# ASSESSING THE EFFECTIVENESS OF TRAINING PACKAGE AND GROUP COUNSELING WITH FRAMEWORK OF SKILLED HELPER MODEL ON PROMOTING THE PHYSICAL AND EMOTIONAL WELLNESS

[a]MOJTABA TAMADONI, [b]MASOUD JANBOZORGI, [c]MASOUD AZARBAIJANI, [d]GHOLAM ALI AFROOZ, [e]SEYED KAZEM RASOULZADEH TABATABAEI.

*[a] Researcher, Counseling Department, Imam Reza International University. Mashhad. Iran.*
*[b] Associate Professor, Psychology Department of Research Institute Of Howza and University. Qom. Iran.*
*[c] Associate Professor, Psychology Department of Research Institute Of Howza and University. Qom. Iran.*
*[d] Professor of Psychology, University of Tehran, Iran.*
*[e] Associate Professor, Psychology Department of Tarbiat Modares University. Tehran. Iran.*

*Email: [a]tamadonim336@gmail.com, [b]psychjan@gmail.com, [c]mazarbayejani110@yahoo.com, [d]afrooz2@ut.ac.ir, [e]rasool1340i@yahoo.com*

Abstract. University provides a valuable opportunity for facilitating the knowledge, skills, and beliefs that develop wellness to last a lifetime. So a sample including 60 students were selected with convenience sampling method. The results showed that mean scores of posttest is significant at the level of (P=0.001) for physical fitness (F=7.78), nutrition (F=7.78), self-care and safety (F=8.31), emotional management (F=12.05) and Sexual and emotional awareness (F=4.13). Also LSD post hoc test showed that the first experimental group has obtained the improvement compared to the second experimental group and the control group in both variables and this hypothesis that execution of training and counseling package with skilled helper model reinforces two variables of physical and emotional wellness of students was confirmed.

Key Words: Wellness, TestWel, Physical Wellness, Emotional Wellness, Skilled Helper Model.

## 1 Introduction

The notion of Wellness has grown from conceptualizations which have attempted to capture a positive perspective of health which although no longer defined simply as freedom from illness, still connotes a reactive, or negative-reducing notion of enhancing human functioning (Cowen, 1991; Hattie, Myers, & Sweeney, 2004; Swarbrick, 2006; Wissing, 2000). Wellness is a dynamic state of being in which a person's awareness, understanding and active decision-making capacity are aligned to some extent with their values and aspirations for a more satisfying life. A Wellness lifestyle is the commitment and approach adopted by an individual aiming to enhance this alignment to reach their highest potential (Ardell, 1986; Dunn, 1961).

The outcome of a Wellness lifestyle is a capacity to contribute in positive and meaningful ways to one's community, society and the welfare of the earth. An individual who adopts a Wellness lifestyle aims to adapt and balance the multiple dimensions of their health and wellbeing in concert with others and their environment. On a continuum between low-level Wellness and high-level Wellness, individuals continually move between various states of physical, psychological and spiritual harmony and vary in their capacity to reach aspirations and goals (Adams, Bezner, & Steinhardt, 1997; Swarbrick, 2006; Travis & Ryan, 2004; Wissing & van Eeden, 2002). Maslow's notion of the authentic individual as one who is "a little more a member of the species and a little less a member of the local group" (Maslow, 1999) poignantly reflects the possibilities for the Wellness of humanity as a whole as a by-product of the Wellness of the individual.

Research on Wellness and psychological well-being of college students in the US has shown that there is a significant positive relationship between adherence to wholistic Wellness models and psychological well-being (Hermon & Hazler, 1999) and global Wellness measures have positive correlations with both self-confidence and the overarching process of identity development in college students (Murray & Miller, 2000).

Ford (2015) shows that training environment tissue and increase of awareness and behavior in order to wellness, encourage students in decisions related to health. However, feeling that they have to wellness is important and finally students need support to show fortune to wellness. Extensive researches in the field of wellness have achieved many developments, provided valuable experimental data and created numerous and complex conceptualizations of this structures (Goss, 2011).

Fundamentally, initially wellness has been attributed to the physical aspect and early evaluation focused on this dimension. There were cases in the physical aspect such as physical activity, nutrition and self-care. According to Sidman, D'Abundo, and Hritz (2009), "physical wellness has been defined as the ability of the body to function effectively and meet the demands of daily life" (p.2). This includes: "cardiovascular endurance, strength and flexibility, in addition to healthy nutrition, sound medical care, and personal safety" (Sidman et al., 2009).

Cooper (1968, 1970, 1975, 1977) is well known in this field and studied the relationship of exercise to health and longevity, particularly how exercise reduced the risk of heart disease. His findings revolutionized the fitness industry's understanding of health and wellness and advanced the understanding of the relationship between living habits and health (as cited in Miller & foster, 2010). Among this, sports companies increased the public interest to improve physical health through presence in sports clubs and weight loss plans.

Helliwell (2005) found optimism about good health resulted in higher wellness scores. He also found that age was of great interest because one might assume happiness decreases with age, whereas in fact 18-24 year olds and 55-64 year olds are equally the happiest of all age groups with 35-44 year olds being the least happy. Even 65 year olds and above were a lot happier than this 35-44 year old age group.

Ryff & Singer (2006) found that avoiding negative behaviors such as smoking and inactive living as well as somatotype affects physical wellness with benefits including better autoimmune functioning. Ryan & Deci (2001) noted that physical wellness, however, does not always correlate to one's sense of well-being: a person can be ill and have a positive state of mind while a physically healthy person can experience a poor sense of well-being.

Emotional wellness is conceptualized as awareness and control of feelings, as well as a realistic, positive, self-valuing and developmental view of the self, ability to deal with conflict and life circumstances, coping with stress and the maintenance of fulfilling relationships with others (Adams et al., 1997). Helliwell (2005) considered emotional wellness as a continual process that included an awareness and management of feelings, and a positive view of self, the world, and relationships.

Renger et al., (2000) defined emotional wellness as related to one's level of depression, anxiety, well-being, self-control, and optimism. From a proactive view, emotional wellness reflects one's ability to experience satisfaction and curiosity, as well as enjoyment in life, and being able to anticipate the future with a positive or optimistic outlook. Ryan & Deci (2001) describe self-determination theory (SDT) as another perspective that fits within the concept of self-realization as a central definitional aspect of wellness and that SDT specifies both what it means to actualize the self and how this can be accomplished. This involves the fulfillment of basic psychological needs autonomy, competence, and relatedness, resulting in psychological growth

(e.g. intrinsic motivation), integrity (e.g. internalization and assimilation of cultural practices), and well-being (e.g. life satisfaction and psychological health), as well as the experiences of vitality (Ryan & Frederick 1997) and self-congruence (Sheldon & Elliot 1999).

Roscoe (2009) specifically states, "Emotional wellness includes experiencing satisfaction, interest and enjoyment in life, as well as having a positive anticipation of the future, or having an optimistic outlook". Emotional wellness is specifically related to a person's feelings and acknowledging those emotions are present (Roscoe). Regarding emotional wellness of college students, Conley, Travers, and Bryant (2013) state, "college brings a host of new demands and challenges; it is not surprising that this transition entails elevations in psychosocial distress and adjustment difficulties". Being able to effectively deal and cope with these emotions is essential in becoming emotionally well (Conley et al., 2013). Typically, the largest area of emotional wellness lacking for first-year students is coping with stress (Conley et al., 2013). Howe and Strauss reported the two greatest worries millennial students face are grades and college admissions (as cited in Bland, Melton, Welle, & Bigham, 2012). Bland et al. (2012) state, "this [grades and college admissions] is in comparison to AIDS and violent crime 10 years ago or nuclear war 20 years ago". Therefore it is easy to see why Hales declares college has "been considered one of the most stressful times in a person's life".

On the other hand, Hicks and Heastie (2008) explain, "life transitions, such as moving away from home and going to college, create valuable opportunities for growth, change and individuating from one's family of origin" (as cited in Bland et al., 2012. Bland et al., describe, "the challenge for persons interested in the well-being of this age group is two-fold: to equip these young adults with effective tools that will reduce stress when present and also give them the strategies of effective coping mechanisms". Furthermore, "college students who develop essential skills in psychosocial wellness and stress management are likely to adapt to college most successfully" and "the transition to college offers a prime opportunity for promoting psychosocial strengths and skills that can chart a trajectory toward lifelong wellness, adjustment, and success" (Conley et al., 2013).

Skilled helper model theoretically has been extracted from three different theories including: Karkhuf theory about helpers with functioning at a high level (helpers possess skills like sympathy, respect, objective-oriented, consistent, self-disclosure, and encounter-maker and with urgency skills); Strong's social influence theory (helping is a social influence process; because clients consider therapists as a specific reference. This influence reaches to the highest level when possesses conditions of seriousness and authority and also with collaboration, empowerment, freedom and equality) and Albert Bandura's social learning theory (that clients learn skills through understanding the helping learning process and transition of expectations of suitable self-efficacy or expectation to achieve goals with useful behaviors.) (Nelson, 2007)

The goal of skilled helper model is help to clients for transition of skills and enough awareness of solving current and future problems. Helper makes a treating union based on a warm and accepting relationship with collaboration to facilitate transition of client. A skilled helper helps the client to accept the responsibility of changing to a more effective person in life and develop his inner resources by helps him to formation of action plan (Nelson, 2007).

Also the skilled helper as a facilitator helps client to achieve new skills and awareness for new situations he plans realistic and appropriate goals (which is counterpart with solving problem skills of that) for clients, encourages them to become autonomous and transition of solving problem skills; helps them to develop their inner abilities and utilize outer resources and group support, helps them to identify their poetical abilities and as a facilitator stimulates them to develop goals which are certain, Measurable, attainable, realistic, ethical, reasonable and rational. In addition the skilled helper is sensitive and aware to nonverbal communications of clients in all conditions (Egan, 2013).

Egen's skilled helper approach encourages clients to accept active commentator role of the world, give meaning to actions, events and situations, encountering and overcoming the challenges, explore difficult problems, searching for opportunities and writing goals. Simply success usually is the result of person's effort through positive activities transition of problem solving strategies (Egan, 2013).

**2 Methodology**

The plan of this research is from the type of semi-experimental research plans with two experimental groups and a control group. 60 volunteers of participant in counseling and training classes were divided into three groups and they were placed in three situations randomly. The first group participated in counseling and training class with the framework of the skilled helper model. This group experienced all decuple steps of the skilled helper model to improve wellness.

The second group was placed with random replacement in a situation that just received information about wellness without framework of skilled helper model and usual methods were used to provide information like speech. The third group was considered as the control group and didn't receive any informational and training framework about wellness. Training the wellness was in six weeks and included an introduction class for the skilled helper model and execution of TestWel questionnaire in the first week and execution of steps and stages of the skilled helper model from the second week. Students group under training and consultation followed and planned the ideas and discussions about improvement of wellness (table 1).

Table 1: Demographic features of the sample group

| | Experimental group 1 | | Experimental group 2 | | control group | |
|---|---|---|---|---|---|---|
| Variable | n | % | n | % | n | % |
| Sex | | | | | | |
| Female | 13 | 0.65 | 11 | 0.55 | 14 | 0.70 |
| Male | 7 | 0.35 | 9 | 0.45 | 6 | 0.30 |
| | 20 | | 20 | | 20 | 100 |

The five subscales of the TestWel questionnaire the version of the National Wellness Institute (2004) was chosen for pretest and posttest survey as the main tool to measure students' wellness. The first part of the questionnaire includes information on the participants' demographic features such as age, sex, marital status, training level and occupational status. The subscales of TestWel questionnaire have 44 items and it has been chosen because of alignment with the curriculum and the availability. This tool is executed to measure the 5 domains wellness (table 2).

Table 2: five subscales and validity of physical and emotional wellness test

| Questionnaire | Scales | Validity | Type of Reply |
|---|---|---|---|

| | | | |
|---|---|---|---|
| Five subscales of wellness test | Scale 1 Physical fitness<br>Scale 2 Nutrition<br>Scale 3 Self-Care and safety<br>Scale 6 Sexual and emotional awareness<br>Scale 7 Emotional management | (Owen, 1999; Palombi, 1992) | 1. Never or almost never<br>2. Sometimes<br>3. Often<br>4. In most cases,<br>5. always or almost always |

Although most of the Wellness inventories have been developed and validation studies conducted in the United States with university student populations (Hattie et al., 2004; National Wellness Institute, 2004; Owen, 1999; Palombi, 1992) there neither appears to be similar inventories specifically customized for the Iranian context nor are there instances of studies designed to test reliability and validity with Iranian university students. Goss (2011) with factor analysis, and has identified its components. According to the research and theoretical analysis on last survey-based validity and reliability had been acceptable (Goss, 2011). Alpha coefficient of whole scale in evaluating the Goss (2011) had been 0.93 and Palombi (1992), only in eight cases of twelve subscale of the questionnaire had been acceptable. In the treatise the alpha coefficient was estimated as 0.95 for the whole scale. Alpha coefficient of the research of Goss (2011) for the pretest and posttest is obtained as 0.93 and 0.96 respectively. That it indicates acceptable internal consistency. These coefficients in the ongoing research were estimated 0.88 and 0.94 to pretest and posttest, respectively (table 3).

Table 3: subscales, Validity for each in researches and the ongoing research

| | subscales | Items | | Comparison Study 1 | Comparison Study 2 | Comparison Study 3 | Comparison Study 4 |
|---|---|---|---|---|---|---|---|
| | | others | Tamadoni | Owen (1999) ($N$ = 185) | Botha and Brand (2009) ($N$ = 89) | Goss (2011) | Tamadoni 2016 ($N$ = 371) |
| 1 | Physical fitness | 10 | 8 | | 0.69 | 0.684 | 0.738 |
| 2 | nutrition | 10 | 7 | | 0.67 | 0.655 | 0.537 |
| 3 | self-care and Safety | 10 | 10 | | 0.76 | 0.618 | 0.665 |
| 4 | Emotional Management | 10 | 10 | 0.77 | 0.81 | 0.791 | 0.727 |
| 5 | Sexual awareness | 10 | 9 | 0.77 | 0.84 | 0.769 | 0.751 |

**3 Findings**

In this section data obtained from the execution of counseling and training package with framework of helper model is analyzed to improvement of wellness. Two methods as follows have been used to analyze the variables that were measured of counted and also to convert experimental data as a systematic collection:

1) Description of data on the basis of conventional methods, in the descriptive statistics, and
2) the interpretation of results of test and hypotheses of the research on the basis of covariance analysis test

Given that subjects of all three groups of research in the pretest and posttest stage responded to wellness questionnaire, in this section, at first the descriptive features of scores has been presented for all three groups in pretest and then posttest (table 4).

Table 4: descriptive statistics features of the studied variables in the pretest

| Variables | E1 | | | E2 | | | Control | |
|---|---|---|---|---|---|---|---|---|
| | Mean | Sd | | Mean | Sd | | Mean | Sd |
| Physical fitness | 30.40 | 3.2 | | 50.41 | 1.5 | | 70.40 | 2.6 |
| nutrition | 80.28 | 9.3 | | 90.22 | 4.4 | | 20.22 | 8.3 |
| self-care and Safety | 85.44 | 9.2 | | 45.35 | 2.5 | | 50.35 | 0.6 |
| Emotional management | 40.32 | 7.4 | | 55.31 | 1.4 | | 15.33 | 7.4 |
| Sexual and emotional awareness | 50.40 | 5.4 | | 60.39 | 6.7 | | 55.34 | 0.5 |
| Note: E1 = Group with framework of skilled helper model, E2 = Group without framework | | | | | | | | |

As can be seen in Table 4, the average of the three groups, especially in variables of physical fitness is almost equal to each other. Average of the score of self-care and Safety in the control group (22.20) is lower than the other two groups. In addition, the average of group of E1 in self-care and Safety variable (44.85) to some extent is more of the two groups and its standard deviation (2.9) is lower (table 5).

Table 5: descriptive statistical features of the studied variables in posttest

| Variables | E1 | | | E2 | | | Control | |
|---|---|---|---|---|---|---|---|---|
| | Mean | Sd | | Mean | Sd | | Mean | Sd |
| Physical fitness | 25.48 | 4.4 | | 90.42 | 5.6 | | 95.40 | 7.4 |
| nutrition | 80.28 | 9.3 | | 90.22 | 4.4 | | 20.22 | 8.3 |
| self-care and Safety | 85.43 | 9.2 | | 45.35 | 2.5 | | 50.35 | 0.6 |
| Emotional management | 60.44 | 8.3 | | 35.39 | 7.5 | | 25.36 | 5.4 |
| Sexual and emotional awareness | 50.40 | 5.4 | | 60.39 | 6.5 | | 55.34 | 0.5 |
| Note: E1 = group with framework of skilled helper model, E2 = group of without framework | | | | | | | | |

In general, the means in Table 5 show that the training package with skilled helper model and also providing information without framework of skilled helper model had an impact in improving wellness of subjects. However, at this stage it is unclear whether these differences is significant or not. For this question it is necessary to analyze the data in relation to the research hypothesis.

**4 Data analysis in relation to the research hypothesis**

Research hypothesis: a sample group that in situation of training and counseling package of wellness with framework of skilled helper model achieves higher level of physical and emotional wellness compared to the Frameless group and control group.

Covariance analysis was used to test this hypothesis due to the existence of an interval dependent variable and pretest and posttest. It was necessary to covariance analysis, the model assumptions, homogeneous of beta coefficients and variances to be investigated at first .the results of three groups comparison of linear combination of components, and each of which by using multivariate covariance analysis of MONCOVA was used given that used scale has five subscales. Before that Mbox test is used to evaluate the being significant.

Table 6: Mbox results for significance of means

| Variable | F | df1 | df1 | P |
|---|---|---|---|---|
| Overall scores | 229.238 | 132 | 8715.93 | 0.03 |

Due to the significance of Mbox test among the special values of MANCOVA the Vpillai is used that is more resistant compared to violations of the assumptions.

Table 7: Vpillai Analysis for evaluating the specific values

| Variable | Value | F | P |
|---|---|---|---|
| Physical fitness | 0.268 | 1.199 | 0.322 |
| nutrition | 0.362 | 1.857 | 0.080 |
| self-care and Safety | 0.268 | 0.645 | 0.778 |
| Emotional management | 0.148 | 0.569 | 0.841 |
| Sexual and emotional awareness | 0.129 | 0.484 | 0.901 |

Table 7 shows that the difference there are significant differences between the three groups in the linear combination of dependent variables that were scale components. Thus, analysis of covariance test was used to determine the difference between the groups in subscales of dependent variable. But first its assumption was investigated by Levene test to homogeneity of variance equality.

Table 8: Summary of Leven test for equality of variances in the means of posttest

| Variable | F Levene | P |
|---|---|---|
| Physical fitness | 1.26 | 0.291 |
| nutrition | 0.843 | 0.436 |
| self-care and Safety | 2.412 | 0.099 |
| Emotional management | 1.312 | 0.277 |
| Sexual and emotional awareness | 2.770 | 0.071 |

As can be seen in Table 8 equality of variances test with Leven test in the posttest scores in the all three groups and after the execution of counseling and training package with framework of skilled helper model is still equal with each other. So it can be concluded that the main assumption of analysis of variance is established for its execution. Thus, analysis of covariance test was used to determine the difference among the groups in the all subscales of the dependent variable.

Table 9: Results of analysis of covariance related to physical and emotional subscales

| Source and variable | df | SS | MS | F | $\omega^2$ |
|---|---|---|---|---|---|
| Physical fitness | 2 | 237.57 | 218.79 | 7.78 | 0.001 |
| nutrition | 2 | 344.02 | 172.01 | 7.78 | 0.001 |
| self-care and Safety | 2 | 681.13 | 360.56 | 8.31 | 0.001 |
| Emotional management | 2 | 530.25 | 237.12 | 12.05 | 0.001 |
| Sexual and emotional awareness | 2 | 323.68 | 161.98 | 4.13 | O.022 |

Table 4-18 shows the differences between groups in interval of wellness component is significant in following LSD test was used to determine differences in groups.

Table 10: comparison of means the three groups by using LSD test

| Variables | | Mean differences | Deviation | p | Comparison |
|---|---|---|---|---|---|
| Physical fitness | 2 of 1<br>3 of 1<br>3 of 2 | 4.25*<br>7.13*<br>2.89 | 1.92<br>1.82<br>1.91 | 0.032<br>0.001<br>0.139 | 3 = 2 > 1 |
| | | | | | |
| nutrition | 2of 1<br>3 of 1<br>3 of 2 | 5.40*<br>5.76*<br>3.36 | 1.48<br>1.40<br>1.47 | 0.001<br>0.001<br>0.907 | 3 = 2 > 1 |
| | | | | | |
| self-care and Safety | 2of 1<br>3 of 1<br>3 of 2 | 5.17*<br>8.90*<br>3.74 | 2.32<br>2.19<br>2.31 | 0.032<br>0.032<br>0.001 | 3 = 2 > 1 |
| | | | | | |
| Emotional management | 2of 1<br>3 of 1<br>3 of 2 | 4.26*<br>7.87*<br>3.62* | 2.32<br>2.19<br>2.31 | 0.032<br>0.032<br>0.001 | 3 = 2 > 1 |
| | | | | | |
| Sexual and emotional awareness | 2of 1<br>3 of 1<br>3 of 2 | 4.23<br>5.94*<br>1.41 | 2.27<br>2.14<br>2.26 | 0.052<br>0.008<br>0.535 | 2 = 1<br>3 > 1<br>3 = 2 |

LSD post hoc test results showed that the four subscales (except of Sexual and emotional awareness), group that have participated in training and counseling class with the framework of (E1) skilled helper model have achieved higher level of wellness compared to without the framework experimental group (E2) and the control group. However, differences in the experimental group with framework of (E1) are more significant with the control group. In addition, the without framework experimental group (E2) with the control group is not significant in most subscales (except of Emotional management). In other words, the means of experimental group (E2) and the control group has remained unchanged.

**5 Conclusion**

Literature investigating the impact and purpose of wellness training supports its potential for creating positive change in the personal and professional lives of students, particularly in wellness. Gaps in the current literature, however, present challenges to educators and institutions. There is a paucity of research relating to the empirical measurement wellness education. In fact, the aim of this study was to assess wellness training with skilled helper model (Egan, 2013) in order to promote in the students.

Performing the pretest to determine the various aspects of wellness scores showed that most students in the total score of the questionnaire and its subscales are in average and under average. In fact, the quantitative data showed the wellness scores in the both groups is only slightly above average. The total score contained the total of five scale of TestWel questionnaire that was executed among students. These findings are supported from similar studies that have been executed based on the hexagonal Hitler model of the wellness (DiMonda, 2005).

Average grade in the wellness scores is consistent and with conducted researches on inappropriate situation of wellness in the universities and shows that act to improve biological healthy is important for students and can be considered a plan to improve biological healthy as a possible target. Researchers warn that the healthy status, physical and mental well-being, quality of life and wellness is undesirable in the universities and should be found a solution to improve it (Goss, 2011 and Tamadoni, 2005).

Evaluating subscales independently showed that student's participant in the class with framework of skilled helper model in dimension of physical fitness and nutrition have shown significantly improvement. These findings suggest that the execution of a training package has been effective to improve the ongoing status of students. There are studies in line with this study that act to justify the education to improve healthy life in physical dimension (Sidman et al., 2009; Cooper, 1977; K Ranger et al., 2000; Ryan and Deci, 2001; ryff and Singer, 2006; Travis and Ryan, 2004).

Evaluating emotional wellness with two subscales of emotional managment and sexual and emotional awareness also showed the covariance analysis is significant and execution of the package has helped to improve the biological healthy situation of students. This finding is consistent with studies that have considered into attention the emotional factor (Hu, Liebens, & Rao, 2008).

Generally, execution of counseling and training package with skilled helper model framework was proved on the wellness aspects of significant change. However, students who participated in the class without the framework of training package had no significant difference with the control group except in emotional management. Mean comparison by LSD test also showed that the group with the framework in most cases except for sexual and emotional awareness has better condition from the without the framework group and have gained the higher score in questionnaire of TestWel than the control group in all cases. In addition, the group of without framework only showed a significant difference in subscales of emotional management that showed the mere providing information even can make minor change only but do not create a significant difference. Finally, encourage to compliance of counseling and training package with framework of the skilled helper model means to increase in life returns, convert the problems into opportunities, empowerment and personal independence and prevention of the return the problems to change of thought pattern and was provided different look to the healthy subject.

**6 Suggestions for Future Research**

suggestions is presented as follow order to perform a more complete and more comprehensive researches in the future and also development of more and broader training packages to improve wellness in various fields:

It is suggested the different tools and methods of data collection such as observation, interview and experts grading tools that reduce the bias responses to be used to measure wellness order to universalize the concept of wellness.

It is suggested in future studies the other age, population and education groups reagent sample to be chosen and studied order to increase the strength of generalizing the results and further identification of relationships between variables and its components in various groups.

It is suggested the longitudinal researches to be used and be identified and measured by different and valid criteria for predictive validity of the questionnaire for wellness.

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