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Life Lived Well: A Description of Wellness across the Lifespan of a Senior Woman

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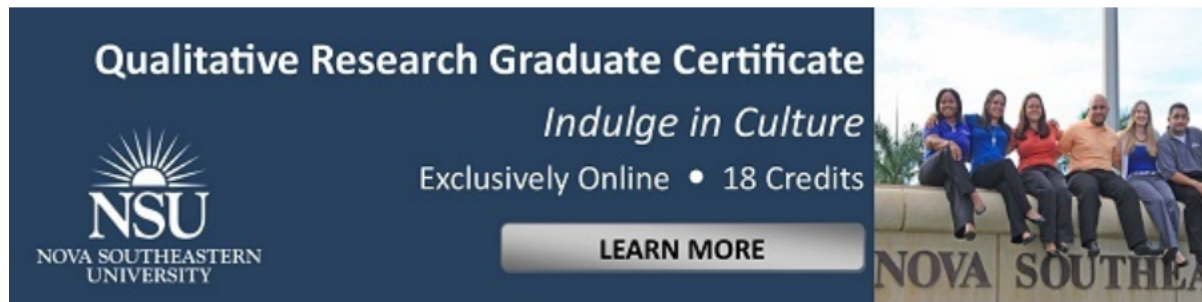


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Abstract

The concept of wellness provides a positive view of life development that can support psychological support and counseling. There is little in the literature about wellness and seniors, especially women. This study describes one senior woman's wellness across the life span by addressing two research questions: (a) What are the experiences of one woman's wellness across the life span as analyzed through the lens of the Indivisible Self (Myers & Sweeney, 2004, 2005) model of wellness; and (b) What experiences does one woman describe related to the model's second order factors: the Creative Self; the Coping Self; the Social Self; the Essential Self; and the Physical Self? We used an oral history method to gather the narrative and analyzed her narrative using the Indivisible Self model of wellness. Findings include a descriptive picture of wellness for this woman as it relates to the Second Order factors of the Indivisible Self model.

Keywords

Wellness, Woman, Qualitative Research, Oral History

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Life Lived Well: A Description of Wellness across the Lifespan of a Senior Woman

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The concept of wellness provides a positive view of life development that can support psychological support and counseling. There is little in the literature about wellness and seniors, especially women. This study describes one senior woman's wellness across the life span by addressing two research questions: (a) What are the experiences of one woman's wellness across the life span as analyzed through the lens of the Indivisible Self (Myers & Sweeney, 2004, 2005) model of wellness; and (b) What experiences does one woman describe related to the model's second order factors: the Creative Self; the Coping Self; the Social Self; the Essential Self; and the Physical Self? We used an oral history method to gather the narrative and analyzed her narrative using the Indivisible Self model of wellness. Findings include a descriptive picture of wellness for this woman as it relates to the Second Order factors of the Indivisible Self model. Keywords: Wellness, Woman, Qualitative Research, Oral History

A Description of Wellness across the Lifespan of a Senior Woman

In 1989, the Governing Council of the American Association for Counseling and Development (AACD), now the American Counseling Association (ACA), adopted a resolution that committed ACA to be advocates for wellness. The resolution reads as follows:

WHEREAS, optimum physical, intellectual, social, occupational, emotional, and spiritual development are worthy goals for all individuals within our society; and

WHEREAS, research in virtually every discipline concerned with human development supports the benefits of wellness for both longevity and quality of life over the lifespan; and

WHEREAS, the AACD membership subscribe to values which promote optimum health and wellness;

THEREFORE, BE IT RESOLVED, that the Governing Council of AACD declare a position for the profession as advocates for policies and programs in all segments of our society which promote and support optimum health and wellness; and

BE IT FURTHER RESOLVED, that AACD support the counseling and development professions' position as advocate toward a goal of optimum health and wellness within our society. (AACD, 1990, p. XIV-8)

As noted in this resolution, wellness is one of the cornerstones of the counseling profession (Myers, 1992). The term wellness can be defined as "the quality or state of being in good health especially as an actively sought goal" (Merriam-Webster, 2008). According to this definition, well-being is achieved through adequate health and acceptance of what is normal; however, professionals in the counseling/mental health field believe that wellness is not just a state of good health but an active decision-making process leading to optimum health and functioning (Witmer & Sweeney, 1992). Wellness is defined by these professionals as:

A way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving. (Myers, Sweeney, & Witmer, 2000, p. 252)

In addition to wellness, another cornerstone in the counseling field is development. The term *develop* means "to expand by a process of growth" or "to work out the possibilities" (Merriam-Webster, 2008). Development is concerned with positive human change and is actually the goal of all counseling interventions (Ivey & Ivey, 2010). Since positive developmental change at any point in life affects the totality of the remaining life span, according to Ivey and Ivey, counselors need to optimize human development now in order to help others become more fully functioning for the remainder of their lives.

Early on, Myers (1992) argued that in order for the counseling profession to embrace an identity based on wellness and development, research showing the benefits of developmental interventions across the life span and wellness interventions on individuals is necessary. In response to this argument, many investigators explored the construct of wellness in various populations by utilizing *The Indivisible Self: An Evidenced-Based Model of Wellness (IS-Wel; Myers & Sweeney, 2004, 2005)* and its corresponding instrument, the *Five Factor Wellness Inventory (5F-Wel; Myers & Sweeney, 1999)*; however, the majority of these studies were quantitative in nature. Due to paucity in research of qualitative wellness studies in the counseling field, the purpose of this study was to explore one woman's wellness across the life span by using qualitative methods. Through analysis of the participant's oral history through the lens of the *Indivisible Self (Myers & Sweeney, 2004, 2005)* wellness model, we formulated a descriptive picture of wellness across the life span for one senior adult woman.

Before conducting our study, we reviewed the wellness literature and found 21 studies related to the *Indivisible Self* model. First, we reviewed the 21 studies and organized them in three ways: (a) point in the developmental life span; (b) gender; and (c) methodology. Following a review based on point in the developmental life span, we came to the following conclusions: eleven studies exist in which researchers focused on

college students (Booth, 2005; Deaner, 2006; Gibson & Myers, 2006; Harwell, 2006; Myers & Mobley, 2004; Roach, 2005; Shurts, 2004; Sinclair & Myers, 2004; Smith, 2006; Spurgeon & Myers, 2008; Williams, 2007) and seven studies exist in which researchers focused on adults (Degges-White & Myers, 2006a, Degges-White, Myers, Adelman, & Pastoor, 2003; Gill, Minton, & Myers, 2010; Marling, 2006; Phillips, 2005; Tanigoshi, Kontos, & Remley, 2008). Only two studies exist in which researchers focused on either children (Villalba & Myers, 2008) or adolescents (Moorhead, Green, McQuiston, & Ozimek, 2008), and only one study exists in which the participants were senior adults (Myers & Degges-White, 2007). In the study conducted with senior adults, researchers explored relationships among perceived stress, mattering, and wellness in a sample of 142 retirement community residents. Results indicated that overall, participants reported high levels of wellness; however, researchers did not gather qualitative information about aspects contributing to participants' wellness. In addition, no studies exist in which researchers explored wellness across the life span.

Next, we reviewed the 21 studies based on subjects' gender. Following this review, we came to the following conclusions: nine studies exist in which researchers included both males and females in their investigations without reference to gender (Deaner, 2006; Degges-White et al., 2003; Harwell, 2006; Marling, 2006; Phillips, 2005; Shurts, 2004; Smith, 2006; Tanigoshi et al., 2008; Villalba & Myers, 2008); five studies exist in which researchers compared wellness for males and females (Gibson & Myers, 2006; Myers & Degges-White, 2007; Myers & Mobley, 2004; Roach, 2005; Williams, 2007); and seven studies exist in which investigations were gender specific (Booth, 2005; Degges-White & Myers, 2006a, 2006b; Gill et al., 2010; Moorhead et al., 2008; Sinclair & Myers, 2004; Spurgeon & Myers, 2008). However, of the seven gender specific studies, researchers in only five studies focused specifically on female wellness (Booth, 2005; Degges-White & Myers, 2006a, 2006b; Gill et al., 2010; Sinclair & Myers, 2004). While researchers conducted five studies that focused solely on women, they focused on wellness in college students (Booth, 2005; Sinclair & Myers, 2004) and adults (Degges-White & Myers, 2006a, 2006b; Gill et al., 2010). In addition, each of these researchers studied wellness in relationship to a variety of other variables (i.e., career aspiration, life satisfaction, spirituality, and objectified body consciousness) as opposed to conducting detailed investigations about specific factors contributing to wellness for these individuals. Finally, none of these researchers studied wellness over time or over the course of the life span.

Finally, we organized the 21 studies by methodology. We divided these studies into three categories: (a) studies in which researchers made predictions about wellness (Deaner, 2006; Harwell, 2006); (b) studies in which researchers investigated relationships among wellness and other variables (Booth, 2005; Degges-White & Myers, 2006a, 2006b; Degges-White et al., 2003; Gibson & Myers, 2006; Gill et al., 2010; Marling, 2006; Myers & Degges-White, 2007; Myers & Mobley, 2004; Phillips, 2005; Shurts, 2004; Sinclair & Myers, 2004; Smith, 2006; Spurgeon & Myers, 2008; Williams, 2007); and (c) studies in which researchers measured wellness over time (Moorhead et al., 2008; Roach, 2005; Tanigoshi et al., 2008; Villalba & Myers, 2008). While researchers investigated wellness over time in four studies (Moorhead et al., 2008; Roach, 2005; Tanigoshi et al., 2008; Villalba & Myers, 2008), the time span for these studies was two years or less. In addition, no researchers explored wellness over the entire life span.

Next, we reviewed qualitative studies on wellness. Following our review of the qualitative literature, we concluded that no studies exist that are purely qualitative in nature. In addition, although researchers in two quantitative studies included a qualitative component in their investigations, participants in these studies were either college students (Roach, 2005) or adults (Marling, 2006). In addition, the qualitative components included responses about what students had learned in coursework that influenced their wellness (Roach, 2005) and wellness in professionals in student affairs (Marling, 2006). Moreover, researchers made no specific references to gender, and no researchers studied wellness over the course of the life span.

Multiple researchers in the counseling field conducted studies on wellness with a variety of populations; however, following a review of the literature on wellness, we came to several conclusions. First, only one study about wellness exists in which the subjects are senior adults. Since wellness entails optimal human development across the entire lifespan, we deemed it necessary to investigate wellness from the senior adult perspective. Second, there is a paucity of research on wellness in the female population. According to our review, only five wellness studies were gender specific for women, and none of these were specific for senior adult women. Third, few qualitative wellness studies in the counseling field exist. Of the two studies that contained a qualitative component, the qualitative contribution was minor and involved information about what college students learned about wellness at one point in the lifespan and about wellness in the field of student affairs. Finally, no studies exist in which researchers study wellness over the course of the life span. Due to these gaps in the literature, we explored one woman's wellness across the life span utilizing qualitative methods. In addition, we studied a senior adult woman in order to gain a better understanding of factors contributing to wellness across the entire life span.

The Research Question

This study explored the following questions: What are the experiences of one woman's wellness across the life span as analyzed through the lens of the Indivisible Self (Myers & Sweeney, 2004, 2005) model of wellness? What experiences does one woman describe related to the model's second order factors: the Creative Self; the Coping Self; the Social Self; the Essential Self; and the Physical Self?

The Indivisible Self

The Indivisible Self (Myers & Sweeney, 2004, 2005) model of wellness was proposed in the counseling/mental health literature to serve as a framework for enhancing wellness across the life span. This model, a holistic, strengths-based approach, is composed of one Higher Order Factor (The Indivisible Self), five Second Order Factors (the Creative Self, Coping Self, Social Self, Essential Self, and Physical Self), and 17 Third Order Factors. Figure 1 illustrates the model of the Indivisible Self, its Second Order and related Third Order factors, and the environmental context associated with wellness.

Figure 1. The Individual Self



Myers, J. E., & Sweeney, T. J. (2004). The indivisible self: An evidence-based model of wellness. *The Journal of Individual Psychology, 60*(3), 234-244.

The Role of the Researchers

The first author has an interest and commitment to wellness related to her professional and personal life. She is particularly interested in understanding lifespan issues and providing voices for senior women. She sees the pursuit of wellness as intentional and important if one is to live well. The second author's interest in wellness in senior women is both personal and professional. She is a senior woman and comes from a family with long life spans. She advocates for counseling and related services for ageing individuals. She is humbled by the resilience she sees in the elders with whom she works. Both authors received training in qualitative research with the second author having extensive experience.

Methodology

As stated previously, due to the paucity of research of qualitative wellness literature, we found it beneficial to explore wellness using qualitative methods. One qualitative approach that lends itself to the interpretation of meanings individuals bring to their lives is narrative inquiry. This method involves “living and telling, reliving and retelling, the stories of the experiences that make up people’s lives, both individual and social...narrative inquiry is stories lived and told” (Clandinin & Connelly, 2000, p. 20). For the purpose of this study, we employed the oral history approach.

Oral history is defined as “the recording of personal testimony delivered in oral form” (Yow, 2005, p. 3). This approach is a fitting method for exploring women’s wellness across the life span because it opens new areas of inquiry, challenges accepted judgments and assumptions, introduces new evidence from underrepresented populations, and brings recognition to individuals who were previously ignored (Thompson, 2000) by giving voice to individuals through their personal stories. Oral history interviews are particularly valuable for uncovering unique perspectives of women and for generating new insights about their experiences of themselves in their worlds (Anderson & Jack, 1991). Women often mute their thoughts and feelings when they describe their lives in order to be conventional and acceptable; through oral history, we can uncover those weaker signals of thoughts and feelings (Anderson & Jack, 1991).

Participant

We selected one individual to participate in this study by utilizing a theory based sampling approach. In this approach, the researcher finds examples of a theoretical construct in order to examine and elaborate on it (Denzin, 1978; Miles & Huberman, 1994). We chose “Ruth” as a participant because, according to our perceptions, she was a senior adult woman who epitomized the Indivisible Self (Myers & Sweeney, 2004, 2005) model of wellness by displaying physical, mental, and spiritual wholeness. We were fascinated with her good health, endurance, energy, and positive outlook on life. We also selected her since one of us had a previously established relationship with her. This previously established relationship could enhance the quality of the oral history because if “participants come to trust in the sincerity and the motivation of the interviewer, they may be prepared to share in-depth insights into their private and social worlds” (Holstein & Gubrium, 2003, p. 251). Although a prior relationship with the participant could influence data collection and analysis, the first author reviewed her pre-understandings regularly and worked closely with the second author to confirm analysis. Ruth is a middle-class, Caucasian, 87 year-old mother of three. She was widowed at the age of 74 and lives independently in her home in a large town in the southeast. After obtaining IRB approval, the first author contacted Ruth, explained the research project, and asked if she would be willing to participate. Ruth read and signed an informed consent.

Procedure

We utilized an oral history approach as defined by Yow (2005). We developed an interview guide that included chronologically ordered topics such as birthplace and

childhood, adolescence, young adulthood, the adult years, middle age, and the senior years. The first author started with a broad, open-ended question (i.e., Tell me about your birthplace and earliest recollections). As Ruth shared stories from each life course, the first author followed up with open-ended probes and questions such as “You mentioned _____. Tell me more about that. Can you provide an example of that?” At the end of stories told about each life stage, the first author also asked, “What do you think contributed to your well-being during this time?” Interviews continued until Ruth reported that her story was complete. At the conclusion of the oral history interviews, the first author asked, “As you look back over your life, what contributed most to your overall well-being?” In doing so, we obtained the subject’s interpretations of life events as suggested by Denzin (1978). The first author met with Ruth for three 90-minute sessions over a period of two days.

Pre-data Analysis Interview

One validation strategy the researchers used was to clarify researcher bias so readers understand the researchers’ positions and any assumptions or biases that impact the inquiry (Merriam, 1988). We conducted pre-data collection interviews (Thomas & Pollio, 2002) with colleagues that provided us with descriptions of our own experiences with wellness. For the first author, pre-understandings included an emphasis on physical health and strength, a deep commitment to spirituality, and appreciation of parental support. The second author’s “pre-understandings” were the need for balance, a commitment to meaningful work, and a strong wish for more time for personal growth and development. We reviewed our “pre-understandings” regularly during out data analysis in order to review and clarify researcher bias.

Data Analysis

To analyze the oral history transcripts through the theoretical lens of the Indivisible Self (Myers & Sweeney, 2004, 2005) model of wellness, we used a content-categorical approach as described by Lieblich, Tuval-Mashiach, and Zilber (1998). This approach involves the following steps: (a) selection of the subtext; (b) definition of the content categories; (c) sorting the material into categories; and (d) drawing conclusions from the results. First, we marked and assembled the subtext into “natural meaning units” (Lee, 1998). We identified meaning units related to wellness and well-being. Next, we defined the content categories according to the five Second Order factors of the Indivisible Self model. We then sorted through the meaning units and assigned each one to its corresponding category. We found that each meaning unit corresponded to one of the categories. Finally, we drew conclusions from the results. This involved using the contents collected in each category to descriptively formulate a picture of wellness for this woman as well as identifying aspects that were central to her stories. By descriptively formulating these pictures, we generated hypotheses, or statements of relationship, between the concepts of wellness and life span development (Denzin, 1978). Finally, we summarized the participant’s interpretations of the experiences she believed contributed most to her well-being over the course of her life.

Validity and Reliability

Validation strategies are attempts to assess the “accuracy” of the findings (Creswell, 2007). First, we clarified researcher bias through a pre-data collection interview (Thomas & Pollio, 2002). We also provide rich, thick description, describing in detail Ruth’s narrative of her life experiences which allows readers to make decisions regarding transferability (Lincoln & Guba, 1985; Merriam, 1988). In addition, we employed member checking by presenting Ruth with the results of data analyses to obtain her views about the accuracy of the findings (Lincoln & Guba, 1985; Merriam, 1988).

We also enhanced reliability by employing good quality tapes for recording; furthermore, detailed transcriptions of interviews enhanced reliability by including crucial pauses and overlaps in the narratives that lent themselves to further interpretation of the texts (Silverman, 2005). Reliability in oral history refers to consistency between the stories told by narrators and the number of times the stories are told (Dennis, 2003); therefore, we also enhanced reliability with evidence from several interviews with the same individual.

Findings

We introduce Ruth by recounting the narrative of her life using a chronological approach. This introduction provides the background for understanding her life in terms of the Indivisible Self Model of Wellness.

Meet Ruth

Ruth Everett Jones was born in 1921 in the mountains of Asheville, North Carolina. Her parents were James and Nettie, and she had three siblings. Bessie, one of her sisters, was the oldest. Freddie, her brother, was the second child. Ruth arrived next, and later, her younger sister Mary came into the world. Ruth adored her home place. She recalled, “Where we lived was up on a hill. My daddy owned it, and ...we had lots of land, and we had neighbors that I could play with. And it was a good place to live and a good place to grow up.”

Ruth explained her childhood and the things that made her childhood “good livin’”. She said, “Well, we had a good school to go to. My daddy had a good job. He worked for the National Casket Company 42 years. And... you just learn to do things. You...weren’t lazy and you just enjoyed livin’.” Ruth also talked at length about her parents. She recalled, “My mother was a good mother. She always cooked, and when we would go to school...in the fall, she would have a big pot of corn on the cob or somethin’ waitin’ on us to have a snack.”

In addition to her parents, Ruth was close with her siblings. She described her brother and each of her sisters. Fred was Ruth’s older brother. She said, “Well, Fred...was the second. He was under Bessie, between Bessie and I, and...we were in the same grade at school...When he got...out of school, he went to work down at the Farmers Federation.” Ruth also described her younger sister Mary. She recalled, “Mary, my sister, she graduated, and she...took a nurse’s course, and she nursed twenty-four

years at St. Joseph's Hospital. And...when retired...they kept callin' her wantin' her to come out to work for them."

While Ruth told stories about some hard times she and her family experienced, she also talked about the struggles the entire community faced during the Great Depression. She recalled, "Well, I was little...when I was in school. I was little. I don't know how old I was, but I was old enough to know that nobody had any money and didn't go and buy anything." Ruth also described her schooling. She explained, "I went to Woodfin School, and I had good teachers. And when I was in... high school, they told you what you had to take. You didn't tell them what you wanted to take...I was shocked when I found out that they didn't require that here...When I got through high school, there I was ready for college 'cause I took the courses that I needed because school made us take 'em."

Ruth spent much of her teenage years at church. When describing her parents, she said, "When...I grew up, when I was first little, they went to the Episcopal Church cause that's where they belonged. And after we got in our teens, all...us children, we joined the Baptist Church..." "I was always just Baptist after that."

Ruth also spoke at length about a tragedy that occurred during her adolescence. She described, "When I when I was in high school, me and Fred, I believe we was in the ninth grade...our house burned." Anyway we walked...home all the way from school, you know, where the school was at. We went through Jonestown and down through them woods to home, and when we round that curve where we could see the house, well, there wasn't no house there. There wasn't nothin' but smoke and a lot of people standin' around. And...everything we had was gone except what few clothes she'd put on the line that day." Despite this tragedy, Ruth continued to thrive during her adolescence.

Ruth graduated from high school and obtained her first job. She recalled, "When I graduated from high school, I got me a job. I wasn't old enough to work, and daddy had to sign for me to go to work. But I went to work...and I was glad I could work. My daddy thought I should go to school...but I thought I should get me a job and work...So, I did alright."

While Ruth worked at Newberry's, the local department store, she met Wesley, the man who became her husband. She recalled, "I sang in the choir at Richland. There was a big choir, and we's singin', and Mary had said...'I'm gonna bring Claude's brother to meet you...They're gonna come sometime and meet you.' And we's up there in that choir singin'. In come... Claude and Mary and Wesley, and...two or three more come in. They'd brought Wesley up to meet me, and that's where I met him, at Richland Baptist Church." After dating a while, Ruth said, "We just decided we was gonna get married, and Wesley come up to my house to ask my mother if it's alright one day when I was workin'." Her mother agreed, and Wesley's sister Alma and brother-in-law M.L. "decided that we'd go down to their house and get married with their preacher."

Ruth described the move to her new home in South Carolina and subsequent moves to Marshall, North Carolina, and Kingsport, TN. When talking about the move to South Carolina, she said, "We had some good friends, they were Mr. and Mrs. Locke's friends, but they took us and kept us till we got our house down there and moved into it." Ruth also talked about the way she coped while her husband served during World War II. She mentioned her family as important source of support. She recalled, "Well, they were all good to me, and when I stayed home, well Mary'd come and get Cooter.

And...Daddy'd, on Sundays when he was off, he'd...say, 'Get that boy cleaned up. I'm gonna take him somewhere.' He'd take him down there and get him on the bus and ride into Asheville and ride him to Weaverville."

When Ruth was not with her family in Asheville, she spent time adjusting to life in Kingsport. She recalled, "Well I liked the people, and I liked it 'cause it's friendly. That first three weeks I lived here, I liked to died. Couldn't drink the water, the awfulest water you ever tried to drink in your life was in that spicket, but the people were so nice."

Ruth went on to talk about Wesley's return and the growth of their family. She said, "Well, when Wesley came back from the war, the first thing Walker said to him was, 'Come on, let's play ball.' After Walker, I got pregnant with David, and after David, then a long time after David, had Mike. And so I stayed home and sent them to school 'cause I never intended for my children to not have no mama at home and to tell 'em what to do 'cause I'd always had one, and I knew what it was like."

While Ruth's children were young, she stayed at home and worked as a full-time wife and mother. She said, "Well, when they were in school over here, they all left about the same time. While they were eating their breakfast, we had our daily Bible reading every morning, and they liked, they got used to that..." Ruth described the way she spent her time at home: "I cooked, cleaned this house everyday, run the vacuum everyday I lived, run this vacuum every day I lived. And...on Sunday,...it's hard to believe, we'd get up, and I'd get up early and start my dinner for Sunday dinner." During this time, Ruth continued to make church an important part of her life. However, she not only attended regularly but volunteered there as well. She said, "When we moved here and went to this church out here, been in this church ever since, I came and I worked thirty years in the beginner department with children. And I was over 'em for a good many years, and...I really liked that, I really enjoyed that."

Ruth stayed home with her children until her youngest son Mike was in fifth grade. It was at this time that Ruth went to work. She said, "Well, I went to work mainly to help school the boys." The church offered her a position as director of the kindergarten. "I directed the first kindergarten outside the city schools. Well, the city schools didn't even have kindergarten...They started that school for underprivileged children, and they selected me as director at that school." Later, "a friend stated, 'We've got a offer...for you to come to work out at the J.P. Stephen's....And...I went to work. I went out there that last week after I come home from ETSU and put my application in, and they run me down to the doctor's office and all that. I had...insurance, and I was on a salary. If I worked, if I didn't work, I got paid anyway....Well, I never did see a day that I didn't want to go to work..."

Ruth also told stories about some of her leisure activities in Kingsport. She spent a great deal of time with her friends Edna and Emma. She described, "Well, we'd go to the movie, and we'd take them up to my mother's. We'd go...downtown to the ice cream place." In addition to her leisure activities, Ruth described her relationship with her husband. She said, "He was just good. He always...drawed his checks, and I never asked him to do this. He would bring that check to me....He would bring it out here, and I'd go to the bank...and I'd know exactly what to put in the bank to run us this household."

It was during this time that Ruth's father died. She said, "Well, my daddy worked every day he lived. Worked the day he died. Got home at five o'clock. He was over all the machinery at the National Casket Company...He come home that day, and...the day

he died, he worked all day. He said, 'I don't feel good.' He'd went out there and stood in front of the door and then laid down on the couch, and she found him dead." Ruth faced another crisis during her adult years. She remembered that in 1971, her husband "went to Tuskegee, Alabama, with these three guys from here. They went on a huntin' trip, and they'd been there, and it was...the day after Thanksgivin'. He had an accident and lost an eye, in I believe his left side...He had pellets in the back of that eye. And that meant he was blind in that eye." As the years passed, Ruth's mother grew older and feebler. She began to stay with her daughters during the winter months. Ruth said, "When she'd come here to see me and Wesley, she'd come when she'd close her house after she got so old. She used to stay here about two to three months before she'd go to Mary's or Bessie's."

Ruth stopped teaching and started working with her husband at the age of 42. She and her husband worked many years at the plant. Eventually, they decided to retire. Ruth recalled, "Wesley said he was gonna retire when he was 62, so the mill, the plant, wanted to retire him. And so I said, 'Well, if you're gonna retire, I'll go ahead and retire.'...They retired him early and let him draw his pay that last year." As Ruth transitioned into her senior years, her husband became very ill due to complications of the shooting accident years before. The doctor told me he would do well if he lived five years...I knew he was getting bad, but you never are ready for anything like that."

Ruth recounted the last crisis. "And I run to the phone and called the life savin' crew, and then I hung up. And that time a day it's hard to get Mike at the store. And the life savin' crew come in...right behind Mike, and they tried to revive him, and they worked with him 45 minutes and never could. They said, 'We're gonna take him to the hospital.'...So,...after he died, why I just stayed on here. Cooter had took that job as President out at out at the college, and he was stayin' at least three nights a week with me, sometimes four. And, so,... I just stayed home... Here I am an old, old, old woman. But I's old age now, and I've got where I'm not able hardly for anything, but I thank the Lord cause He sure has took care of me and been good to me, hadn't He? Sure has."

After the death of her husband, Ruth lived independently. She talked about her pension and the way of life she maintained because of it. When Ruth talked about growing old, she said, "Well, the only thing that I can say about bein' as old as I am, that I've lived on this street all these years ever since I was young, and the people were so nice. But all the people I knew on this street is gone...They're all gone now...It's different. It's just a new world. But I'm thankful. I've been blessed. I've been blessed for many years right here."

When reflecting on old age, Ruth said, "I thank the good Lord for my children and a good home. My children call me, they come over. I often wonder what people without children do when they grow old. I read the Bible every day. I always learn something new. I enjoy it and look forward to bein' with my Lord."

Findings describe Ruth's narrative in terms of the Second Order factors of The Indivisible Self (Myers & Sweeney, 2004, 2005) model of wellness. We explain Third Order factors related to each Second Order factor articulated in Ruth's narrative.

Creative Self

The Creative Self is defined as "the combination of attributes that each of us forms to make a unique place among others in our social interactions and to interpret our

world” (Myers & Sweeney, 2005, p.33). The Creative Self was a recurrent aspect for Ruth throughout her life story, particularly in the Third Order factor of Work. This is evident in statements such as “I liked to work” and “I stayed so busy, you know, but I liked what I did and I liked the jobs that they give me out there.” When speaking of her childhood and adolescence, Ruth stated, “you just worked like your mother told you to” and “you just learned...to do things, you weren’t lazy.” Ruth also worked hard in school. Following graduation, Ruth described how she retained her first job. “They kept me on after Christmas...and then they gave me the job that came open...the head of the candy department...and that’s where I worked till I married.”

In the early years of her marriage, Ruth worked as a stay-at-home wife and mother. She said, “I cooked, cleaned this house every day, run the vacuum every day I lived...And, uh, on Sunday... I’d get up early and start my dinner for Sunday dinner.” In later years, Ruth worked as the director of a kindergarten and as a receptionist at the local cotton mill. She said, “Well, I never did see a day that I didn’t want to go to work” and “I just enjoyed doin’ what I did.” Even as a senior citizen, Ruth talked about missing work. She said, “I’m not able to do a lot of work, and I have to see things get dirty. And I used to wouldn’t have never sat still until it was done.”

Several aspects were central to Ruth’s stories. First, for Ruth, it was important that she was not lazy. Work was a way for her to be productive and accomplish things. Second, she enjoyed her work as well as gained confidence and self-efficacy from learning to do things. Finally, she also believed work was her duty and a responsibility.

Coping Self

The Coping Self is defined as “the combination of elements that regulate our responses to life events and provide a means for transcending their negative effects” (Myers & Sweeney, 2005, p. 33). The Coping Self was also a recurrent aspect in Ruth’s life story, particularly in the area of Leisure. Her earliest recollections involved countless hours of playing. “We played outside. We had a big yard and grass and...our mother let us play.” As a teenager, Ruth enjoyed singing in the choir and singing at home. It is what the family did as a “pastime” rather than “frolic in the streets.”

As an adult, Ruth also enjoyed leisure time with friends. She said, “Well, we’d go to the movie and we’d take them up to my mother’s and we’d...go downtown to the ice cream place...And we played ball, too... so we was all the time a goin’.” Once she and her husband reached retirement age, they engaged in other forms of leisure activities. She talked about her husband’s work in the garden, traveling together, fishing, and visiting with friends. Ruth said, “We’d go see them...and we just enjoyed it.”

Evidence of the Coping Self was evident not only in the area of Leisure but in the area of Realistic Beliefs. When Ruth described the way she coped with her husband’s death, she said, “Well, I was just seein’ how bad he was, and I knew that he’d lived a long time, uh, a good many years in that condition before he got so bad...I just knew that he couldn’t get better.” Ruth also referenced Realistic Beliefs in her discussion of old age. She commented, “Well, I’m not able to do a lot of work, and I have to see things get dirty...I just do what I can”.

In summary, Ruth’s described several experiences related to the Coping Self. The majority of these experiences related to Leisure, while some related to Realistic Beliefs

that she used to cope with losses in a positive way. Central to Ruth's stories were aspects of fun, fellowship, activity, and exercise.

Social Self

The Social Self is defined as "social support through connections with others in our friendships and intimate relationships, including family ties" (Myers & Sweeney, 2005, p. 33). The Social Self was a dominant aspect in Ruth's life history in the areas of both Friendship and Love.

Family played an important role in the development of Ruth's Social Self. Ruth talked at length about her parents and siblings. Of her father, she said, "My daddy had a good job...and he was a good daddy...and he provided good for us and stayed at home." During the Depression, Ruth recalled that most children didn't have shoes, and those that did had only one pair. "She said, "If somethin' happened to the soles...my daddy would put a new sole on my shoes." She also had fond memories of her mother. "She [mother] didn't care how many people we brought home from church with us...she'd feed 'em every one and not say a word." Ruth's stories about social support also included those involving her husband and children. She spoke at length about her husband and described how they met, dated, and decided to marry. When describing her marriage, she recalled, "Wesley was good to me...Wesley kept us up. He bought the groceries, and he bought everything that the house needed." She went on to say, "We just always got along. That's what makes a good life...trusting people." Ruth's children were also an important part of her Social Self. She said, "I stayed home and sent them to school cause I never intended for my children to not have no mama at home and to tell 'em what to do cause I'd always had one and I know what it was like." Years later, Ruth's son helped her cope with her husband's death, and her children continue to be a source of support in her old age. She said, "I thank the good Lord for my children and for a good home. I often wonder what people without children do when they grow old."

While Ruth received social support from her parents, siblings, husband, and children, she also enjoyed the support of friends. In the area of Friendship, her earliest recollections involved the neighbors with whom she played, lots of friends, and other families who lived nearby. Ruth also enjoyed the support of community friends. For example, she talked about those who helped the family when the house burned. She stated, "The people that lived in that area, all of 'em gave us food, gave all kinds of food to us, and they give us sheets and blankets and pots and things that you needed to housekeep." As an adult, Ruth's social network helped her enjoy the place she lived. She said, "Well, I liked the people, and I liked it cause it's friendly...people were so nice."

To summarize, Ruth shared numerous stories related to Social Self. These stories included experiences related to family and friends. Central to the stories were aspects of fun, emotional and physical support during times of need, kindness and care, and connection.

Essential Self

The Essential Self is defined as “our essential meaning-making processes in relation to life, self, and others” (Myers & Sweeney, 2005, p. 33). Ruth referenced the Essential Self several times in her oral history, particularly in the area of Spirituality.

Ruth talked about how much she enjoyed Sundays when her daddy would “get that big Bible and...read that big Bible...and make us listen.” She also mentioned her church attendance and membership quite often. During her teenage years, Ruth spent the majority of her free time at church. She said, “Goin’ to church and singin’ is about all I did...That’s about all I did, that’s the truth. And I looked forward to...when...I was goin. I looked forward to it.” After marrying and moving to east Tennessee, Ruth continued to value the importance of her church membership. She said, “When we moved here and went to this church out here, been in this church ever since I came.”

Ruth passed her religious values on to her children. She recalled: “My children had to go to church because that’s what I was always used to. And when Sunday comes, they knew where they’d be. They knew it would be church, you know.” In addition, Ruth continued in her father’s tradition of reading the Bible to her children. She said, “While they were eating their breakfast, we had our daily Bible reading every morning, and they liked that.” When her husband died, the Essential Self played an important role in Ruth’s ability to cope with his death, particularly her belief in life after death. She described, “I just know it was better for him to be gone on where he could rest and not be suffering like he was suffering...And that’s what I know got me through.” As she reflected on growing old, Ruth stated the importance of her spiritual life. She said, “I thank the Lord, cause He sure has took care of me and been good to me, hadn’t He.”

Ruth also described experiences relating to the Essential Self in the area of Self-care. She spoke of the decision she and Wesley made to save money for their future. When speaking of their jobs at the cotton mill, she said, “They started this thing for salaried people. If you put 4% of your earnings in every month ...and that’s how I live now.”

In summary, the majority of these stories involved Spirituality, while one involved Self-care. Aspects that were central to these stories included a sense of connectedness, leisure, contributing to the lives of others, a sense of tradition, meaning and purpose for life, and a source of learning and growth.

Physical Self

The Physical Self is “the biological and physiological processes that comprise the physical aspects of our development and functioning” (Myers & Sweeney, 2005, p. 33). Ruth described experiences related to the Physical Self, mainly in the area of Nutrition. She mentioned that when she visited her friends, their older sister Faye cooked for them. Ruth said, “She always did all the cooking for the family because she was older. And she was real good to us. Always had somethin’ good to eat.” Ruth also talked about the food her mother prepared. She stated, “My mother was a good mother. She always cooked. And when we would go to school...she would have a big pot of corn on the cob waitin’ on us.” She continued to talk about the importance of food during her senior adult years. She said, “That money that I get from the pension, I live on it every month. I buy my groceries and things that I have to have during the month.”

In summary, Ruth's stories related to the Physical Self involved the area of Nutrition. Central to these stories were the aspects of love and care, having physical needs met, and a source of enjoyment and pleasure.

Participant's Interpretation of Experiences Contributing Most to Well-being

During the experience of member checking, Ruth described what contributed to her well-being for each of the life stages and then articulated what contributed most to her overall well-being. These experiences fell into three different categories. First, as an adolescent, she perceived the Coping Self as most important. She described experiences related to Leisure, such as singing with friends and family, as contributing to her well-being. Second, when she talked about the Social Self, she noted that parental support contributed most to her well-being during childhood and early adulthood. She believed her husband contributed most during adulthood. Third, during middle age and her senior years, the Essential Self was most important, particularly in the area of Spirituality.

Discussion

In this study, the Indivisible Self (Myers & Sweeney, 2004, 2005) model of wellness served as a theoretical lens in an effort to describe the experiences related to wellness for the participant. As described previously, gaps in the literature related to this model include the following: 1) only one wellness study exists in which the subjects are senior adults; 2) there is a paucity of research on wellness in the female population; 3) no qualitative studies on wellness exist; and 4) no studies exist that study wellness over the course of the life span.

First, in the only study in which researchers focused on senior adult wellness, investigators examined the relationship between wellness, perceived stress, and mattering in a sample of retirement community residents (Degges-White & Myers, 2007). Results of data analyses indicated that overall, participants reported high levels of wellness, with both men and women scoring highest on the Social Self factor and lowest on the Coping Self. While participants in the Degges-White and Myers study reported the lowest levels of wellness on the Coping Self, our participant told multiple stories related to the Coping Self throughout her life span including coping with the loss of her house in a fire, her husband's absence during the war, the death of her husband, and, in her current state of senior adulthood, coping with losses associated with ageing. Further qualitative data from senior adults who cope successfully could provide insight for those who struggle with this aspect of wellness. Second, there is a paucity of research on female wellness in the counseling literature. While researchers conducted five studies that focused solely on women, they focused on wellness in college students (Booth, 2005; Sinclair & Myers, 2004) and adults (Degges-White & Myers, 2006a, 2006b; Gill et al., 2010). In addition, each of these researchers studied wellness in relationship to a variety of other variables (i.e., career motivation, life satisfaction, transitions, spirituality, and objectified body consciousness). The studies indicated positive correlations between these variables and wellness. Our participant told stories of wellness related to several of these variables including career motivation (enjoying work), life satisfaction (being happy), transitions (marriage, children, and retirement), and spirituality (church membership and Bible

reading); however, she did not tell stories about objectified body consciousness. Perhaps making choices that led to overall wellness prevented our participant from struggling with body consciousness issues.

Third, no qualitative studies on wellness exist, and no studies exist that study wellness over the course of the life span. Of the two reviewed studies that contained a qualitative component, the components were minor and included responses about what college students had learned in coursework that influenced their wellness (Roach, 2005) and wellness of professionals in student affairs (Marling, 2006). The current study adds to the existing wellness literature in that it is a purely qualitative investigation that examines factors contributing to wellness over the course of an entire life.

In the data collected for this study, the participant provided detailed descriptions of the experiences contributing to her well-being over the course of her life. We reviewed these experiences as they related to the five Second Order factors of the Indivisible Self (Myers & Sweeney, 2004, 2005) model of wellness. During our review, we found that the majority of the data support concepts related to the model in two aspects: the composition of the model and the interrelationship of the components.

First, the model consists of five Second Order factors including the Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. In Ruth's narrative, she told stories related to each of the five factors including stories about work (related to the Creative Self), leisure (related to the Coping Self), relationships (related to the Social Self), spirituality (related to the Essential Self), and food (related to the Physical Self). The existence of stories related to each of the five Second Order factors lends support to the composition of the model. All stories related to at least one aspect of the model.

Second, we found multiple overlaps in Ruth's stories as they related to the five Second Order factors. For example, in Ruth's early childhood, she described playing with her friends in the yard. In that passage, Ruth described several experiences contributing to her well-being. These include friendship, leisure, and physical activity or exercise. Multiple stories demonstrated this overlap between the experiences contributing to well-being. This finding supports the claim made by Myers and Sweeney (2005) that the components of the model interact with each other to promote holistic functioning. The findings of this study cannot be generalized to a larger sample population; however, through thick, rich description, readers can make decisions regarding transferability (Lincoln & Guba, 1985; Merriam, 1988). We believe parallels do exist between Ruth's experiences and the individuals with whom counselors work each day. First, Ruth's experiences are similar to several events that occur in today's society. For example, while Ruth experienced life during the Depression, many of today's individuals struggle to endure a severe economic crisis that is sometimes compared to the Depression. Ruth also lived alone for two years while her husband served in World War II, a similar situation that numerous individuals face as their spouses serve today in the Middle East (Tollefson, 2008). In addition, during one phase of her life, Ruth took responsibility for the care of her home, husband, and children while at the same time engaging in full-time employment outside the home. Women today continue to juggle multiple responsibilities, and many search for life balance in the midst of their chaotic lives (Somech & Drach-Zahavy, 2007).

Based on these parallels, counselors can learn from Ruth's example about ways to assist clients with the enhancement of their well-being. For example, Ruth said that her

well-being during the Depression was enhanced by the food her mother and father were able to provide. Implications for counselors include making social justice issues part of their philosophy and practice so their clients have the resources they need to be healthy and strong (American Counseling Association, 2003). Another parallel between Ruth and many women is that their husbands are gone for extended periods of time serving in the military. Ruth said that the support of her friends and family were instrumental to her well-being during that time; therefore, other women may benefit from the creation of social networks that provide friendship and love while their husbands are deployed (Rand National Defense Research Institute, 2005). Finally, Ruth, like many of today's women, juggled multiple responsibilities including work and home. Even in the midst of her busy schedule, she continued to make choices that contributed to her well-being including leisure time with friends. Counselors can encourage their clients to make proactive choices such as these that lead to the enhancement of their overall well-being (Myers & Sweeney, 2005).

Counselors can also use the findings of this study to educate their clients about practices leading to well-being. School counselors, in particular, are in an ideal position to teach students about wellness at a young age (Villalba & Myers, 2008). Ruth said that her parents taught her how to make good choices that led to her own well-being. While not all children have parents that teach them about making good choices, school counselors can educate students about wellness during classroom guidance interventions. By teaching children about wellness at a young age, counselors can educate these individuals about lifestyle choices that lead to enhanced well-being over the course of their lives. School counselors can also educate parents and guardians about wellness in hopes that they will model and encourage behaviors leading to optimal functioning at home. As noted earlier, mental health counselors can incorporate a wellness philosophy in their practice to educate clients of all ages about making intentional choices that lead to enhanced well-being. The incorporation of this philosophy could include conducting assessments related to wellness and setting goals based on identified strengths and deficits (Myers & Sweeney, 2005). Examples of these goals could include beginning an exercise program, changing careers to find more meaningful work, or spending more time with family and friends.

Recommendations for Future Research

Limited research exists in the counseling field related to wellness. First, we recommend replicating this study with a large sample of senior adult women in order to compare and contrast experiences related to well-being over the courses of their lives. We also recommend replicating this study with senior adult men. Men and women experience different developmental challenges over the courses of their lives (Weiten, Lloyd, Dunn, & Hammer, 2009). While women often value relationships and connectedness, men often value independence and autonomy (Weiten et al., 2009). Future studies could include oral histories conducted with men in order to make comparisons between males and females.

In addition to studying men and a larger number of women, it would also be beneficial to study a wide variety of cultural groups. For example, the participant in this study was a Caucasian woman who lived in one geographic region of the United States.

Future studies could include men and women of different races, cultures, geographic regions, religions, sexual orientations, socioeconomic statuses, and education levels in order to describe the experiences contributing to wellness for a wide variety of individuals. Following the initial findings, within- and across-case analyses could be performed in order to make comparisons about wellness between groups.

Other directions for future research include the use of other qualitative methodologies. For example, in a case study approach, researchers could collect multiple sources of data such as interviews with family and friends in order to gain their perceptions of the experiences contributing to well-being for participants. A mixed methods approach could also be used to assist with the selection of a more “well” group of participants. For example, we selected the participant for this study based on observations and interactions with her that led to our perception that she achieved high level wellness. Future investigators could utilize the 5F-Wel (Myers & Sweeney, 1999) inventory in order to better identify “well” individuals. It would also be of interest to use the 5F-Wel to identify not only “well” individuals but also those who are “unwell”. In doing so, researchers could compare the experiences of the two groups and draw conclusions about the differences between them. Implications from this type of work could influence the fields of counseling and counselor education.

Summary

The purpose of this study was to explore one woman’s wellness across the life span by using qualitative methods. Through analysis of the participant’s oral history through the lens of the Indivisible Self (Myers & Sweeney, 2004, 2005) model, we formulated a descriptive picture of wellness across the life span for one senior adult woman. We found that the majority of data support concepts related to the IS-Wel model in two aspects: the composition of the model and the interrelationship of the components. These findings lend support to the use of the model for assisting individuals with the enhancement of well-being throughout the life course.

References

- American Association for Counseling and Development. (1990). *Compilation of resolutions adopted by the association*. Alexandria, VA: Author.
- American Counseling Association. (2003). *Advocacy competencies*. Retrieved from <http://www.counseling.org/Counselors/>
- Anderson, K. A., & Jack, D. C. (1991). Learning to listen: Interview techniques and analyses. In S. B. Gluck & D. Patai (Eds.), *Women’s words: The feminist practice of oral history* (pp. 11-26). New York: Routledge.
- Booth, C. S. (2005). *The relationship among career aspiration, multiple role planning attitudes, and wellness in African American and Caucasian undergraduate women*. (Unpublished doctoral dissertation). University of North Carolina at Greensboro, Greensboro, North Carolina.
- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco, CA: Jossey-Bass.

- Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- Deaner, R. G. (2006). *To what extent can the study of early recollections predict wellness for counselor education students?* (Unpublished doctoral dissertation). University of South Carolina, Columbia, South Carolina.
- Degges-White, S., & Myers, J. E. (2006a). Transitions, subjective age, wellness, and life satisfaction: A comparison between lesbians and heterosexual women at midlife. *Journal of LGBT Issues in Counseling, 1*(2), 21-43. doi: /pdf/10.1521/jscp.2009.28.5.597
- Degges-White, S., & Myers, J. E. (2006b). Transitions, wellness, and life satisfaction: implications for counseling midlife women. *Journal of Mental Health Counseling, 28*(2), 133-150. doi: 10.1177/1066480709348034
- Degges-White, S., Myers, J. E., Adelman, J. U., & Pastoor, D. D. (2003). Examining counseling needs of headache patients: An exploratory study of wellness and perceived stress. *Journal of Mental Health Counseling, 25*(4), 271-290. doi: 10.1177/1066480703258802
- Dennis, C. I. (2003). *They answered with their lives: The oral histories of two tenured reading professors.* (Unpublished doctoral dissertation). Texas Women's University, Dallas, Texas.
- Denzin, N. K. (1978). *The research act: A theoretical introduction to sociological methods* (2nd ed.). New York, NY: McGraw-Hill.
- Gibson, D. M., & Myers, J. E. (2006). Perceived stress, wellness, and mattering: A profile of first-year Citadel cadets. *Journal of College Student Development, 47*(6), 647-660. doi:10.1177/1066480701092009.
- Gill, C. S., Minton, C. A., & Myers, J. E. (2010). Spirituality and religiosity: Factors affecting wellness among low income rural women. *Journal of Counseling and Development, 88*(3), 293-302.
- Harwell, D. R. (2006). *Can holistic wellness predict teacher effectiveness?* (Unpublished doctoral dissertation). Mississippi State University, Starkville, Mississippi.
- Holstein, J., & Gubrium, J. F. (2003). *Inside interviewing: New lenses, new concerns.* Thousand Oaks, CA: Sage.
- Ivey, A., & Ivey, M. B. (2010). *Intentional interviewing and counseling.* Pacific Grove, CA: Cengage/Brooks/Cole.
- Lee, T. (1998). *Using qualitative methods in organizational research.* Thousand Oaks, CA: Sage.
- Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative research: Reading, analysis, and interpretation.* (Vol. 47 Applied Social Science Research Methods). Thousand Oaks, CA: Sage.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry.* Newbury Park, CA: Sage.
- Marling, J. (2006). *Wellness in student affairs: An exploration of the profession and its practitioners.* (Unpublished doctoral dissertation). University of North Texas, Denton, Texas.
- Merriam, S. (1988). *Case study research in education: A qualitative approach.* San Francisco, CA: Jossey-Bass.
- Merriam-Webster. (2008). *Merriam-Webster's online dictionary.* Retrieved from <http://www.merriam-webster.com/>

- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: A sourcebook of new methods* (2nd ed.). Thousand Oaks, CA: Sage.
- Moorhead, H. J., Green, J., McQuiston, R., & Ozimek, B. (2008). Wellness interventions for school counselors: A case study in treating Asperger's disorder. *Journal of School Counseling, 6*, 1-33.
- Myers, J. E. (1992). Wellness, prevention, development: The cornerstone of the profession. *Journal of Counseling & Development, 71*, 136-139. doi:10.3149/jms.0901.81
- Myers, J. E., & Degges-White, S. (2007). Aging well in an upscale retirement community: The relationships among perceived stress, mattering, and wellness. *Adultspan: Theory, Research, & Practice, 6*(2), 96-110. doi:/pdf/10.1521/jscp.2009.28.5.597
- Myers, J. E., & Mobley, A. K. (2004). Wellness of undergraduates: Comparisons of traditional and nontraditional students. *Journal of College Counseling, 7*, 40-49. doi: 10.1177/1066480706291041
- Myers, J. E., & Sweeney, T. J. (1999). *The Five Factor Wel (WEL-J)*. Greensboro, NC: Authors.
- Myers, J. E., & Sweeney, T. J. (2004). The indivisible self: An evidence-based model of wellness. *The Journal of Individual Psychology, 60*(3), 234-244. doi: 10.1177/1066480709348034
- Myers, J. E., & Sweeney, T. J. (2005). Introduction to wellness theory. In J. Myers & T. Sweeney (Eds.), *Counseling for wellness: Theory, research, and practice* (pp. 7-15). Alexandria, VA: American Counseling Association.
- Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000). The Wheel of Wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling and Development, 78*, 251-266. doi: 10.1177/1066480709348034
- Phillips, J. L. (2005). *Holistic wellness: A study of lifestyle choices among religious adults*. (Unpublished doctoral dissertation). Capella University, Minneapolis, Minnesota.
- Rand National Defense Research Institute. (2005). *Working around the military: Challenges of military spouse employment*. Retrieved from http://www.rand.org/pubs/research_briefs/RB9056/index1.html
- Roach, L. F. (2005). *The influence of counselor education programs on counselor wellness*. (Unpublished doctoral dissertation). University of Central Florida, Orlando, Florida.
- Shurts, W. M. (2004). *The relationships among marital messages received, marital attitudes, relationship self-efficacy, and wellness among never-married traditional-aged undergraduate students*. (Unpublished doctoral dissertation). University of North Carolina at Greensboro, Greensboro, North Carolina.
- Silverman, D. (2005). *Doing qualitative research: A practical handbook* (2nd ed.). London, UK: Sage.
- Sinclair, S. L., & Myers, J. E. (2004). The relationship between objectified body consciousness and wellness in a group of college women. *Journal of College Counseling, 7*(2), 150-161. doi: wiley.com/10.1111/j.1471-6402.2008.00452.x

- Smith, H. L. (2006). *The relationship among wellness, severity of disturbance, and social desirability of entering master's-level counseling students*. (Unpublished doctoral dissertation). University of Central Florida, Orlando, Florida.
- Somech, A., & Drach-Zahavy, A. (2007). Strategies for coping with work-family conflict: The distinctive relationships of gender-role ideology. *Journal of Occupational Health Psychology, 12*(1), 1-19. doi: 10.1037/1089-2699.11.4.241
- Spurgeon, S. L., & Myers, J. E. (2008). African American males: Relationships among racial identity, college type, and wellness. *Journal of Black Studies, 20*(10), 1-17. doi: 10.1177/0021934708315153
- Tanigoshi, H., Kontos, A. P., & Remley, T. P. (2008). The effectiveness of individual wellness counseling on the wellness of law enforcement officers. *Journal of Counseling and Development, 86*, 64-74. doi: 10.1097/YCO
- Thomas, S. P., & Pollio, H. R. (2002). *Listening to patients: A phenomenological approach to nursing research and practice*. New York, NY: Springer.
- Thompson, P. (2000). *The voice of the past: Oral history* (3rd ed.). New York, NY: Oxford.
- Tollefson, T. T. (2008). Supporting spouses during a military deployment. *Family and Community Health, 31*(4), 281-286.
- Villalba, J. A., & Myers, J. E. (2008). Effectiveness of wellness-based classroom guidance in elementary school settings: A pilot study. *Journal of School Counseling, 6*, 1-31.
- Williams, D. J. (2007). *An examination of athletic identity, sport commitment, time in sport, social support, life satisfaction, and holistic wellness in college student athletes*. (Unpublished doctoral dissertation). University of North Carolina at Greensboro, Greensboro, North Carolina.
- Witmer, J., & Sweeney, T. (1992). A holistic model for wellness and prevention over the life span. *Journal of Counseling and Development, 71*, 140-148. doi: 10.1007/s10935008-0148-6
- Yow, V. R. (2005). *Recording oral history: A guide for the humanities and social Sciences*. Walnut Creek, CA: AltaMira.

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