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The Courage for Equality: Love, Work, Society

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The Courage for Equality: Love, Work, Society

Julia Yang, Ph.D.

“Few will have the greatness to bend history itself, but each of us can work to change a small portion of events. It is from numberless diverse acts of courage and belief that human history is shaped. Each time a man[/woman] stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he[/she] sends forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring those ripples build a current which can sweep down the mightiest walls of oppression and resistance.”

— Robert F. Kennedy

As the 65th president of ICA, I have had the privilege of examining our archives. This has been a wonderful experience. There is much we can learn from our rich past. For example, our journal has been in existence since 1955! It began as a mimeographed newsletter and has changed its title from IGPA Quarterly, IACD Quarterly, ICA Quarterly, ICA Journal, to now the Journal of Counseling in Illinois. The dedicated work of our past leadership, ICA journal editors and authors’, has left us a trail of how ICA has kept pace with the changes of our profession and our society. And ICA has received national recognition. As an example, in 1977, a special issue of the IGPA Quarterly was devoted to a call for action for Illinois counselor licensure. ICA led the movement for Licensed Professor Counselor and Licensed Clinical Professional Counselor licensure that became a reality in 1992!! It is also worth mentioning that two special issues of the ICA journal in 2005 and 2006 won the American Counseling Association best Division publication award in the country. Most importantly, a review of the ICA journal of the last six and half decades revealed a “genealogy” of ICA’s early embrace of the issues of identity, development, diversity, legislation, advocacy and community activism.

Special kudos to the JCI editors, Dr. Toni Tollerud and Dr. Fran Giordano, and the contributing authors who have made extra efforts to follow this legacy and labored to publish an additional special issue focused on the ICA 2012-2013 theme of “*The Courage for Equality: Love, work, Society.*” Illustrated in the articles are best practices of working with individuals, couples, family, schools, work place, and communities about attaining equality and overcoming inequalities.

Inequalities exist. The individual and collective attitudes of “better than” and “less than” are a root cause to problems of discouragement and, to a large degree, psychopathology. We are haunted by the relational conflicts that spring from our lack of respect for differences, the practices of competition and comparison, superiority, discrimination, dominance and control. Professional counselors must recognize their important role and responsibility of facilitating and advocating diverse social relationships where individuals regard themselves and others as equals with mutual respect, cooperation, contribution, reconciliation, and encouragement. I sincerely invite the JCI readership to join forces with the editors and authors of this special issue of JCI sharing the belief and synergy that, **YES**, together we can advance equality, facilitate social change, and achieve the greater good for all.

CO-EDITORS NOTES: THE JOURNAL OF COUNSELING IN ILLINOIS

This is a Special Edition for the *Journal of Counseling in Illinois* that was produced at the request of Dr. Julia Yang, current President of the Illinois Counseling Association to compliment the November, 2012 State Conference Theme, *Courage for Equality: Love, Work, Society*. This theme emulates the Mission of ICA to promote respect for human dignity and diversity. Articles that embrace the concept of equality around multiculturalism, social advocacy, and social justice were solicited. Practicing counselors across the country as well as in our state will benefit from research and best practices that help professional to work effectively with individuals, couples, and families in the sundry settings of our field including schools, hospitals, clinics, community agencies, and more. We hope you will enjoy the information and inspiration shared in the manuscripts that make up this special edition.

Professor Heidi Larson and her colleagues offer insight into the importance of finding ways that will help all students, especially students who experience low SES and other environmental factors in schools to perform better. These authors remind us that these students are disadvantaged compared to their middle and upper class peers regarding a quality education and post-secondary options. Through their research, these authors were able to identify how using relaxation skills training positively impacts test scores by reducing anxiety. This could have a far reaching outcome on student performance with high-stakes testing.

In a second research article, Professors Duesbury and Okocha explore the nature of dream work through a research study looking at the Personalized Method for Interpreting Dreams (PMID) model to examine changes in emotions over time in participants who were not counselors. It suggests that counselors might use dream work to help clients understand and work with stress that may be affecting their thoughts and behaviors.

The other two articles in this edition fall under the “Practice” section and offer the reader time to reflect on best practices for working with diversity and diverse populations: Asian-American Parents and Athletes. Oksoon Lee and Professor Charles Myers present a compelling article on working with Asian-American Parents and what their expectations and perceptions of receiving mental health services consist of. From their experience and research, Lee and Myers articulate barriers that often get in the way of effectively working with people from this culture and as well as the fact that professional counselors are not adequately prepared or trained multiculturally to best work with this population.

Professor Michele Kerulis draws on her experience and training as an athlete to deepen the reader’s understanding of how counselors can help student athletes formulate a healthy and well-rounded identity development. Throughout their development, student athletes face many barriers and challenges that can lead to role confusion. This article gives the reader some good ideas for what counselors can do to advocate for these students.

We continue to be excited about the *JCI*, and we hope you will enjoy reading it. Our vision is for *JCI* to offer a spirit of cooperation, connection, and solidarity for the counseling profession in Illinois, where members serve in a variety of counseling roles, while providing care for others.

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Relaxation Skills & High Stakes Testing: Role of SES & Environmental Factors on Anxiety Levels

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Abstract

This study was a replication of a previous study where participants were given relaxation and deep breathing training to help manage test anxiety. The study examined the correlations between variables including socioeconomic status, class rank, GPA, and importance of going to college. Participants included 107 high-school students (37 males, 70 females), preparing for the ACT. Results indicated that the relaxation intervention had a significant effect in reducing test anxiety.

Anxiety is a phenomenon that human beings routinely encounter within their daily experience. It is considered to be one of the most prevalent and pervasive human emotions, with a large sector of the world's population suffering from excessive and overbearing levels. Anxiety can be described as a perceived notion of psychological distress that occurs due to the expectation of a disconcerting and potentially threatening event. Although extensive research has focused on the concept of anxiety, it cannot be defined by purely objective or concrete means. As a result of the ubiquitous nature of anxiety, the construct has been defined as different subtypes (e.g., social anxiety, state-trait anxiety) (Rachman, 2004). The focus of the present study was on one other such subtype, namely, test anxiety.

Within the American education system, the prevalence and significance of standardized testing has been increasing along with the stakes of this testing format (Black, 2005). As a result,

today's students are associating a greater sense of consequence with the prospect of being tested, resulting in feelings of pressure to perform and fear of not performing adequately. According to Zbornik (as cited in Black, 2005), students who suffered from test anxiety tended to be consumed with feelings of anxiousness, worthlessness, and/or absolute dread in regard to their academic achievement. Test anxiety can produce a physiological hyper-arousal, interfering with students' mental processes and debilitating their ability to function during a test, as well as in the days and weeks leading up to a test (Soffer, 2008). Due to the pressure to perform, and the perceived importance of high-stakes testing, students' mental states and sense of emotional stability can become impaired. Rather than feel confident about high-stakes tests and the higher-level thinking they require, test-anxious students may become overly concerned with the repercussions of failure. In addition to the adverse effects on cognitive processes, anxiety can produce physiological hyper-arousal, negative emotional responses, as well as behavioral problems in children (Vagg & Spielberger, 1995).

Socioeconomic Status

One dividing factor among the population is socioeconomic status (SES), with the lower-class experiencing disadvantages as compared to their middle- to upper-class counterparts. Research indicates that children from families with low SES have lower success rates in the school system and therefore often achieve lower levels of education as adults (Jablonska et al., 2012). Further, students who attend the same school but have different SES backgrounds are frequently denied the same opportunities as their upper-class peers. Goodman, Miller, and West-Olatuji (2012) reported that students with low SES attend schools where the teachers do not have a major or minor in their subject area, reducing the quality of teaching. Additionally, academic underachievement in low SES communities has also been correlated with deviant behavior, fewer future opportunities, and difficulty earning a financially stable wage.

Relaxation and Deep Breathing

Progressive relaxation started in the early 20th century by Edmund Jacobson who introduced a physiological way of dealing with tension and anxiety (Bernstein, Borkovec, & Hazlett-Stevens, 2000). Jacobson wrote "You Must Relax" in 1934 for those interested in learning about muscle relaxation in lay terms. His actual research came together in 1938 in an extensive book-length technical instruction of "Progressive Relaxation." Since then, a plethora of research has surfaced supporting the uses of a systematic relaxation technique for a multitude of symptoms including: anxiety, speech distortions, and blood glucose levels in the management of diabetes (Detling Miller, 2007; Ganesan, 2009; Grant, 1980).

The present study examined the impact of teaching relaxation techniques to high school juniors preparing for the ACT. The present study tested three hypotheses: 1) the pre-and post-test differences for the experimental group will show a significant decrease in anxiety level; 2) the pre-and post-test differences for the control group will show no significant decrease in anxiety levels; and 3) there will be a significant post-test difference in anxiety levels between the experimental and control groups.

Method

Participants

Students from a Midwestern public high school were invited to participate in the study and those who returned a signed parental consent form were included. A signature line for the high school students was included on the parental consent form to indicate participant's assent for the study. Volunteers who participated for this study included 11th grade students (37 males, 70 females; median age = 17 years). Of the 107 participants, self-reported ethnicities were as follows: 96 Caucasian, six African American, four Asian American, and one Native American.

Measures and Instrumentation

Westside Test Anxiety Scale. The Westside Test Anxiety Scale (WTAS; Driscoll, 2007) was originally designed to identify students suffering from anxiety impairments related to testing who could benefit from anxiety reduction. The WTAS consists of 10 items, each using a 5-point Likert response scale (1 = "never true," 5 = "always true"), yielding an overall anxiety score. The instrument measures anxiety impairments with six items assessing incapacity (i.e., memory loss and poor cognitive processing) and four items measuring worry and dread (i.e., catastrophizing), which interferes with concentration (Driscoll, 2007). Scores for the two subscales, incapacity (items 1, 4, 5, 6, 8, & 10) and worry (items 2, 3, 7, & 9), are obtained by summing the respective item responses; a total score is obtained by adding up the scores and dividing by 10 where higher scores indicate a greater level of test anxiety (Grimes & Murdock, 1989). In the present study, the total score was attained in order to measure a general level of test anxiety. Deep breathing instructions were obtained from an online reference (Anxiety Community, 2010). Selection for this method was utilized due to the simplicity and applicability to high school students under a limited amount of time. The guided progressive muscle relaxation technique was selected for the purposes of focusing on all parts of the body (Wolpe & Lazarus, 1966).

Procedures

All participants were given the WTAS as a pre-test and a demographic questionnaire to complete during their physical education class. Participants were then randomly assigned to either control ($N = 51$) or experimental ($N = 56$) groups with matched pairs based on WTAS pre-test scores, SES, gender, ethnicity, class rank, and GPA. The control group participated in their regularly scheduled physical education class while the experimental group met in a separate, dimly lit gym where mats were provided for participants to lie on in order to create a relaxing environment.

The intervention was implemented twice a week for five weeks, leading up to the actual standardized test date. Each session lasted approximately a half hour. At the start of each session, researchers facilitated dialogue regarding the upcoming ACT and their preparation in order to elicit elevated levels of anxiety before implementing the intervention. Participants in the experimental group were taught both deep breathing exercises and progressive muscle relaxation. Participants practiced breathing exercises for approximately five minutes at the beginning of each session before being led through the progressive muscle relaxation for the following 15-20

minutes. At the conclusion of the five weeks, participants in both the experimental and control groups completed the WTAS as a post-test measure of anxiety.

Results

In order to analyze the present data, dependent (paired samples) *t*-tests were conducted to examine differences between the pre-test and post-test scores for the control ($n = 47$) and experimental groups ($n = 48$). Due to incomplete data, the sample size that was analyzed totaled 95 participants. A significance value of $p < .05$ was utilized. As depicted in Table 1, a significant difference between pre-test ($M = 3.08$, $SD = .847$) and post-test ($M = 2.72$, $SD = .918$) scores for the experimental group ($t(47) = 3.33$, $p = .002$). There was no significant difference found between pre-test ($M = 3.31$, $SD = 1.00$) and post-test ($M = 3.26$, $SD = 1.06$) scores for the control group ($t(46) = .472$, $p = .639$).

To confirm this result, an independent samples *t*-test was conducted to compare the difference between the changes in pre- and post-test scores of the control and experimental group. A significant difference was found ($t(94) = -2.53$, $p = .000$) when comparing the experimental ($M = .683$, $SD = 1.377$) group's pre- and post-test scores to that of the control group ($M = .126$, $SD = .713$). Correlations were conducted to determine if there were relationships among SES and found a positive correlation with regard to class rank ($r = .436$, $p < .01$), and SES and participants rankings of their perceptions on the importance of going to college ($r = .305$, $p < .05$).

Discussion

The current study explored the effects of deep breathing and progressive muscle relaxation on test anxiety with students preparing to take the ACT. Investigators hypothesized that deep breathing and progressive muscle relaxation would decrease the level of perceived test anxiety on the WTAS post-test. Results revealed significant data supporting the hypotheses. The data indicated that the treatment decreased perceived test-anxiety among the experimental group as indicated by the WTAS, which is consistent with a similar study (Larson et al., 2011). The control group's WTAS scores did not reveal any notable change in perceived test anxiety, thus a significant difference between the experimental and control group's post-test scores was recorded. These findings are significant because the implementation of deep breathing and progressive muscle relaxation is cost-effective and does not require specialized training or other resources. The instruments are accessible, regardless of socioeconomic status, and research indicates that they are effective among various age groups (Larson, El Ramahi, Conn, Estes, & Ghibellini, 2010; Tatum, Lundervold, & Ament, 2006; Tseng & Wang, 2011). Baker and Johnston (2010) found support for a positive relationship of SES and pass rates on high stakes testing. The fact that SES was also positively correlated with participants' perception on the importance of going to college provides further evidence to suggest a discrepancy among socioeconomically disadvantaged youth. In an attempt to explain this discrepancy, researchers have addressed concerns such as lack of relational support and inadequate resources in low SES schools (Bergeron, Chouinard, & Janosz, 2011; Oxford & Lee, 2011).

While no findings were found for gender with regard to controlled variables such as levels of anxiety, class rank, and whether they were planning to attend college, it is important to note that similar studies have suggested that women tend to be more concerned about the

prospects of getting into college and rank its importance higher than men (Larson & Rose, 2011). Moreover, more women are enrolled in college and tend to perform better during post-secondary school than men (Severiens & Ten Dam, 2012). However, research suggests women are more likely to have higher levels of test anxiety despite the lack of results to support this in the current study (Lowe & Lee, 2008). Anecdotally, the female participants in the current study and similar studies (Larson et al., 2010; Larson & Rose, 2011) have endorsed higher levels of anxiety, more motivation to attend college, and increased levels of pressure for high stakes testing—factors that are consistent with the literature (Selkirk, Bouchey, & Eccles, 2011). Given the research that suggests women have higher levels of perfectionism and anxiety (Cassady & Johnson, 2002; Elliott & McGregor, 1999; Eum & Rice, 2011; Hancock, 2001; Putwain, 2007), relaxation techniques may be an accessible, cost-effective way to support this population, alleviate symptoms, and maximize potential for high stakes testing.

In addition to females, the research consistently shows that lower socioeconomic status is strongly correlated with lower success rates in the school setting (Jablonska et al., 2012), limited opportunities both in the school setting and while in the work force, (Goodman et al.; 2012; Jablonska et al., 2012), inferior teaching (Goodman et al., 2012), and more deviant behavior. Once again, the accessibility and cost-effectiveness of teaching relaxation techniques provides a means to assisting oppressed and underprivileged populations like low SES students. The scripts available are user-friendly, require no formal training, necessitate little time and energy to implement, and can be successfully used with people of virtually all ages. Despite these advantages, relaxation techniques are not widely used in the classroom setting at the present time. Future studies should investigate the effectiveness of teaching relaxation techniques to a more diverse population in regards to SES, ethnicity, and gender.

With regard to other future research recommendations, extending the design of this study to more diverse populations would be helpful in understanding the extent to which the intervention is efficacious. Deep breathing exercises and the process of muscle relaxation come in many variations and, therefore, further research on the variations of the interventions and their effectiveness should continue to be investigated. Additionally, gender is an important variable that requires further analyses with regard to test anxiety because the current results are inconsistent with past research. Therefore, the impact of gender on test anxiety is uncertain (Larson & Rose, 2011, Lowe & Lee, 2008; Onyeizugbo, 2010; Severiens & Ten Dam, 2012). Regardless of these specific variables and because of the effectiveness of this economical intervention, it is recommended that administrators and teachers utilize deep breathing and progressive muscle relaxation in order to maximize student achievement and promote overall mental and physical health.

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Table 1
Comparisons of Pre- and Post-Test Scores

	Pre-		Post-		<i>t</i>	<i>p</i>
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>		
Experimental (48)	3.08	.847	2.72	.918	3.33	.002
Control (47)	3.31	1.00	3.26	1.06	.472	.639

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A General Sector's Use of the Personalized Method for Interpreting Dreams (PMID)

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Abstract

This study used a Periodic Feedback Instrument (PFI) to measure abilities of a small general sector to use the Personalized Method for Interpreting Dreams (PMID; Duesbury, 2000), and an Emotional Change Instrument (ECI) to examine changes in emotions while using the PMID model. Eight 6-month participants (seven occupations, median age 41) presented 200 dreams (103 about relationships) and PMID interpretations. All eight PFIs showed significance by 2 1/2 months. Five ECIs showed positive change in stress about relationships by 6 months.

Though publications on dreams abound, research of dream interpretation models is sparse. Two researched models are Hill's Cognitive-experimental Model of Dream Work (Hill, 2004) and Cartwright's RISC (recognizing, identifying, stopping, and changing) model (Cartwright & Lamberg, 2000). Procedures in Hill's model are more complex and less applicable to eventual client self-use than the Personalized Method for Interpreting Dreams' (PMID; Duesbury, 2000) six steps. Cartwright's RISC model of recognizing, identifying, stopping, and changing negative dream dimensions is less comprehensive than the PMID model because it only deals primarily with traumatic dreams. Several dream interpretation models deal selectively with current events and circumstances, pre-dream thoughts, emotions, personal associations, dream solutions, or relationship systems perspectives. However, only the PMID model addresses all of these issues.

One goal of this study is to increase availability of researched dream interpretation models. Because populations in all earlier projects on use of the PMID model were either practicing counselors or students in counselor education training, the primary objective of this study was to examine abilities of people solicited from other than counseling populations to use the PMID model to interpret dreams about relationships. Though this study focused on dreams about relationships, as did all earlier projects on use of the PMID model, this study additionally accepted all types of dreams, including those related to work, education, health, and the spiritual realm.

Functions of Dreaming

Because use of dreams may be new in many counseling settings, some major functions of dreaming are addressed before presenting the PMID model and this study's research findings. Hartmann (1995) has repeatedly found that the contents of dreams contain connections to the dreamer's recent experiences and earlier memories more often than the dreamer is conscious of

during waking thought. As early as the 5th century A. D., Synesius of Cyrene advised people to record their waking-life experiences from the day before their dreams so they could make connections between the content of their dreams and their waking-life experiences. Often what happens in the dreamer's waking life the day before the dream concerns relationship experiences, particularly with family and close friends (Hartmann, 1995).

Kramer, Roth, Arand, and Bonnet (1981) and Kramer (1993, 2007) found that emotional concerns initiate dreams. Ullman (1996, 2001, 2006) explored connections between current concerns and past stressful experiences and found, "the dream has the key that opens up our remote memory bank and links relevant memory to its role in the dream" (2006, p. 37).

Barrett (2001) cited artists, musicians, writers, scientists, spiritual leaders, and physicians who dreamed solutions to their waking-life projects. Krippner & Dillard (1988) wrote, "When a dreamworker begins to work with dreams on a professional level, it is not unusual for problem-solving issues to appear in one's dreams" (p. 186).

Based on outcomes of previous research and exploration projects on people's use of the PMID model to interpret their dreams (Duesbury, 2000; Duesbury, Bynum, & Van Doren, 2002, 2003, 2004; Van Doren & Duesbury, 2000, 2005-2006), the authors of this article agreed that a major function of dreaming is problem-solving. They also believe a major function of interpreting dreams is to translate the symbolic language of dreams into waking-life objective language for cognitive recognition and consequent utilization of solutions shown in dreams. When there are elements in the dream traceable to earlier influences, "the wisdom of dreams can guide us by alerting us to wounds from the past that have reemerged to plague [or help] us in the present" (Siegel, 2002, p. 18).

Improved reactions to others "forces family members to change ways they relate to individuals" (Allen, 1988/1994, p. 229). This is an excellent way to "avoid risks of entrenching dysfunctional homeostatic patterns" (p. 214) that could occur when approaching family and other relationships directly. This study used a model that addresses family and other relationships, the PMID.

The dreamer's experiences are best identified by the dreamer (Delaney, 1996; Hildebrant, 1895, cited in Van de Castle, 1994; LaBerge, 2004; Synesis, 5th Century A.D.). Consequently, in the PMID model, the dreamer is considered the best interpreter of her or his own dreams. This view is consistent with contemporary dream interpretation models, such as "Dream Interview" (Delaney, 1996) and "Group Dreaming" (Ullman, 2006), which posited that dreams are initiated by the dreamer's waking-life thoughts, emotions, and experiences.

Early Tests of the PMID Model

The reliability of the PMID model was measured during the following projects:

1. Thesis case study (Duesbury, 2000) that developed the PMID model. Seventy dreams were selected for the thesis from the participant's 7-year dream journal. Independent dream specialist Van de Castle examined the participant's PMID interpretations of the dreams.

After scoring 70 dreams with the PMID technique, I found a high level of inter-scorer reliability when the subsets of dreams pertaining to a specific person [were] involved. The reliability was not as high when the subsets involved abstract concepts, such as the dreamer's sexuality or spirituality. (Van de Castle, September 7, 2000, personal communication)

2. A pilot exploration (3 months) was made on ability to learn a dream interpretation method for coordinating counselor-facilitated techniques with client-facilitated dream interpretations for reducing emotional stress from relationship issues (Van Doren & Duesbury, 2001). Population: 5 (4 females and 1 male, Wisconsin Members of the ACA or counselor education graduate students, White American, age range 27-46). Results: 13 pretest interpretations (before being presented with the PMID model), 33 posttest interpretations (after being presented with the PMID model). Independent specialist Van de Castle rated participants' pretest interpretations and 24 posttest interpretations. Items tested were: Participants' connections to pre-dream events and thoughts, personal definitions, comparison of dreaming and waking-life emotions, suggestions for stress relief, and reactions to relationship experiences. Using Van de Castle's median ratings, the Wilcoxon Signed-Ranked Test showed positive differences between pretests and posttests ($W = 21$, $n_{s/r} = 6$, $p \leq .05$). Note: Wilcoxon Signed-Ranked Test is a "nonparametric test for the significance of the difference between the distributions of two non-independent samples involving repeated measures or matched pairs" (Lowery, n.d.).
3. An anecdotal exploration (3 months) was made of counselor education graduate students' abilities to use the PMID model during enrollment in a graduate-level Dream Interpretation course (Duesbury et al., 2002). Population: 11 (9 females and 2 males, White American and Asian, age range 24-55). Results: Wilcoxon Signed-Rank Test showed a positive difference between participants' beginning of the project self-rated Periodic Feedback Instruments (PFI; Duesbury, 2002) and their PFIs by 8 weeks ($W^- = 1$, $W^+ = 65$, $N = 11$, $p \leq .001953$). Notes: (1) The PFI is an instrument used to measure participants' self-rated ability to use the PMID model. (2) When the population "is equal to or greater than 10, the sampling distribution of W is a reasonably close approximation of the normal distribution" (Lowery, n.d.).
4. Study (Van Doren & Duesbury, 2005-2006) was made of the PMID dream model's continuing usefulness for personal and professional development. Population: 5 (4 females, White American and Asian and 1 White American male, participants from earlier PMID model projects, age range 35-58). Results: Wilcoxon Signed-Rank Test, comparison of PFI's from former years' participation to the current study showed participants' abilities to use the PMID model had remained constant.

Participants in Steinwedel's (2005) exploratory study used the PMID model to interpret their dreams. Steinwedel concluded, "It is my experience that dream work can be successfully managed with executives through a coaching engagement and it speeds up the rapport-building process between the coach and coachee."

Method

Participants

In this study, seventeen people (13 females and 4 males) participated by offering at least 1 dream and their related PMID interpretations. Seven females (5 White Americans, 1 White European, and 1 Native American) and 1 male (White American) continued participation for the full 6-month study. The eight 6-month participants, median age 41, employed in 7 occupations other than counseling, living in 7 localities--5 from small general sectors in western Wisconsin and 3 (1 from Europe, 2 from northern Illinois) who, though unaware of the present study, had

previously applied to join a future research study via the private website (<http://www.yourguidingdreams.com>).

Measures

Prescreen for emotional stability. A “Screening Instrument for Dream Interpretation” (Duesbury & Van Doren, 2005) was administered. This instrument is an application to participate in Duesbury and colleagues’ studies. It collects demographic data, surveys history of working with dreams, and screens for emotional stability. Information required on the Screening Instrument for Dream Interpretation includes: age (must be older than 18), gender, occupation, highest level of education (minimum level of education--eighth grade), marital status, ethnicity, frequency of dream recall, plus seven pages of multiple-choice questions and eight short essay questions about the applicant’s experiences.

Factors examined for emotional stability include lists for applicants to choose one or more choices. Lists to choose from include descriptions of personal characteristics, current emotions, how the person thinks other people feel about her or him, recent thoughts about life and death, how the person feels about his or her future, descriptions of himself or herself in dealing with problems.

Clinical psychologist, family therapist, and director of behavioral medicine Bynum reviewed applications and made approval decisions for projects conducted by Duesbury and associates (2002, 2003, 2004). Information from these projects showed the instrument to be reliable and to have face validity.

Ability to complete each PMID step. The PFI was used in this study to measure participants’ self-rated ability to use the PMID model. (See application of the PFI in Table 1, and the PFI form in Duesbury, 2010).

Correlations between dreaming and waking-life emotions. The Emotional Change Instrument (ECI; Duesbury et al., 2002) is a measure of participants’ self-awareness of differences between their dreaming emotions and their pre-dream, waking-life emotions regarding the people about whom they dream. One question on the ECI is, “I have noticed a positive change in my dreaming emotions about one or more relationships.” To be able to answer yes to that question, participants must have included dreaming emotions in their dream reports, and their dream reports throughout time must have included both the original stressful emotions and the later alleviated emotions about the issue at hand. In the first study in 2002, at 14 weeks, ECIs and dream interpretations of all 11 participants showed positive changes in emotions about one or more relationships. Two other projects by Duesbury and associates used the ECI. For their 2003 project, at 10 weeks, two of five ECIs and dream interpretations showed positive change in dreaming emotions about one or more relationships. For their 2004 project, at 10 weeks, three of six ECIs and dream interpretations showed positive change in dreaming emotions about one or more relationships. These prior projects show that the ECI has face validity (see application of the ECI in Table 2, and ECI form in Duesbury, 2010.)

Investigator feedback comments. For projects beginning in 2000, Duesbury gave written feedback comments to participants for at least their first five dreams and interpretations on whether the participant had completed the requirements for each PMID model step. No

personal counseling was offered during or after the study. With the PMID model, the onus is on the dreamers to find meanings in their dreams. This procedure was consistent regardless of the duration of the dreams and related interpretations.

Procedures

Applicants were solicited by ads in three small newspapers (2 in southwest Wisconsin, and 1 in northwest Wisconsin with approximate total circulation of 14,000). The ad was:

Learn to Interpret Your Dreams. Free participation in a 6-month university-sponsored dream interpretation research project. Must be over age 18, have personal computer with Internet, and be approved by research staff. Signup on www.yourguidingdreams.com.

Feedback comments were provided to participants on their use of each PMID model step for at least the first five dreams. Participants were encouraged, but not required, to revise their original interpretations to conform to the PMID model where needed and resubmit their interpretations.

PFI forms were emailed to participants for completion at 2 1/2 months after the beginning of the study and at the end of the 6-month study. ECI forms were emailed to participants for completion 3 1/2 months after the beginning of the research and after the end of the research. All participant-volunteered data in this article are unidentifiable as to participants.

Results

Seventeen participants contributed at least one dream and their PMID interpretations. Total dreams and related PMID interpretations were 222, of which 122 were relationship dreams. Of those 122 dreams, 99 (81%) contained influences from the past. Eight participants remained active until the end of the 6-month study by contributing their dreams (103 about relationships and 97 about topics other than relationships), three PFI's, and at least one ECI.

Illustration of participants' use of Personalized Method for Interpreting Dreams (PMID).

For concise reporting, synopses of one dream and the participant's PMID interpretations are presented. The dreamer is Sandra [pseudonym] from Wisconsin. Her work as a public speaker often prompted dreams on hotly debated political activities.

Dream No. 1 Title: "Little Deer" (Dreamer's words italicized)

Dream: *I see that a deer carcass has recently been burned . . . I see a little deer/fawn nearby and somehow he is tame enough that I am able to get to him. . . . Amazingly, my little closet from my bedroom as a child is along the path and we are inside, me sitting on the little shelf, far in the back, hidden. The deer is stiff and scared but also not trying to get away and lets me pet, hold him. I talk to him comfortingly. . . . The dead deer was not his mother, but an older male . . . While I am sad for him, I realize he will make it okay.*

Step 1: Connect your **previous-day** (often the day before) **events** to the dream to discover the theme of this dream. The events may appear in either symbolic or literal terms in your dream. Write down the appropriate events and record when they occurred.

Last night I read the war news in the newspaper.

Step 2: Connect your **previous-day** (often the day before) **thoughts** to your dream to detect which thoughts may have prompted this dream's responses. Like events, your thoughts may appear in your dream in either literal or symbolic terms. Write "I thought" statements and record when you thought them.

Last night after reading the war news, I thought how horrible it is that . . . our young men and women are sent to kill and be killed.

Step 3: Select and define **major dream phrases** and symbols from your write-up of this dream to discover the dream's personalized meanings. Consider the effects of day-before-your-dream events, thoughts, and earlier experiences on the meaning of each major dream phrase and symbol. The general definition for "phrases" as used in this step is "a string of words." The strings of words can be phrases, clauses, or whole sentences.

- *Little deer/fawn nearby: (1) Representation of the innocent in our world, harmed by the warmongers -- having to go to war -- grow up too early . . . (2) the deer is me hiding in my [childhood] closet.*
- *Little closet from my bedroom as a child: As a child, this was my safe place.*
- *Me sitting on the little shelf, far in the back, hidden: My higher self*

Step 4: Compare your **emotions in your dream** with your **pre-dream, waking-life emotions** to discover whether your waking-life emotions accurately reflect how you feel about the issue in this dream. Note that the issue may be a relationship issue. What differences, if any, do you find between your emotions in your dream and your waking-life emotions? It is useful periodically to review your emotions in your dreams regarding the main issue or relationship at hand.

My dreaming [emotions] acknowledge my waking-life fear by the fear of the deer. Yet, the I, my higher self, is calm, sad, but calm with an assurance that all will be ultimately okay.

Step 5: Explore your dream for possible **solutions** to problems, including changing (or affirming) your thoughts, attitudes, or behaviors. Consider your responses to each PMID model step, including Step 6, as you search for solutions and suggestions in this dream. Give primary attention to the power of your thoughts before your dream (PMID Step 2) to act as questions that your dream answers.

Remember my higher self, remove myself from the position of the deer, and look over the situation from another vantage point.

Step 6: Explore your dream for **family and other relationship systems perspectives**, which are influences arising from reactions to family and other major relationships, both past and current. Use these perspectives to discover whether this dream reflects your reactions during experiences with family members or other important people in your life. Compare and comment on your dreaming and your waking-life reactions to the primary relationships in this dream.

I sometimes hid in my closet when my parents were arguing or when I was just scared (of what?). [Now] I often react to news of war battles by fuming and venting on these topics.

Saundra's above interpretations are her rewrites after receiving the below feedback comments from Duesbury on Saundra's first PMID interpretations of her "Little Deer" dream.

Illustrative Feedback Comments to Participants on their use of the PMID Model

PMID Step 1: Good. The day-before-your-dream events you record are monumental in seeing connections to the main theme of your dream and how the other events influence your dream.

PMID Step 2: Although it is obvious that your thoughts were caught up with the events that connect to your dream, write out the specific thoughts that you believe prompted your dream and identify them as thoughts that you had the day or night before your dream. It is a "gut" feel when you capture the specific thought-questions that the dreaming mind responds to or answers.

PMID Step 3: The personal meanings that you list under PMID Step 2 are excellent contributions to the meanings you find in your dream. I suggest you should enter each of those as dream phrases and personal definitions here under PMID step 3. Another exact

phrase from your dream to consider defining is, “Me sitting on the little shelf, far in the back, hidden.”

PMID Step 4: Fine dreamwork.

PMID Step 5: Fine dreamwork.

PMID Step 6: Agreed, this does not appear to be a relationship dream. Yet, you may find it helpful to refer here to your dream where, “Amazingly, my little closet from my bedroom as a child is along the path and we are inside,” and write here what you say above about hiding in the closet when you were a child. This is a place where your dream reflects earlier experiences and where you know how you related/reacted in the past when you were scared, although you were uncertain of all the reasons for being scared.

The facilitator’s comparison of Sandra’s ECI ratings with her PMID Step 4 responses (emotions in the dream with pre-dream, waking-life emotions) agreed with all of Sandra’s ECI ratings. For the dreams in which Sandra identified differences in her dreaming and waking-life emotions, all of her dreaming emotions were more positive than her pre-dream, waking-life emotions. When reminded of these results, Sandra replied, “It helps me to understand how, though I often sound thoroughly pessimistic, inside I am not all that tortured.”

PFI Ratings to Test Ability to find meanings in dreams. Eight participants completed all three PFI’s. To test significance when normality cannot be assumed (in a population of less than 10), a nonparametric test should be applied. The Wilcoxon Signed-Rank Test was used to compare the participants’ PFI start-of-the-study ratings with their ratings at 2½ months and again at 6 months. Results at 2 1/2 months are shown in Table 1 (Reprinted from Duesbury, 2010).

Table 1

Wilcoxon Signed-Rank Tests - Critical Values of W for Samples Smaller than 10

	PFI 1 (PMID 1)	PFI 2 (PMID 2)	PFI 3 (PMID 3)	PFI 4 (PMID 4)	PFI 5 (PMID 5)	PFI 6 (PMID 6)
Level of Significance, paired rankings at start with 2 1/2 months	W = 33 n _{s/r} = 8 p ≤ .05	W = 34 n _{s/r} = 8 p ≤ .02	W = 30 n _{s/r} = 8 p ≤ .05	W = 28 n _{s/r} = 7 p ≤ .02	W = 26 n _{s/r} = 7 p ≤ .05	W = 28 n _{s/r} = 7 p ≤ .02

(Computed from <http://faculty.vassar.edu/lowry/wilcoxon.html>)

The interpretation of dreams as a factor in reducing emotional stress. As shown in Table 2, at 3 1/2 months, six of the eight continuing participants completed ECI’s. Three reported positive changes in their dreaming emotions about one or more relationships during use of the PMID model. At 6 months, five reported positive changes in dreaming emotions about one or more relationships. The investigators’ examinations of the eight full-study participants’ dreams and related Step 4 responses agreed with all but one rating for one dream by one participant.

Table 2

Participants' Emotional Change Instrument (ECI) (1st 3 1/2 months, 2nd 6 months)

Participant Number	ECI 1 Dreaming emotions and waking-life emotions differ?	ECI 2 Number of relationship dreams ^a	ECI 3 Number of dreams where recorded emotions	ECI 4 More than 1 dream about at least 1 relationship?	ECI 5 Relationships dreamed about more than once	ECI 6 Positive change in dreaming emotions about relationships?
One	6 mos--Yes	4/5	4	6 mos--Yes	Spouse	6 mos--Yes
Four	6 mos--Yes	13/38	All	6 mos--Yes	Child, Spouse, others	6 mos-- ^b
Six	3½ mos--Yes 6 mos--Yes	29/44	Near all	3½ mos--Yes 6 mos--Yes	Colleagues, Family, God, Spouse, Parents, Kids, Other	3½ mos--Yes 6 mos--Yes
Seven	3½ mos--No 6 mos-- ^c	22/67	Near all	3½ mos--Yes 6 mos--Yes	12 titles listed	6 mos-- ^d
Ten	3½ mos--Yes 6 mos--Yes	6/7	6	3½ mos--Yes 6 mos--Yes	Spouse	3½ mos--Yes 6 mos--Yes
Fourteen	3½ mos--No 6 mos--Yes	13/17	All	3½ mos--Yes 6 mos--Yes	Colleagues, Parents	3½ mos--No 6 mos--Yes
Fifteen	3½ mos--No 6 mos--No	2/4	4	3½ mos--No 6 mos--No		
Sixteen	3½ mos--Yes 6 mos--Yes	14/18	All	3½ mos--Yes 6 mos--Yes	Spouse, Child, Ex.	3½ mos--Yes 6 mos--Yes

^a Numerator is the total dreams and PMID interpretations submitted by each participant.

^b Participant wrote: "Though I dream about others, I believe they represent aspects of myself or how I deal with others. And so, sadly, I don't see any change in my emotions about myself."

^c Participant sent two ECI's for this date. For ECI question 6, on one the participant wrote Yes and on the next wrote: "Not really but will revisit my journal more." No further response was submitted.

^d A debilitating injury prevented this participant from completing the second ECI.

Dreams and PMID Interpretations of Dreams about other than Relationships

Participants used the PMID model to interpret 100 dreams about topics other than relationships. Ninety-seven of those dreams were from the eight participants who remained active until the end of the study. Dream topics included work, leisure, health, creative art, weather, safety, and the spiritual life. Participants' PFI ratings are for all dream types. Thus, the Wilcoxon ratings (see Table 1) are applicable to participants' use of the PMID model (Steps 1

through 5) to interpret their dreams about all types of dreams, including those about topics other than relationships.

Discussion

As stated in the introduction to this manuscript, the primary objective of this study was to examine abilities of people solicited from other than counseling populations to use the PMID model to interpret dreams about relationships. As reported in Table 1, the ability of the eight continuing participants to use all six PMID steps by 2 1/2 months into the study was significant. Five (an injury curtailed one participant's ability to submit an ECI after the completion of the study) of the eight continuing participants found that during their use of the PMID model they reduced emotional stress from relationship issues. Most worthy to note is that there was very little blaming others even while pointing out differences with others shown in their dreams. This is supportive of working with dreams about others instead of confronting others about differences.

The percentage of relationship dreams that contained influences from the past (99/122 or 81% for the 17 participants) is evidence that individuals' reactions to earlier experiences have significant possibilities for influencing their current reactions. In summary, this study's outcomes echo previous conclusions that dreams contain information from the past that is not easily accessible to the waking-life mind (Hartmann, 1995, 1998; Ullman, 1996, 2001, 2006).

Limitations

Because the sample size, among other factors, was too small to be considered random, findings of the current study cannot be generalized. An obvious restraint on the scope of the findings in this study is that though participants were encouraged to review their original interpretations for new insights, few reinterpretations were submitted. In our previous projects when review of interpretations was a requirement, review for new insights was an added productive practice.

An obvious limitation of dream interpretation in general is the possibility of misinterpretation. Studying more than one dream about critical issues (as seven participants did, see Table 2) and reviewing dreams and interpretations before acting, plus consulting with a professional counselor trained in dream work, helps to prevent misinterpretation.

Implications for Counselors

Ability to understand and use the PMID model within 6 months makes it appropriate for brief therapy. The PMID model's usefulness for types of dreams besides relationship dreams leads to a recommendation to guide clients' use of the PMID model to interpret all types of dreams.

With the PMID model, the dreamer is the interpreter of her or his dreams; the counselor guides (facilitates) the dreamer's use of the model. We recommend that counselors learn how to facilitate other's use of the PMID model by first using the PMID with their own dreams.

Though facilitating others' use of the PMID model may appear simple, the process is more involved than it may appear. People's productive use of the PMID model requires attention to each technique in each step, attention that is often overlooked by first-time users. Thus, a

recommendation is for counselors to note the specific guidance that participants in this study needed on use of the PMID model steps. Events and thoughts commingled under Step 1, earlier events instead of previous-day events and thoughts placed under Steps 1 and 2 instead of Step 6, no date stated for when events and thoughts occurred for Steps 1 and 2, archetypal and universal definitions instead of personalized meanings from their own experiences for Step 3, lack of comparing emotions in their dreams with their pre-dream, waking-life emotions (Step 4), failure to consider responses to previous PMID steps, especially pre-dream thoughts, when exploring their dreams for solutions (Step 5), consideration that the primary persons in the dream represented the dreamer instead of considering his or her reactions to experiences with those others (Step 6).

As shown in this study, people's interpretations of their dreams have the potential to reveal when their current reactions are affected by unresolved stressful reactions from earlier experiences. These revelations are resources for counselors to assist clients in understanding and changing long-embedded stressful patterns of thought, attitude, and behavior. Consequently, a recommendation for future research is for counselors to use the PMID model as an adjunct to cognitive-behavioral counseling models. Current and future generations will benefit.

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East Meets West: Asian-American Parents' Expectations and Perceptions Toward Mental Health Services

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Abstract

Understanding the influence of Asian culture on Asian-American parents' parenting behaviors and perspectives of mental health problems and use of mental health services are crucial for parents' cooperation in the treatment process when working with Asian-American children and their parents. The purpose of this literature review is to understand Asian-American parents' expectations of their children and perceptions of mental health services. For this purpose, related literature on Asian Americans' parental behavior, expectations of their children, and attitudes toward mental health services is reviewed and explored. Finally, the implications for mental health professionals working with children from Asian-American families are discussed.

Cooperation with parents is necessary for practitioners when working with children with mental health issues and different cultural backgrounds. Unlike many US-born individuals who are of White, English-speaking majority, many Asian-Americans encounter multiple struggles, such as language barriers and cultural differences when using mental health services for their children (Kennedy, Schepp, & Rungruangkonkit, 2008). In addition, Asian-American parents demonstrate different attitudes toward mental health problems as compared to other ethnic groups, including specific parenting styles, varying expectations for their children, and different play patterns with their children based on their culture (Wu & Qi, 2004). Nevertheless, the main challenge for mental health professionals is to develop culturally sensitive practices in addressing the urgent mental health needs of Asian Americans (Zhou, Siu, & Xin, 2009).

Understanding Asian-American parental attitudes, expectations, and perceptions is the key to helping Asian-American children effectively achieve their goals and encourage Asian-American parents to be therapeutic advocates for their children. Further, understanding parental expectations and perceptions, as well as children's needs, is the foundation for building a cooperative and reliable parent-professional relationship, which is critical to achieving successful outcomes that meet the needs of children (Jegtheesan, 2010).

The purpose of this literature review is to explore Asian-American parents' specific expectations and perceptions of mental health services, leading to improved parental cooperation in the treatment of Asian-American children. We will review the literature related to Asian Americans, especially the first generation immigrants' parental attitudes, expectations, and perceptions toward mental health problems and mental health services for their children who are younger than 13 years old and need parental support and care in making decisions for themselves. Finally, we discuss the implications for mental health practitioners working with children from Asian-American families.

Asian Culture and Asian-American Parents

Asian Culture and Parenting

Asian Americans are a diverse racial group with more than 20 ethnic subgroups. Each of these subgroups is unique in its linguistic, cultural, and sociodemographic background and immigration history in the United States (Sue & Morishima, 1982). Nevertheless, in some areas, such as affection, wishes for their children, and basic parenting roles, Asian-American parents share more similarities across ethnic subgroups, than differences. However, at the same time, they demonstrate unique parenting styles and express their love differently based on their culture (Julian, McKenry, & McKelvey, 1994; Wu & Qi, 2004, 2005).

American society considers Asian Americans as being extraordinarily well adjusted, as demonstrated by high educational levels, occupational success, and above-average earnings; however, this is only part of the picture. Zhou and colleagues (2009) demonstrated Asian Americans' positive stereotype and the negative outcomes. In the US, Asian Americans are commonly perceived as the diligent and high-achieving minority group, so called *model minority*. This positive stereotype may have negative consequences for this ethnic minority group by setting high expectations. Asian Americans' social and mental health problems may result from external and internal societal pressures of living up to this positive stereotype. "This image of success has made many overlook the true nature of the struggles many Asian-American families have to face in the United States" (Zhou et al., 2009, p. 290). In fact, Asian-American children experience major adjustment problems in school including loneliness, isolation, withdrawal, rejection, anxiety, low self-esteem, and interpersonal distress. However, researchers (Leong & Lau, 2001; Yeh, 2001; Zhou, Peverly, Xin, Huang, & Wang, 2003) have demonstrated, and continue to reveal that behind the model minority façade, Asian-American students suffer from a range of mental health problems.

Attitudes and perceptions about raising children influence parental behavior and child developmental outcomes (Belsky, 1984; Julian et al., 1994). Traditionally, Asian family culture is characterized by collectivism, Confucianism, and family orientation. In a collectivistic culture based on Confucianism, children are strongly encouraged to obey authority, especially parents. Further, children are expected to carry out family expectations and responsibilities to support their siblings and parents when their parents became old and are unable to care of themselves (Chen & Yang, 1986), rather than focus on their own needs and actively try to achieve their life goals by themselves. As a result, Asian children tend to value meeting their parents' and teachers' expectations, creating stress for Asian children (Tan & Yates, 2011). One of the important virtues of Asians is the ability to endure hardship. Dependence on family members as the primary source of support and comfort is another value exhibited by many Asians, even among second and third generation US-born Asians (Leung, 1987). Traditional Asian familial roles designate fathers as breadwinners and mothers as caregivers. For example, in Southeast Asian culture, good parents are considered those who provide for, nurture, and monitor children's activities (Xiong, Eliason, Detzner, & Cleveland, 2005). As mothers hold primary responsibility for their children's academic and social success, they are the primary parental focus in this paper.

Asian perspectives of healthy family functioning differ from Western views. The incongruence between the Asian values of a relational and interdependent self, bound by fluid

boundaries, and the Western view of individuation and differentiation (Kagitçibasi, 1997) creates barriers to psychological diagnosis and treatment. The Western view of healthy family functioning that advocates clear boundaries and individuation considers the Asian-American characteristics of fluid boundaries, family integration, and interdependence as pathological (Zhou et al., 2009).

Asian Parents' High Expectations and Stress

Asian-American parents have higher expectations for their children and experience higher levels of stress relating to those expectations than is expressed by other ethnic groups (DeLambo, Chung, & Huang 2011; Wu & Qi, 2004). As raising children is a very important role for Asian mothers, their children's academic and social success contribute to their feelings of being good mothers, which means successful lives. Interestingly, Wu & Qi found that Asian-American parents have high expectations for their children's educational attainment regardless of parental education levels, family socio-economic status, and ethnic composition of the family. Furthermore, 93% of Asian-American parents expected their children to obtain at least a 4-year college degree in the future, as compared to European-American (74%), Hispanic (73%), and African-American (79%) parents. Additionally, most Asian-American parents consider high school diploma or 2-year college degree as insufficient education for their children (Wu & Qi, 2004).

In addition to high expectations, Asian parents have higher levels of parental stress than other ethnic groups because most Asian parents internalize the children's problems, taking responsibility for their failure (DeLambo et al., 2011; Tan & Yates, 2011). DeLambo and associates identified that Asian American parents experienced a significantly higher level of stress related to children's characteristics of disability than their non-Asian counterparts, and that Asian-American mothers experienced a significantly higher stress level than did Asian-American fathers. Furthermore, while the age of children with developmental disability is the best correlate of parental stress for non-Asian American parents, the age of parents is the best correlate of parental stress for Asian-American parents (DeLambo et al., 2011).

Asian Parents' Interactions with Children

Asian parents' play patterns and interactions with their children tend to be different from other ethnic groups. Asian parents tend to participate in relatively quiet activities while playing with their children, including reading books, telling stories, and creating art projects (Wu & Qi, 2004, 2005). Wu and Qi also demonstrated that Asian-American parents are less expressive of their affection to their children than other ethnicities. Furthermore, Asian parents generally emphasize the importance of the child's effort, while Asian-American parents tend to place more emphasis on the role of effort (Ly, 2008). Particularly, Asian mothers often believe that children's effort is crucial for their academic success and thus spend more time helping children with their homework than playing with them. These parents are also more likely to encourage their children to participate in activities that require high effort. The distinctions between ability and effort may also have important implications for intervention and educational efforts of professionals working with children with disabilities from diverse backgrounds.

Cultural Differences in Coping Skills

Differences in beliefs about personal control help explain cultural differences in coping style. Rothbaum, Weisz, & Snyder (1982) and Weisz, Rothbaum, & Blackburn (1984) classified belief controls into two types, primary and secondary. Primary control is the belief that individuals can enhance their welfare by influencing external realities, such as other people, life events, and environments. In other words, people who have primary control can actively take actions to obtain outcomes they desire. On the other hand, secondary control is the acceptance of one's life situations as they are, instead of working to change them. When they are unable to change the external reality, they usually engage in secondary control, such as changing their cognition, affect, or behavior to accommodate existing external reality to account for its impact.

Weisz et al. (1984) demonstrated significant cultural differences in coping styles between Western and Eastern individuals. The authors emphasized the use of primary control in Western cultures and the reliance on secondary control in Eastern cultures. Additionally, Spector, Sanchez, Siu, Salgado, & Ma (2004) identified that Caucasians and Japanese develop distinct psychological characteristics. In the United States, individuals emphasize influence, but in Japan, they value adjustment. Zhou et al. (2009) concluded from the findings of their study that people with a collective cultural background, such as Asian Americans, might be more likely to use secondary control when facing difficulties, whereas people from an individualist society, such as Caucasians, tend to prefer primary control to deal directly with problems they face.

The Differences between Immigrant Parents and US-born Parents

Compared to US-born parents, immigrant parents have unique difficulties in raising their children, as well as general parenting stresses due to cultural differences, language limitations, and a general lack of knowledge about the American public school system (Sohn & Wang, 2006).

These obstacles directly influence their children's academic achievements, relationships with other children, and mental health. For example, immigrants have many family-school challenges related to acculturation, although immigrant parents' perceptions of their children's school environment are a significant component in the school-home dynamic that may influence aspects of child emotional health and behavior. (Hamilton, Marshall, & Rummens, 2011).

Acculturation is one of the most important variables in the development of Asian Americans' cultural identity (Zhou et al., 2009) and adjustment to their new environment, including the gap of acculturation within a family. During the acculturation process, individuals seek a balance between retaining features of their ethnic culture and adopting features of the host culture. However, parents and children tend to work through these acculturative issues at different rates, which may result in acculturation differences between parents and children. Therefore, the extent of differences in acculturation between parents and their children is an important context in immigrant families for mental health practitioners to navigate the early adolescent period (Kwak, 2003).

The acculturation gap between immigrant parents and children also influences parents' involvement in school, which is crucial for children's school adjustment and academic achievement. Research suggests that ethnic minority parents and immigrant parents are less involved in schools (Griffith, 1998, Ramirez, 2003, as cited in Hamilton et al., 2011; Turney & Kao, 2009). Immigrant parents' negative perceptions of their children's school may originate

from several factors, including a feeling that they are not welcome in the school and that their involvement in school activities would be unappreciated (Fine, 1993, as cited in Hamilton et al., 2011). For immigrant parents, such negative perceptions may not only become more ingrained, but may also be an additional source of stress because of concerns about their children's adaptation and their unfamiliarity with the norms of an educational system that is new to them (Hamilton et al., 2011).

Asian-American Parents and Use of Mental Health Services

Barriers in Using Mental Health Services

As a minority group, Asian Americans seem to face many types of barriers that inhibit the use of services in the U.S., including limited knowledge about available services, communication difficulties, and lack of the multicultural competency of professionals (Jegatheesan, 2009). In addition, cultural beliefs and attitudes may profoundly affect minority parents' recognition and help-seeking responses for their children's emotional and behavioral problems (Gudino, Lau, & Hough, 2008). For example, in Asian families, children's problems that are not detected or not considered serious by parents are unlikely to receive attention, even if they are very distressing to the child. These barriers may include lack of familiarity with mental health concepts, different appraisals of child behavioral and emotional problems, or distinct beliefs about causes of these problems. Furthermore, Asian Americans often try to deal with psychological issues independently or by asking for help from friends, family, or community members (Maki & Kitano, 2002). Therefore, the seeking of mental health services for emotional distress is not common with Asian Americans and seeking help from mental health professionals is usually the final option for Asian Americans because Asian Americans seriously consider family reputation and people's judgment.

In addition, several researchers identified barriers negatively affecting Asian American's use of mental health-related services (Cheung & Snowden, 1990; Sue, Fujino, Hu, Takeuchi, & Zane, 1991; Ying & Hu, 1994). These barriers include stigma, loss of face, causal beliefs, and culturally unresponsive services, such as lack of language match, lack of ethnic match, poor cross-cultural understanding, and limited access to care because of cost or lack of insurance coverage (Abe-Kim & Takeuchi, 1996). The lack of awareness or understanding of services could be another barrier (Sue, Zane, & Young, 1994; Uehara, Takeuchi, & Smuckler, 1994).

Due to those barriers, Asian-American parents rarely seek mental health professionals for their children. Abe-Kim and colleagues (2007) surveyed 2,095 Asian Americans on the use of mental health services. In the findings, 8.6% of all Asian-American respondents sought help from any service in the previous 12 months, 4.3% sought help from general medical providers, and 3.1% sought help from mental health providers (Abe-Kim et al., 2007). Furthermore, the results showed different rates of use services by generation in the United States. Asian Americans who were categorized as third or later generation had higher rates of use of any services (19.3%) than did individuals who were first (7.4%) or second (8.1%) generation, as well as higher rates of both specialty mental health and general medical care (Abe-Kim et al., 2007). In addition, Asian Americans are reluctant to report problems to others and to seek professional help because of feelings of shame and the stigma associated with having psychological difficulties (Leong & Lau, 2001; Root, 1985, as cited in Zhou et al., 2009). Chinese Americans

tend to view mental illness as a problem they can mediate by willpower and the avoidance of morbid thoughts (Arkoff, Thaver, & Elkind, 1966; Root, 1985 as cited in Zhou et al., 2009).

Asian-American Parents' Experiences and Perceptions of Mental Health Services

Asian-American parents have unique expectations for mental health professionals and perceptions of mental health services based on their previous experiences, culture, and beliefs. Particularly, Asian-American parents experience cross-cultural communication barriers in parent-professional interactions (Jegtheesan, 2010), such as meeting with mental health practitioners, doctors, and teachers. For Asian-American parents, the use of complex terms in meetings and handouts or supplementary readings causes substantial difficulty and stress in processing the information pertaining to their children's disability. Parents' lack of understanding about what the professionals said interrupts communication and results in feelings of anxiety and helplessness, leaving parents unclear about their children's problems and what they could do to help.

During an interview with Asian-American parents, Asian-American mothers commonly stated, "Doctors do not explain the long and foreign terminology," and "they should realize that this is all new to us" (Jegtheesan, 2010, p. 127). One Asian mother said, "Even though I am fully English speaking, I struggled a lot trying to understand and I was so worried about my child and felt helpless. It's like if I give them something to read in Mandarin, they will be lost. That's how I felt" (p. 128). In the same research, another mother shared her feelings about information she received from the doctor she met, she stated that "The information provided was not based on the child's problems and circumstances, too technical, too general and not focused on what was needed to know to understand the child" (p. 129). These Asian-American mothers felt that the doctors they met were impatient, dismissive, and condescending and that doctors dismissed them because they were a minority (Jegtheesan, 2010).

Many Asian-American families value alternative medicine; however, many Western doctors do not recognize these types of medicine. Asian-American mothers reported professionals' stereotypical perceptions of Asian values and beliefs and their opinions of alternative medicine, creating a misunderstanding between mothers and professionals (Abe-Kim et al., 2007). Several mothers reported that doctors brought up alternative medicine as a possibility, but dismissed it immediately (Abe-Kim et al., 2007). In this situation, the Asian mothers may feel that doctors cannot understand their culture or do not respect their values and beliefs. As a result, the mothers may feel more helpless and hopeless to help their children.

Abe-Kim and colleagues (2007) demonstrated that Asian Americans had lower rates of mental health-related service use than other populations. However, US-born Asian Americans reported higher rates of service use than Asian immigrants. As far as the subjective satisfaction of treatment they experienced, a significantly lower proportion of foreign-born individuals (51.5%) than US-born individuals (72.6%) reported that treatment helped significantly. In addition, these US-born individuals presented different perceptions of mental health services according to their generation. Third-generation or later Asian-American individuals had significantly higher perceptions of helpfulness (81.1%) than second-generation individuals (60.2%) (Abe-Kim et al., 2007). Interestingly, among Asian-American mothers who gained access to different mental health-related services, satisfaction was not significantly different based on immigration-related characteristics, but they showed different ratings by ethnicity (Jegtheesan, 2010). Filipinos reported a higher proportion (92.2%) of their satisfaction with the

care they received from any service than other ethnic groups (Chinese = 72.1%; Vietnamese = 74.9%; other Asian = 88.1%). This difference may be because Filipinos are relatively free from communication barrier in the U.S.—English is an official language of the Philippines—as compared to other Asians who speak English as second language. This is evidence that for Asian immigrant parents English fluency is a significant factor in using mental health services and their satisfaction with the services.

Consequently, Asian immigrant parents tend to use mental health services less often than US-born Asian American parents and experience low satisfaction with the services. Also, they seem to expect more culturally sensitive professionals and culturally responsive services. In interviews with Asian-American mothers (Jegtheesan, 2010), the mothers complained of a need for qualified and competent interpreters in interaction with professionals. They also asked professionals to have an understanding of Asian values and customs, as well as interpersonal skills such as compassion, patience, and respect (Jegtheesan, 2010).

Implications for Mental Health Practitioners

There is great cultural and linguistic diversity within the foreign-born Asian Americans (Julian et al., 1994). The Asian-American population is diverse including, but not limited to, Koreans, Japanese, Chinese, and Filipinos (Sue & Morishima, 1982). Mental health professionals need to understand Asian culture in order to meet their unique needs. However, regardless of their nationality, Asian parents generally share the same basic Asian cultural orientations toward receiving outside assistance. Mental health providers need to understand the distinct historical, social, and political experiences of individuals from different ethnic backgrounds (Chan 1992). In addition, the specific knowledge of Asian traditional values, beliefs, and practices related to family, religion, childrearing, education, health, mental health, and disability is crucial for mental health practitioners to understand their clients who are from Asian culture.

However, many Asian immigrant parents do not feel truly understood and accepted by mental health practitioners (Jegtheesan, 2010). Asian-American parents believe that mental health services are not really helpful for them because they do not know how to use mental health services and do not understand the services professionals provide. More importantly, most Asian immigrant parents feel that mental health professionals are not sensitive to Asian culture and do not care about the difficulties Asian-American parents face as a minority group in the U.S., including communication barrier, cultural gap, and lack of knowledge about American medical system and mental health services (Gudino et al., 2008). Zhang and Dixon (2003) reported that Asian students rated multiculturally responsive counselors as being more knowledgeable, attractive, trustworthy, and capable of helping them with personal and social problems.

In Asian families, mothers experience more stress regarding their child's mental health issues than Asian fathers (DeLambo et al., 2011) because traditionally Asian mothers are the primary caregivers and are mainly responsible for their children. Furthermore, Asian mothers are strongly encouraged to support their children's academic achievement (Wu & Qi, 2004) and husbands' social success. Because of Asian-American mothers' unique roles and responsibilities for their children, when working with Asian-American children and their families, building a working alliance with mothers by empowering and supporting is foundational for mental health providers to help Asian individuals more effectively (Skinner, 1997). Asian-American mothers may not feel comfortable with the concept of confidentiality because they believe that they

should know everything about their child. Most Asian-American mothers expect mental health professionals to provide more detail information of what their child did during sessions. Helping mothers understand confidentiality is a significant factor for providers in establishing a good relationship with mothers and encouraging them to be therapeutic agents for their children. Also, many Asian-American mothers expressed a profound desire to work with professionals who are warm, empathic, and thoughtful. Jegtheesan (2010) concluded that being compassionate was an effective instrument for building reliable relationships between mothers and professionals because many mothers felt alone and helpless in raising their child.

Professionals are encouraged to understand Asian-American parents' language barriers encountered in daily life, as well as in mental health services (Jegtheesan, 2010) when working with Asian-American populations, especially with first generation individuals. This population often has adjustment and acculturation issues with communication problems (Dinh, 1996). Asian mothers who are immigrants or refugees in the United States, regardless of their level of acculturation, reported communication issues (Jegtheesan, 2010). Mothers believed that it is critical for professionals to be aware of these factors to establish a respectful and trusting relationship. To establish interpersonal relationships with persons from different cultures, effective verbal and nonverbal exchanges are necessary (Chan, 1992). Due to their language barrier and cultural differences, choosing a mental health service for a child is a challenge for many Asian immigrants. Particularly, they wonder if current services can adequately meet the needs of diverse Asian-American groups (Abe-Kim et al., 2007). Barriers in communication styles between Asian and Western cultures can hinder development of the therapeutic relationship, exacerbate hesitation to seek psychotherapy, and continue to cause premature terminations that are often found when working with Asian Americans (Leong & Lee, 2006). Ideally, for the first generation immigrant parents, either bilingual counselors or interpreters are necessary when they receive mental health services to help their children more effectively.

Conclusion

In conclusion, this paper was a review of the literature related to Asian-American parental attitudes, expectations, and perceptions, based on Asian cultures, and provided the implications for mental health practitioners working with Asian-American children. Professionals working with children in clinical settings need to understand parents, as well as children, considering the effects of parents on their children's developmental outcomes. In addition, if clients are from different ethnic groups, it is necessary for professionals to understand parents' unique expectations of their children, and attitudes and perceptions toward mental health services.

In Asian cultures, seeking mental health services is the final step to solve problems because Asians seriously consider the negative effect of loss of face, family refutation, and people's judgments. Further, Asian Americans value the ability to endure hardship in their life, rather than to disclose their concerns and issues. Asian-American children might have higher pressure and distress than other ethnic groups due to their parents' high expectations for their academic success. Finally, Asian Americans' use of mental health services and satisfaction presents different despondences by generation. Third or later generation Asians show higher rates of use and satisfaction of mental health services. Mental health professionals can use these cultural factors to help Asian-American children to grow effectively and to lead parental cooperation in the clinical process.

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Aiding Student-Athletes with Identity Development

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Abstract

Participation in sports is an excellent way for student-athletes to learn applicable life skills, but those who are entrenched in sport often miss out on the full process of identity development, resulting in a foreclosed identity. Because foreclosed identity can lead to problems when student-athletes' transition out of sports, it is up to counselors—along with parents, coaches, school officials, and others influencers—to encourage student-athletes to explore all areas of their lives. Counselors who are familiarized with the problems related to athletics—including foreclosed identity, stereotype threat, academic corruption, injury, and athlete retirement—can properly assist student-athletes with healthy development. Sport participation should be recognized as a career so student-athletes can learn the steps of healthy career termination and transition. Student-athletes who understand how to terminate their sport careers in a healthy way can better transition into the next stages of life as well-balanced individuals with goals and direction for personal excellence.

There are many benefits of sport participation—including physical fitness, psychological wellness, and socialization (American College of Sports Medicine, 2000; Despres, Brady, & McGowan, 2008; Johnsgard, 2004). Moreover, engaging in sports at a young age can help children learn how to interact with others, follow rules, utilize teamwork, and accept success and failure. Problems may arise, however, when individuals become over-involved in sports and fail to explore other domains of life. Student-athletes, ranging from first graders to college seniors, are at a high risk for allowing sports to dominate their lives (Despres, et al., 2008; Jolly, 2008; Valentine & Taub, 1999; Wittmer, Bostic, Phillips, & Waters, 1981). While their non-athlete peers have opportunities to explore different areas of life, student-athletes spend most of their time in sport-related settings (e.g., practice, competitions, and travel). Often they consider the student role to be less important and focus nearly all of their attention on the athlete role (Despres, et al. 2008; Yopyk & Prentice, 2005). The process of identity development is hindered when student-athletes are encouraged to commit to a single area of life instead of exploring other options that can prove to be beneficial in the future, which can often result in a foreclosed identity. A foreclosed identity, or commitment to one identity, role, or occupation before fully exploring other identities during adolescence (Erikson, 1959; Petotpas, 1978), can lead to problems when student-athletes transition out of sports. Many student-athletes aspire to become professional athletes, but very few perform at the elite level that leads to professional sport careers. When student athletes begin to internalize the realization that they may face a sport-career termination, they find themselves unprepared for other career paths, often feel lost, and experience grief reactions (Lavallee & Wylleman, 2000).

Despite the problems related to being a student-athlete, some student-athletes have the ability to form well-rounded identities and avoid a foreclosed identity. Parents and other influencers likely guided these athletes through the development stages. Counselors who are

familiarized with the problems and solutions related to athletics can be instrumental in the process of assisting student-athletes with healthy identity development and can furthermore effectively work with them. Issues discussed in this article (i.e., foreclosed identity, stereotype threat, academic corruption, injury, and transition out of sports) affect student-athletes of all ages, and counselors should recognize the developmental stage of each student-athlete to implement appropriate techniques throughout the course of counseling.

Athletic Identity Development

The formulation of a healthy, well-rounded identity is essential to becoming a fully-functional, productive adult. Identity development begins at an early age and is subject to many influences. The role(s) that people assume (e.g., brother, sister, student, athlete) effect identity development. As children grow into adolescents and eventually adults, they make choices about their roles. Many identify equally with several roles, while others (e.g., student-athletes) identify the strongest with one role, the athletic role, often resulting in foreclosure of identity (Despres et al., 2008).

Identity development begins in infancy, when the sense of self is discovered, and is revised throughout the lifespan. A well-known theory of identity development was presented by Erikson (1959) who believed that identity development occurred in eight stages, during which a specific developmental task or conflict should be overcome in order to achieve a sense of mastery during a given stage. If the task or conflict in a specific stage is not mastered, the individual will feel inadequate (Erikson, 1959; Van Wagner, 2009). Student-athletes often put all focus on athletics and fail to explore other talents and interests that can contribute to healthy, well-rounded development. When the time comes to leave sport, students who have an overwhelmingly strong athletic identity are usually unprepared to move forward in life (Lavellee & Wylleman, 2000).

Each stage of development presents people with an opportunity to grow. (Erikson, 1959; Cole & Cole, 1996; Van Wagner, 2009). According to Erikson's (1959) theory, if people fail to obtain psychological growth, they may become deficient in that area of development. The Industry versus Inferiority and Identity versus Role Confusion stages are particularly useful for examining athletic identity. Children enter the Industry versus Inferiority stage between the ages of five and 11. During this stage, children develop confidence resulting from accomplishments and abilities; children who are encouraged by parents and others develop confidence in their skills, while those who are not encouraged doubt their abilities (Van Wagner, 2009). Young student-athletes who are praised continuously for their athletic success find a sense of accomplishment through sports and have a tendency to put forth additional effort in that domain to continue receiving positive affirmations. The increased effort in the athletic domain, however, may lead to less effort and identification in the student domain.

The Identity versus Role Confusion stage takes place during adolescence. According to Erikson (1959), the development of a strong identity and avoidance of identity confusion is the main goal of adolescence. During this time—while exploring independence as well as likes/dislikes, talents, values, beliefs, sexuality and religion—a sense of self is developed (Van Wagner, 2009), and the individual is faced with making a choice between several meaningful alternatives in order to determine which role to pursue. This tends to cause anxiety but also leads to psychological development and growth (Petitpas, 1978). By contrast, those who do not fully explore their values, options, and beliefs will develop confusion about themselves and their

futures (Van Wagner, 2009) often resulting in identity foreclosure. While most adolescents are open to exploration, many student-athletes realize their physical talents and may be more likely to experience identity foreclosure because they identify solely as athletes. As a result, they lose interest in finding other talents or on which they can base a future career. Athletic identity can be determined by the degree to which an individual identifies with the athletic role (Despres, et al., 2008; Jolly, 2008). While many student-athletes dream of becoming professional athletes, only 1 – 2 percent of college athletes play professionally after college (Lavalley & Wylleman, 2000). Student-athletes who do not explore their options, which prevents the experience of identity confusion, have not mastered this developmental stage and will experience anxiety later in life when the athletic identity can no longer serve as the dominant role. Because student-athletes tend to neglect the whole aspect of self—encouraged by family, coaches, teammates, and friends to focus a significant portion of their lives and identities on athletics—the over-development of an athletic identity does not allow student-athletes to create a whole-self perspective. The athletic identity develops throughout years of sport participation without consideration for a future in which athletics does not dominate one’s life. Houle, Brewer, and Kluck (2010) noted that athletic identity grows from late childhood into early adolescence and is even higher during young adulthood for individuals who remained active in competitive sports. The result can be susceptibility to negative consequences of identity foreclosure, including depression related to injury and lower sense of career maturity (Hoile, et al., 2012).

Another factor that can affect identity development is gender identity. Although participation in competitive sports can have a positive effect on gender identity and self-confidence, it can also have negative effects on the same factors (Kishton & Dixon, 2001). In addition, cultural identity can be affected by sport participation. Specifically, racial and ethnic backgrounds influence the way that sport participation affects identity development (Stanley & Robbins, 2011). Stanley and Robbins (2011) suggested that sports settings provide models of cultural socialization that can have both positive (e.g. cultural pride and awareness) and negative (e.g. negative cultural/racial/ethnic stereotypes) effects on people. It is important for student-athletes to be exposed to a variety of non-athletic based activities (e.g. school or volunteer work) to help foster a balanced self-identity. A healthy well-rounded whole-self is developed through exploration and selection of alternative options.

Challenges, Barriers, and Issues that Student-Athletes Face

Student-athletes are faced with many challenges and threats regarding the whole-self and the athletic-self. In addition to a foreclosed identity, other issues include managing feelings related to stereotype threat (Yopyk & Prentice, 2005), academic corruption, (Kihl, Richardson, & Campisi, 2008), injuries (Pargman, 1999), and transition out of sports (Lavelley & Wylleman, 2000). It is important to understand the problems and challenges that student-athletes face in order to help them overcome these barriers and transition into a psychological space conducive to healthy development.

Stereotype Threat and Academic Corruption

Student-athletes are typically stereotyped and placed in unflattering categories, including being labeled as “dumb jocks” or assumed to receive breaks throughout their academic careers. While the physical talents of student-athletes are clear and rewarded, other aspects of student-athletes’ selves are not. Student-athletes have at least two identities (e.g., student and athlete),

although one identity may be stronger than the other. These multiple identities can have conflicting relationships and cause problems when student-athletes are put into situations in which a choice must be made between the identities. Stereotype threat, as defined by Yopyk & Prentice (2005), is “the anxiety people experience when they risk confirming a negative stereotype of their group” (p. 329). Student-athletes face additional pressure in academic situations because they do not want to confirm the stereotype that athletes cannot perform well in school (Yopyk & Prentice, 2005). During exams, for example, student-athletes might feel more pressure to succeed than non-athlete students, but they might also feel deterred from requesting to be excused from practice to study as they may be punished by coaches and scrutinized by teammates if they demonstrate interests in areas other than athletics. Student-athletes may also face pressure from teachers and professors because the athletic department or principals and deans might be influencing these professionals to be lenient on student-athletes in an effort to advance the school’s athletic team (Kihl et al., 2008).

One of the most famous cases of academic corruption took place at the University of Minnesota from 1994 to 1999 and involved the men’s basketball team (Kihl, et al., 2008). Among others, the academic corruption and fraud involved members of both the athletic department and the academic counseling office including the coach, athletes, academic advisor, VP of student development, and athletic director. Several tutors were assigned to write papers, prepare take-home exams, and complete homework assignments for at least 18 members of the basketball team. Over 400 pieces of scholarly work were created fraudulently and turned in as the student-athletes’ original work. The university and National Collegiate Athletic Association (NCAA) delivered consequences that included expelling student-athletes, eliminating specific scholarships, accepting faculty resignations, and failing to renew athletic-related university contracts. This situation not only impacted the individuals involved in the scandal but also the student-athletes (and university employees) who were not involved in the scandal.

Kihl et al. (2008) identified three consequences that student-athletes face as a result of academic corruption: “(1) negative treatment inflicted by different constituency groups; (2) sanctions; and (3) a sense of loss which leads to various respective harmful outcomes (subcategories) including distrust, dysfunctional relationships, embarrassment, stakeholder separation, anger, stress, conflict, and noncompliance” (p. 283). Future student-athletes can be affected by the distrust that lingers from previous scandals even when the majority of student-athletes complete their own academic work and take responsibility for their success or failure in academics. Academic corruption implies that cheating is an acceptable way to gain advancement, but this is not a lesson that should be taught to student-athletes, or anyone for that matter. The negative implication of academic corruption puts student-athletes in the middle of an administrative battle that highlights the unfavorable aspects of being a student and an athlete. Student-athletes must work hard to manage the emotions (e.g., embarrassment, shame, anger) related to being involved in a flawed system that is not under their control.

Injury

Some athletes are forced to balance their life roles sooner than others. A student-athlete’s relationship with sports is ended either voluntarily or involuntarily. Athletic careers that are ended voluntarily are the result of a decision to stop playing, often due to interests in other areas. Athletic careers ended involuntarily, however, are often due to an athlete incurring an injury or being cut from a team. The nature of athletics puts student-athletes at a greater risk of obtaining

an injury than non-athlete students (Pargman, 1999). Pargman (1999) pointed out that there is a high incidence of reported annual sport injuries of student-athletes: approx. 750,000 at the college level and close to 850,000 at the high school level. In fact, the risk of obtaining an injury during college sports initiated the creation of the NCAA in 1906 (National Collegiate Athletic Association, n.d.).

Many injuries result in psychological stress, physical discomfort, and anxiety relating to the individual's athletic identity (Green & Weinberg, 2001; Pargman, 1999). Sport injuries may result in missed competition and practice or an alteration in participation (Udry & Anderson, 2002). Those with a foreclosed athletic identity have a more difficult time managing the emotional and physical stress of injuries than those with a well-balanced sense of self (Green & Weinberg, 2001; Lavellee & Wylleman, 2000; Pargman, 1999; Udry & Anderson, 2002). In addition, student-athletes with interests outside of athletics experience less psychological stress than athletes who do not have interests outside of sport (Fraser-Thomas, Cote & Deakin, 2008; Pargman, 1999). Unfortunately, many student-athletes do not consider creating a plan for transitioning out of their sport careers, resulting in anxiety when that time comes.

Transition Out of Sports

Many student-athletes are driven by the “pro-myth,” believing that they will attain a professional sports career (Despres et al., 2008, p. 208). Despres et al. (2008) warn that fantasizing about this myth leads student-athletes to lose sight of the importance of academic achievement. Student-athletes who focus on a single extracurricular activity (sport) often neglect the development of future career goals and interests in other areas of life (Lavellee & Wylleman, 2000). For these athletes, the termination of participation in competitive sport—also known as sport retirement—can result in anxiety, identity confusion, grief reactions, and a decrease in self-confidence (Lavellee & Wylleman, 2000; Miller & Kerr, 2002). Even parents experience a sense of loss when their student-athletes retire from sport (Lally & Kerr, 2008).

Career researchers have found that having social support is an important factor in transition (Gysbers, Heppner, & Johnston, 1998), but foreclosed student-athletes typically fail to create social networks outside of their sports. This creates problems when retiring student-athletes seek support from their known social network, which typically consists of other student-athletes who are still engaged in sports. The retiring student-athlete may begin to feel isolated and alone. In fact, retiring student-athletes often experience the stages of grief related to a significant loss (Brady, & McGowan, 2008; Despres et al., 2008; Lavellee & Wylleman, 2000; Pargman, 1999). It is therefore worthwhile to plan for sport retirement ahead of time to decrease the anxiety that a student-athlete may feel when it comes time for this major life transition.

What Counselors Should Know and Do to Facilitate Healthy Development of Student-Athletes

Counselors can help student-athletes create a well-rounded identity at each stage of development, which is a lifelong process during which an individual's sense of self is expected to change several times. Counselors can best meet the needs of student-athletes at various levels of development by identifying the student-athlete's current stage of development and utilizing appropriate interventions to help them pass through that stage. For example, helping a first grade student-athlete explore interests and values will be approached differently than when helping a

college sophomore. Counselors should be cognizant of identity formation; recognize athletics as a specific culture; understand and address the problems student athletes face (i.e., stereotype threat, academic corruption, injury, and career transition); and work with student-athletes, parents, educators, and athletic departments to create a plan for the future.

Sport as Culture

Many codes of ethics, including those by the American Counseling Association (ACA; 2005), Association for Applied Sport Psychology (AASP; 1996), and National Career Development Association (NCDA; 2007) promote the recognition of cultural differences within counseling. A competent counselor must acknowledge the differences and needs within cultural groups. The NCDA, a division of ACA, defines culture as “membership in a socially constructed way of living, which incorporates collective values, beliefs, norms, boundaries, and lifestyles that are co-created with others who share similar worldviews comprising biological, psychosocial, historical, psychological, and other factors” (p. 48). Athletes are a specific group that will benefit from a culturally competent counselor. Like many cultural groups, athletes have specific values, rituals, and lifestyles differing from those of the general population (Despres et al., 2008). Several sub-cultures exist within the student-athlete culture based on type of sport, role on the team, level of physical ability, and performance outcome. In addition, minority issues such as gender, sexual orientation, socioeconomic status, and race are also cultural factors.

Counselors working with student-athletes should be educated about the culture of sports. To accomplish this, counselors can consult with experts in sports, listen for information about the sporting culture when talking with student-athletes (i.e., rules of the game, rituals, and expectations), attend sporting events, and watch sports on television. This is especially helpful if the counselor has a limited understanding of sports. Counselors who chose to attend student-athlete events must be aware of ethical issues that can arise, including confidentiality, increased pressure felt by athletes when their counselors or consultants are present, and dress codes. Numerous researchers have examined ethics in sport psychology and counseling (Brown & Cogan, 2006; Etzel, Watson, & Zizzi, 2004; Habrel & Peterson, 2006; Nideffer, 1981). Another way to learn about sports is to join a professional organization, such as the Association of Applied Sport Psychology (AASP), the American Counseling Association’s (ACA) Sports Counseling Interest Group, or the American Psychological Association’s (APA) Division 47-Exercise and Sport Psychology, that can provide counselors with support and scholarly research. Most importantly, sport counselors should receive supervision from a qualified supervisor (Bernard & Goodyear, 2004). A qualified supervisor will help sport counselors navigate through the difficulties and challenges associated with sports culture. In addition, AASP offers certification for professionals who are interested in working with athletes.

The Counselor’s Role in the Fight against Stereotypes and Academic Corruption

Stereotype threat is one issue affecting athletes as a result of negative perceptions that have developed (Yopyk & Prentice, 2005), which can cause anxiety as athletes try not to confirm to these stereotypes. Student-athletes are often “praised for their successes and resented for their privileges” (Valentine & Taub, 1999) leading to assumptions about how student-athletes are or should be and a possible sense of devalued worth. Counselors can combat negative stereotypes by educating others and encouraging student-athletes to disprove the stereotypes by placing an

importance on other areas of life in addition to sport. This is not to suggest that student-athletes should decrease their effort in athletics; rather, it is a suggestion that counselors should facilitate the process of broadening student-athletes' talents and interests to increase their sense of overall self-efficacy. This can be done through interest inventories, recommendations for additional extracurricular activities, and the development of strong support systems. In addition, counselors should combat academic corruption and encourage student-athletes to have high integrity in the classroom. While student-athletes may find it difficult to balance school and sports, it is crucial that they are well prepared to manage their academic careers. Counselors can initiate study groups, tutoring, and additional assistance to help student-athletes who experience increased academic difficulties and work with educators to decrease the instance of academic corruption. Building the academic skills of student-athletes will help them transition into new phases of life.

Working with Injured Student-Athletes

Counselors must also be prepared to help student-athletes deal with their injuries. Many student-athletes experience sport-related injuries (Pargman, 1999), but those who have developed coping skills, such as creating a problem-based response versus an emotional response, better accept the limitations of their injuries (Green & Weinberg, 2001). It would benefit counselors to build a network of medical professionals specializing in sports injuries through which counselors can educate themselves on the common types of injuries that athletes experience in a specific sport, the course of injury treatment, and the prognosis for full recovery. In addition, counselors can utilize mind-body techniques with injured student-athletes including imagery, goal setting, and positive thinking, which are often efficient tools for the psychological recovery of injured athletes (Green & Weinberg, 2001; Pargman, 1999). Most importantly, counselors can help student-athletes fully understand the future limitations resulting from their injuries. This would require several discussions with the student-athlete, his/her medical team (with consent), and parents (with consent). If prognosis is poor, counselors can assist student-athletes through the transition out of sport and into a new career.

Athletes who experience an unexpected termination (retirement) from sport due to injury or being cut from a team often experience a grief and loss reaction that can include shock, denial, isolation, anger, bargaining, depression, and acceptance (Blinde & Stratta, 1992; Lavelle, 2000). Lavelle (2000) reminded practitioners that not every person experiences grief and loss in the same way and encouraged counselors to work with athletes from an individual perspective when processing the issues related to injuries and career termination. Counselors who work with student-athletes can help them adjust to new circumstances by assisting in exploration of non-sport areas while acknowledging the loss of the athletic identity.

Utilizing Counseling to Create Personal Excellence

Many student-athletes develop a strong athletic identity, in which they view their specific sport as a major factor in identifying their roles and careers. This is typically developed through achievement and excellence in sport. Some experts question whether athletic excellence is achieved at the expense of other developmental advances, such as development of a well-rounded worldview (Despres et al., 2008; Miller & Kerr, 2002; Ray & Wiese-Bjornstal, 1999). Miller & Kerr (2002) proposed an athlete-focused sport system that includes coaches, parents, trainers, and athletes who work to develop personal excellence in addition to athletic excellence.

They recommend that athletes should develop their life skills in addition to their sport skills to prepare them for sport retirement before the actual retirement occurs. While most people think of retirement as a phase of life for people older than 60, student-athletes face retirement in their mid-20s, and in some cases, even earlier (Lavalley & Wylleman, 2000).

Therefore, counselors should begin using career counseling techniques with student-athletes at a young age. Counselors should utilize career development, which supports Miller & Kerr's (2002) idea that athletes should learn to be efficient in more than one area of life. The elements mentioned above—identity development, creation of a social network, and career exploration—were drawn from developmental theory, family systems theory, and career developmental theory. These three areas can be revisited by student-athletes of any age, and application of the elements should be developmentally appropriate and driven by both the student-athletes and counselors.

Identity Development through Role Exploration, Social Networks, and Career Exploration

To facilitate identity development, counselors should encourage role exploration to help student-athletes avoid premature decision-making and foreclosed identities. The use of values assessments and career-based inventories help student-athletes realize that the athlete role does not have to be an exclusive definition of self. Counselors should encourage younger student-athletes to engage in play outside of their sport to help familiarize them with multiple domains.

Creating a social network and support system can also be vital to transitioning out of a career in sport by encouraging student-athletes to expand their individual identities and attain personal excellence (Lavalley, & Wylleman, 2000; Orlick, 2008; Ray & Wiese-Bjornstal, 1999). Orlick (2008) defines personal excellence according to seven factors: focus, commitment, mental readiness, positive images, confidence, distraction control, and ongoing learning. The seven factors can be utilized in every area of life, including academics and exploring interests, to help student athletes develop well-rounded identities. Counselors should help student-athletes develop support systems within their families, teams, friends, and schools as they move through their quest for excellence.

Athletic teams can be perceived as a parallel of Bowen's family systems (Bowen, 1978) and also can be compared to a group in terms of dynamics. While families are typically the ones guiding student-athletes through their younger years, their teammates are often viewed as siblings and their coaches as surrogate parents in their sport careers. The older teammates help set expectations and can be seen as mentors or big brothers/sisters to the younger student-athletes, and the coaches set rules, expectations, schedules, and curfews while student-athletes are away from home. The dynamics of a team are also similar to the dynamics of a family in that if a change occurs within the team, the entire system is affected. If a student-athlete faces an injury, then the team must find a replacement—perhaps change their plays—and individual athletes must acclimate to the dynamics of the new player. Both individual sports and team sports tend to be in a team-like environment comprised of individuals who fulfill certain social and athletic roles.

Athletic teams are like groups in that both groups and teams have norms, communication styles, and individual roles. Athletic teams must develop cohesion in order to reach their goals in a cooperative manner (Cox, 2008). Counselors' understanding of group dynamics and their clients' role within the group can effectively help student-athletes explore their multiple roles in life.

While it is important for individuals to feel the social support of a team, which has a positive effect on self-efficacy, it is also healthy to have friends outside of the team. Developing a network of friends outside of the team can be difficult due to the time commitment of sports. Nonetheless, to facilitate the development of a well-rounded identity, counselors should encourage student-athletes to focus a portion of their time in other groups such as community service groups or student councils. Another way to build a support system is by getting to know the officials in the school. The school counselor, principal/dean, and teachers/professors can provide direction and motivation for student-athletes to succeed in many areas of life as they strive for personal excellence in addition to athletic excellence. The transition to balancing athletic excellence and personal excellence is smoother when the student-athlete has a strong support system.

The element of developing a social network was derived from family systems theory, which examines how family members are individual members of a system. It is helpful for counselors working with student-athletes to be familiar with the basics of the family systems model. Family systems interventions focus on strength and change (Ray & Wiese-Bjornstal, 1999) as opposed to other psychological theories that focus on diagnostics. Family systems examines the cycles of interaction, levels of differentiation, and the social-emotional process (Ray & Wiese-Bjornstal, 1999; Rochlen, 2007). Receiving support from family, teammates, coaches, and friends can help student-athletes move positively through early career transition and developmental stages.

The career exploration of student-athletes is an ongoing process. Being a student-athlete is, in fact, a career decision. The term career is not simply a job or occupation. It is an individual's journey through life. Since student-athletes begin this journey and experience career transitions earlier than their non-athletic peers, it is essential for counselors to create a development perspective to help student-athletes balance their athletic careers with healthy progress through the developmental stages and build awareness of options outside of sport. Through sport, student-athletes can learn transferrable life skills, including teamwork, concentration, goal setting, conflict resolution, and time management. Counselors should teach student-athletes how the utilization of these skills can be beneficial in future careers and help them understand that focusing on both academics and sports will help them prepare for life after their sport careers (Despres et al., 2008). The element of career exploration is based on a developmental theory of career counseling including choosing a career in line with an individual's talents, interests, and values. Career exploration should include both objective and subjective tests to help the student-athlete discover additional areas of interest. In addition to formal tests, student-athletes should explore possible careers by participating in activities within their areas of interest, such as job shadowing or volunteer work.

Conclusion

Participation in sports is a great way for student-athletes to learn skills that they can apply to the rest of their lives, but it is up to counselors—along with parents, coaches, school officials, and others influencers—to help student-athletes explore all areas of their lives. Student-athletes have very specific needs and will benefit from elements of healthy identity development, social network creation, and career exploration. Through the element of identity development, counselors can expose student-athletes, parents, and coaches to the importance of helping student-athletes formulate well-rounded identities as well as methods for avoiding foreclosed

identities. Counselors must recognize that student-athletes will be influenced by several systems impacting their lives; student-athletes should learn how to identify helpful and harmful aspects of the systems in which they operate, allowing them to increase the positive factors while decreasing negative factors. Finally, student-athletes' sport participation should be recognized as a career and they should learn the steps of healthy career termination and transition. Student-athletes who experience post-sport preparation through identity development, system utilization, and career exploration will transition into the next stages of life as well-balanced individuals with goals and direction for personal excellence. Equipped with the right tools and knowledge, counselors have the power to make a difference, one student-athlete at a time.

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