There seemed to be a general understanding of what wellness might be, ideas about how to improve spiritual wellness, and ideas about friendship wellness. None of the girls had ever heard of the wellness wheel and many were unable to identify what the various components of wellness meant.

The post-test was given the very last group meeting and there were 5 girls present to take the test. The instructions were the same as for the pre-test that if they knew the answer to write it down in the blank spaces, even if it was just a word association with the question. It was also stated that if they did not know the answer to leave the space blank. The remaining 5 girls that did not take the post-test during the last group session were sought out individually and asked if they could please fill out the post-test. They were reminded to take the post-test individually and without any assistance. Within a week of administering the post-test to the girls that were absent from the last group session, each of the girls had filled out and returned their post-test. The results of the pre- and post-test are reported in the following table. Table 1 includes the mean and calculated difference between pre- and post-test means for each question. Each response was given 1 point if there was a correct answer given.

Table 1

Mean Scores of Pre- and Post-Test Responses

Question #	Pre-Test Mean	Post-Test Mean	+/-
1) What is wellness?	6	8	2
2) Have you ever heard of the	0	6	6

wellness wheel?			
3) What is spiritual wellness?	2	9	7
4) What are some ways to increase spiritual wellness?	6	10	4
5) What is self-direction in relation to wellness?	0	4	4
6) What are some ways to increase self-direction?	3	7	4
7) What is work related wellness?	0	3	3
8) What are ways to increase work related wellness?	1	6	5
9) What is the leisure component of wellness?	1	7	6
10) What are ways to increase leisure related wellness?	2	8	6
11) What is friendship wellness?	7	5	-2
12) What are ways to increase friendship wellness?	4	7	3
13) What is the love component of wellness?	1	6	5
14) What are ways to increase the love component of wellness?	0	7	7

Discussion

The findings indicated that the group experience was effective for helping middle

school girls understand and describe ways to increase various components of wellness.

Group Discussions

All students actively participated in the group discussions and activities throughout the eight sessions. There was only one week throughout the duration of the Wellness Group when all ten girls were present, which was the spirituality lesson. At the very least, there were four girls present for the Wellness Group.

The discussion on spirituality was one where all ten girls were present and was a new topic for most girls. Many of the girls articulated that before the group began they thought spiritually meant being religious. With regard to the literature, many individuals often do not understand what spirituality is as a separate entity from religion (Hage, 2006). As mentioned in the group, spirituality is a deep sense of connectedness a person has with them self and while many of the girls were able to discuss this topic and articulate a definition for the post-test, adolescents are in a period of development where a feeling of deep connectedness is quite difficult (Arnett, 2007). The group members were able to discuss and define spirituality but whether or not the girls feel this sense of connectedness was not measured.

The following week, the group discussed various sub-tasks of Self-Direction. A brief discussion of sense of worth and emotional awareness took place and girls opened up about how they truly feel about themselves. One student mentioned that she could not think of anything that she truly liked about herself. According to the literature, some adolescent girls do feel a low sense of self-worth and do not deeply care about what kind of person they are (Rayle & Myers, 2004). Some girls stated that it depended on their mood, sometimes they are happy and feel good about them self while other times they feel angry and depressed. According to Harris et. al. (2006) this is a fairly normal part of being an adolescent. Next, the group facilitator discussed the concept of an internal

versus external locus of control. The girls truly seemed to soak up this concept and wanted to discuss this in relation to their own lives. Stories and examples were told from their own lives and how they would like to move toward an internal locus of control, seeking control over their lives. The commitment to change locus of control from external to internal can be a difficult process (Jinggiu & Wang, 2007) and while many of the girls stated they desired control, that it would be difficult to change their way of thinking.

The following week the group discussed Work and Leisure component of wellness. To combine work and leisure goals, the group discussed their personal dream lists for their future. Each girl discussed her dreams for the future which varied from swimming with dolphins to becoming a crime investigator. The girls discussed how they were going to accomplish these goals with planned out steps and solid goals for the future. According to Arnett (2007) adolescents begin their life path by setting and planning specific goals at an early age. The importance of thinking about the future and what each of the girls hopes to accomplish with her life was discussed for the entire group session.

The next week the group discussion was on Friendship wellness. Group began with one question from the facilitator "What do you look for in a friend?" and each of the girls ran with their ideas and characteristics of a friend. Through listing these characteristics, the girls stopped to tell personal stories of both really good and really bad friends and what made them that way. Many of the girls articulated a frustration with gossip and friends putting conditions on friendships. Friendships cause both extreme happiness and extreme unhappiness in adolescents (Arnett, 2007) and the girls in the

Wellness Group were describing just that. One of the girls commented that some of her friends did not have the characteristics that she listed as qualities a friend should have. She opened the discussion for acquaintances versus friends and how the two are different. Some of the girls stated that they were happy with just one or two best friends and lots of acquaintances because they could only trust one best friend. Problems with gossip and cliques were discussed also.

The following week, the group discussed love wellness. Many girls expressed frustration with the frequency in which so many people use the words "I love you." The group members defied love as a feeling that you cannot be without that person. Various types of love were articulated (1) love in romantic relationships, (2) love with family members, (3) love for friends, and (4) love of things. One girl stated that she loves pineapple pizza but it is different from the love she feels for her Dad. According to Steinberg (2001) love can come in many different forms, just as the girls described in group. Many of the girls stated that what they look for in a person to love is very similar to what they look for in a person they want to be friends with. A few of the girls described how good it feels to be in love with their boyfriends and that it is nice to totally be themselves with someone. The student's description of how love is beneficial aligns with research done by Paul and White (1990) which explored the benefits of being in love.

Overall the group discussions that came out of the Wellness Group were highly beneficial and meaningful. Not only was it meaningful for the students but it gave them a chance to connect the wellness content to their own lives. Many of the discussions

paralleled the research in how wellness and the various components relate to adolescents.

Group Activities/Role-Plays

The activities and role-plays were used to teach the group members about wellness through hands-on activities. The group activity for learning about spirituality was learning and practicing beginner's yoga. I think attendance will speak for itself when this was the only group session when all ten girls were present. The girls loved yoga and were very excited to learn more and try it again. Physical activity can increase self-confidence and belonging in adolescents (Brooks & Magnusson, 2006) and that is just what this group session did. Many of the girls commented on how comfortable they felt with the group members and that the yoga session was the most fun.

The purpose of the role-play was to illustrate a scenario where the girls could see how important an internal locus of control versus an external locus of control would be. The girls were happy to play out the scenario and then enjoyed the discussion that followed.

The following activity was to make a dream list, which was used to be creative and to think openly about the future. Paper, scissors, magazines, markers, crayons, colored pencils, stamps, and stickers were used to make the dream lists an individual project. The dream lists were then laminated and returned to the group members to hold on to. Group members truly enjoyed this project and it was a way for each of the girls to be proud of their goals, that may have been really different from who they were sitting next to.

Finally the Paiirs Wheel (Paiirs Dialogue Guide, 2006) was explained as a tool useful for effective communication. It was explored in both the Friendship and Love

discussions on wellness. Some of the girls enjoyed taking turns and picking an argument

to go through the Paiirs Wheel with. Group members practiced using "I" statements and

"feeling" words to better express them selves during conversation. Relationships are

important in regards to wellness and healthy communication is the core to keeping these

relationships working (Hafen, et. al, 1992) therefore learning effective communication

can be beneficial to overall wellness. One of the group members returned to the

Counseling Office a few weeks later and asked to borrow a copy of the Paiirs Wheel, so

clearly it was a guide that meant something to the girls.

Homework Assignment

The objective of the homework assignment was to facilitate self-awareness. The

girls were each given a card and were asked to take time at home to write a thank you

letter to them selves. They were asked to take the time to think of why they deserve to be

thanked and celebrated and then write that down in the card. The homework assignment

was not mandatory and explained that if they wanted to discuss how this went the

following week, they would be given the opportunity. Participants responded that they

really enjoyed the process of writing the letter to them self. Four of the six girls present

at the group meeting when the cards were passed out wrote the cards. All four of the

students expressed a higher sense of self-worth and happiness when they finished writing

the card.

Pre- and Post-Test

The results of the pre- and post-test revealed that the mean scores changed

positively for 13 of the 14 items on the test. Thus, it was concluded, that the eight-week

psychoeducational group contributed to the girls general knowledge of wellness and its

various components as well as ways in which to increase wellness. One of the items on the post-test showed a negative change, from a mean score of seven on the pre-test to five on the post-test with identifying the meaning of Friendship Wellness.

One conclusion to draw from this is the fact that the discussion on friendships was a powerful and sometimes heated one. Girls felt passionately about how badly they have been hurt by friends or how they do not even know what a friend is after identifying their own characteristics. While the girls later gave feedback that they enjoyed learning about friendships, some realized that girls they call friends are not really friends after all. This realization may have been a change in their ability to define Friendship Wellness. Another contributing factor may have been that one of the group members that attended the last group session in which the post-test was given was in tears because of a fight with friends.

Overall, the findings from the pre- and post-test show that the Wellness Group contributed to increasing wellness knowledge and ability to identify ways to improve wellness in middle school girls.

Barriers

While the pre- and post-test addressed wellness content knowledge and ability to identify ways to improve wellness, the measure did not assess whether or not the girls have a healthier sense of wellness them selves. Knowing if the group actually helped the girl's wellness score would have been an interesting investigation but one that would have taken more time and money that was not allotted in this specific investigation.

Not all of the girls were present at each of the group sessions; therefore if they missed the session on Work and Leisure, for example, they might have had a difficult

time answering those questions on the post-test. While it was helpful to conduct the

group throughout the day, it was difficult sometimes when some of the girls could not

miss class for group.

Time was also a barrier; 40 minutes seemed to go by too fast for the group

sessions. While each group was scheduled to have educational content, defining and

explaining the component of wellness, there was also an activity for each of the sessions.

An hour may have helped things seem less rushed, rather than 40 minutes.

It would have been beneficial to conduct this group with various age levels as

well. Possibly run the Wellness Group at the Junior High building at Livonia while also

conducting a second Wellness Group at Livonia's High School. Comparing the data and

content of each group session would have been interesting between the two

developmental and age groups.

Implications for School Counselors

This study suggests that school counselors can develop and implement successful

group programs that address wellness. The school environment allows a great number of

children to be reached without having to form after-school or weekend programs. The

program is not dependant on parent or teacher involvement and is fairly easy to

implement alone. With the exception of the yoga session, the entire group can be

facilitated by one person alone.

School counselors can implement this type of group at both the middle and high

school level. Because of the nature of some of the topics, it would be difficult for

elementary aged children to grasp the meaning and importance of the subject. While

some of the activities, like making dream lists could be implemented at the elementary level, the group as a whole should be kept for middle and high school students.

This group could be easily changed into an after school club, where girls already having been through the Wellness Group could continue practicing and learning about wellness as there is an abundance of information available. Counselors may form small groups in the counseling center, like the one conducted here, or even break into classrooms and teach some of the wellness components there. While this wellness group was conducted only with female students, all of the activities could work with male students.

The topic of wellness is growing and highly researched and will continue to be relevant in schools. With our environments being so media packed, impersonal, and rushed taking the time to focus on wellness is a tool all of us can learn and grow from (Edlin & Golanty, 1992). School counselors are given the opportunity to listen and address concerns of the students while doing individual and group work. While it is important to make personal connections with students, group counseling is a way to draw in more students to the counseling process, thus making those connections.

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