

2019-10

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Miller, J. (2019). A family picture of just one? Including career health, engagement, and identity into the representation of student well-being. Proceedings from the 2018 Canadian Counselling Psychology Conference, 81-96.

<http://hdl.handle.net/1880/111413>

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A Family Picture of Just One? Including Career Health, Engagement, and Identity into the Representation of Student Well-Being

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Abstract

Trending discourses in post-secondary student health are relevant to the practice of counselling psychologists. Over the past decade, conversations on well-being have been dominated by mental health issues as if we are looking at health with a high-resolution zoom-focus instead of a wide-angled lens. The focus on mental health was necessary, but research is showing that we need to reconnect mental health with its physical, social, spiritual, and intellectual relatives. Further health areas like career development, engagement, and identity also need to be added back into the frame. Career development can be understood as a unique health construct in its own right and is especially relevant to the post-secondary sector. The association between student engagement and success has been well studied, and the link with overall well-being is being uncovered. There has been a corresponding call for institutions to dismantle colonization practices and create opportunities for active citizenry among the student populace. Identity constructs are also being linked with health, including intersectionality, fluidity, and non-binary facets. Developments in each of these domains challenge the status quo of what it means to be healthy, and pulling back from the singular focus on mental health will allow the complete picture of student health to come into view. Psychologists working with this dynamic population are invited to consider how these shifts in the health conversation impact their counselling practice.

Keywords

post-secondary, health, counselling psychology, students, emergent adults

Post-secondary study offers incredible opportunity for personal growth, intellectual development, and social engagement. When describing the emerging adult, Arnett (2000) noted that this distinct developmental stage is characterized by the opportunity to explore identity, interests, and possible life directions before the restraints of employment, marriage, or parenthood take hold. A broad array of research from psychology, neuroscience, political science, and history (e.g., Jensen & Ellis Nutt, 2015; Nelson & Padilla-Walker, 2013; Thompson, Blair, & Henrey, 2014) suggest that the emerging adult is primed to be innovative, visionary, creative, curious, driven to take risks, and motivated to question the status quo (Dougherty & Clarke, 2018). As cohorts of Millennials

and Gen-Z students have come through the post-secondary system, a disruption has flowed through conversations about how students are to be engaged, and how identity and health are to be defined.

While the outcomes of emergent adulthood are described as generally positive (Arnett, 2000; 2007; 2013; Galambos, Barker, & Krahn, 2006), this stage of life is also associated with angst, vulnerability, and uncertainty (Nelson & Padilla-Walker, 2013). Within a university or college context, stress among students is high, and presenting mental health concerns can be complex (Crozier & Willihnganz, 2005). The emphasis placed on mental health programming for post-secondary students has been welcomed, but the strength of the movement has created a conversation that often excludes other important facets of overall well-being. It is as if the other elements of health have been cropped out of the picture. The post-secondary landscape—which was once full of information about nutrition, exercise, substance abuse, spiritual health, and sexual education—now appears to be more and more exclusively constructed as a discourse on mental health. This paper flags a need for a more holistic definition of health that brings physical, career, mental, and social elements back into the frame.

Research across the post-secondary sector suggests that additional elements of health need to be invited in to the conversation. For example, campus leaders emphasize active citizenship and express a need to foster a sense of belonging on campus. Binary definitions of gender are being challenged, and individual identity is more clearly understood as involving an array of intersections, all of which impact health. The emphasis placed on reducing stigma, increasing peer-to-peer supports, and teaching about mental health issues was largely empowering at first, but over time has resulted in a somewhat alarmist (and ironically stigmatizing) climate, resulting in longer wait times for professional mental health interventions for those who need them most. Further, the movement has excluded other important aspects of overall well-being. A brief look at the evolution of this health discourse suggest a need to pull back from the zoom focus on mental health exclusively to capture the broader picture of what it means to be healthy.

Mental Health

Perhaps it is no surprise that the dialogue around mental health converges on a discussion of stress. Within a post-secondary context, striving for success is quite demanding. Students are required to demonstrate their learning, stretch their capacity, rise to the pressures to perform, and manage stress related to achievement, while simultaneously navigating developmental milestones on the pathway through emergent adulthood (Arnett, 2007). Positive stress can be a motivator, providing impetus and energy to help us achieve our goals. The iconic Yerkes and Dodson study (1908) showed that peak performance requires stress, and later Hanson (1986) coined the term the *joy of stress* to capture that experience. The concept of flow goes further to illustrate the psychological experience of being in this state of positive stress and high productivity (Csikszentmihalyi, 1990; 1994).

However, too much stress, or psychological distress, has been shown to contribute to many kinds of negative outcomes including reduced academic performance (Palmer, 2013), attrition, onset of psychiatric disorders, substance use, decreased physical health, and diminished attention to self-care including neglect of exercise or poor diet (Davison, et al., 2012; Robinson, Segal, & Smith, 2019). Other outcomes of high stress could include job difficulties, relationship breakups,

and even suicide (Hartley, 2011; Vázquez, Otero, & Díaz, 2012). In a survey involving 117 higher education institutions, 32% of undergraduate students reported that stress was the most common health factor negatively impacting academic performance (Byrd & McKinney, 2010).

Initially, using a traditional medical model of pathology, mental health issues were placed along a linear continuum from illness-to-wellness. One's mental health could be plotted along the continuum, and impairment labels such as a mild, moderate, or severe would follow. This unidimensional conceptualization was challenged by Keyes (2007) who went on to develop a dual-continuum model of mental health and flourishing (Westerhof & Keyes, 2010). Here *mental health* is described as a mental state of high functionality that is available to every individual, regardless of whether or not a mental illness is present. This model acknowledged that those who have been diagnosed with a mental disorder can also flourish, manage symptoms effectively, and live productive, happy, meaningful lives. Mental health is therefore understood to be more than the absence of illness. Further, this dual continuum model of mental health also notes the possibility of floundering in life, even when one is not mentally ill (Westerhof & Keyes, 2010; Provencher & Keyes, 2011).

The World Health Organization (WHO, 2013), referenced this model, and went on to define mental health as, “the ability for people to realize their potential, cope with the normal stresses of life, work productively, and contribute to their communities” (WHO, 2013, p. 5). In Canada, the first national Mental Health Strategy, launched in 2012 (Mental Health Commission of Canada, 2012), included a proactive public health philosophy and suggested that good mental health should be cultivated within families and across the public education system. Research among samples of university and college-aged students suggests that both the complexity and number of individuals with mental health issues are on the rise (Blanco, Okuda, & Wright, 2008; Canadian Association of College and University Student Services & Canadian Mental Health Association, 2013; Kadison & DiGeronimo, 2004). In the context of violent acts that have happened in schools and in acknowledgment of young people who die by suicide, mental health strategies have developed as a means to mitigate risk. Improved mental health as an outcome of higher education has been trending. To this end, the Mental Health Commission of Canada (MHCC) is in the progress of creating a set of post-secondary student standards regarding mental health (Linden, Gray, & Stuart, 2018).

The movement to address the mental health crisis on higher-education campuses has been met with minimal debate. Some investigators note that the incidence of mental health concerns is confounded when words like “depressed” or “anxious” are used to describe experiences of feeling low, not happy, worried, or stressed (Brown, 2004; Hunt, Wisocki, & Yanko, 2003; Rossiter, 2017). The intention seems to be to increase awareness and reduce stigma, but for others this is perceived as minimizing what it means to live with a chronic condition or clinical symptoms (Maj, 2011; Moses, 2011). Across the post-secondary sector there has been a rise in peer-to-peer programming, mental health coordinators, and a variety of campaigns sponsored by private organizations, corporations or government funding. Concurrently students have experienced a reduction in access to specialists: post-secondary student counsellors, psychiatrists and other practitioners positioned to treat mental illness or complex mental health issues (Gibbons, Trette-McLean, Crandall, Bingham, Garn, & Cox, 2018). It is ironic that so much concern is expressed around the issue of mental illness at the same time that services are being reduced. Some suggest

that the mental health *crisis* is a discourse that benefits corporations and private agencies without providing substantive benefit to the students most impacted by mental illness diagnoses (Phillipson, 2017; Price, 2011). A less cynical reflection notes that the movement remains generally silent on aspects of health beyond the mental domain.

Broad View of Health

For instance, the Guide to a Systemic Approach for Post-Secondary Student Mental Health (CMHA & CACUSS, 2013), does not mention exercise, nutrition or career development in its 40-page report. Physical health of course impacts a person's ability to cope with the strains of being a post-secondary student. It also has a direct impact on resilience and other aspects of overall health (Downs & Ashton, 2011; VanKim & Nelson, 2013). Nutrition, exercise, and sleep set the foundation of a healthy lifestyle, and the transition to university is known to challenge pre-established habits. For example, in a study that looked at physical activity levels among a sample of Canadian students, researchers found that 61% met minimum physical activity standards in grade 12, but that number dropped to 44% after the first year of university (Bray & Born, 2004).

University students seem to blend physical behaviours and mental/emotional attitudes together when describing their overall health. For example, in an analysis of National College Health Assessment (NCHA) survey data from one Canadian university (Flessati & Miller, 2014), self-reported health behaviours and attitudes of students with "excellent" overall health (E group) were compared to those who reported "very good" overall health (VG group). No significant differences between groups were found when looking at the prevalence of mental illness or levels of self-reported stress. Self-reported frequency of tobacco, alcohol, and drug use were also equivalent between groups. The factors that were different between the VG and E groups included reported frequency and duration of exercise, and intake of fruits and vegetables (with the E group reporting significantly more of these behaviours). Those who reported excellent health were also more likely to see stress as a challenge, reported having a stronger sense of direction and meaning in their daily life, and were more likely to report that they felt they made a valuable contribution to their community. Taken together this suggests that students are reflecting on their health across multiple dimensions, with less emphasis on mental illness or stress levels, and more emphasis on exercise, nutrition, and meaningful engagement.

Moving forward towards a broad, wide-angle, holistic model of health that acknowledges the importance of mental health is required. Such an approach would provide individuals opportunity to customize both their definition of health and modes of intervention. For example, many indigenous medicine wheels (e.g., Pidgeon, 2008a; 2008b) include at least four areas of health (emotional, mental, physical, and spiritual). Other holistic models include financial health, environmental safety, and social domains, or factors relating one's relationship with their family, community, or nation (Myers, Sweeney, & Witmer, 2000; Pidgeon, 2008a; 2008b). Within the post-secondary domain, recognition of career development as part of the health spectrum would also be warranted.

Career and Health

Career development refers to the ongoing process of managing learning, training, leisure and work towards a “personally determined and evolving preferred future” (Canadian Council for Career Development [CCCD], 2012, p.2). From this perspective, post-secondary studies can be understood as part of one’s career: a series of jobs involving learning, training, and work. Career success has been defined as full time employment, salary growth, progression or promotion, and minimizing working hours while maximizing income (CCCD, 2012). Career success can also include satisfaction, optimism, flexibility, and having a sense of accomplishment on the job (CCCD, 2012; Neault, 2002). Flourishing in one’s career can thus be easily linked with a holistic wellness framework.

A model has recently been developed by university-based counselling psychologists (Miller, Flessati, & Ciccocioppo, 2018) to illustrate how career health can be cultivated. In the absence of salary increases, high financial return on time invested, or possibility of promotion, individuals can still enhance job satisfaction, strengthen transferable skills, bolster their network or find meaning in their career. Like the Dual-Continuum Model of Mental Health (Westerhof & Keyes, 2010; Provencher & Keyes, 2011), this Career Health Model (Miller, Flessati, & Ciccocioppo, 2018) illustrates that there is a risk of feeling bored or stagnant regardless of type of work. Career health is a construct that can be intentionally nurtured and developed.

Conceptualizing career development as part of one’s health would encourage targeted interventions and programming. While in school, career health could be fostered by strengthening study habits to cultivate a strong work ethic. Developing the ability to meet deadlines and manage competing priorities are relevant examples of transferable skills that foster career health. Cultivating optimism, flexibility, curiosity, and the ability to network or take risks have also been associated with career success (Neault, 2002) and health (Keyes, 2007). Some attitudes and behaviours that foster mental health seem associated with career health as well. Finding meaning in one’s work, making a contribution to a community and having a sense of affinity or belonging are associated with both health domains. Taken together career health and mental health appear to be related, but distinct, constructs.

Being able to manage uncertainty is also linked with career health and academic success. In longitudinal studies of undergraduate cohorts (Miller, Smith, Best & Hellsten-Bzovey, 2013; Miller, Rude, Simpson, & Whitehead, 2018) career uncertainty was shown to be a strong predictor of university drop-out, especially among students enrolled in degree programs. Other studies have also found similar effects of career uncertainty (Ketonen, Haarala-Muhonen, Hanninen, Wahala, & Lonka, 2016; Lewis & Hodges, 2015).

The issue seemed not to be the uncertainty itself, but rather the perception that uncertainty was abnormal within the post-secondary context. Uncertainty could be addressed by accessing resources and gaining information to inform decisions. For example, many students enter into courses or programs without understanding what they entail (e.g., Connolly et al., 2016), and once enrolled, may find it difficult to switch majors due to intrapersonal pressures or institutional constraints. Seeking support during times of uncertainty would help to normalize that experience, and may provide emotional support to manage the experience of not being sure. Developing

resilience to persevere through times of ambiguity also relate to career success.

Engagement

As health frameworks evolve, so too does our understanding of student engagement. According to Tinto's theory of student retention and success, key determinants of academic persistence include both academic and social integration (Tinto, 2012; 2015). The higher the integration, the more likely the student is to be committed to the institution and to the goal of graduation. The related student involvement theory developed by Astin (1999) linked physical involvement and psychological investment together, noting again that the quality and quantity of these would be strong predictors of student success. Social support is strongly linked with well-being generally (Collins, Coffey, & Morris, 2010; Paulisová, et al., 2014; Tao, Dong, Pratt, Hunsberger, & Pancer, 2000) and with academic success specifically (Wilcox, Winn, & Fyvie-Gauld, 2006).

Supporting a student to integrate into the social world of the university is just as important as academic integration (Heron, Pidgeon, Ksionzena, & Miller, 2019; Lewis & Hodges, 2015; Wilcox, Winn, & Fyvie-Gauld, 2006). Once the business of creating new friends, managing old-friend transitions, and joining with a cohort has been established, stress is often reduced and/or resources for managing stress are enhanced. Students link these community experiences with overall health. In an analysis of the national NCHA data discussed above (Flessati & Miller, 2014), students who categorized their health as "excellent" also reported significantly higher levels of happiness over the last month compared to those who categorized their overall health as "very good". Happiness could of course be the result of excellence in health, but interestingly those in the E group also said they were significantly more interested in life, felt they could contribute to society, and felt they belonged. When social supports are in place, students are much more likely to thrive in university (Lewis & Hodges, 2015; Pancer, Pratt, Hunsberger, & Alisat, 2004). Linking the student with spaces and people who will support their emotional and spiritual development is important, and cultural connections can be essential (Barry, Nelson, Davarya, & Urry, 2010; Heron, Pidgeon, Ksionzena, & Miller, 2019). Many students indicate being aware of campus resources, yet state that they are unlikely to use these services (e.g., Einsenberg, Golberstein, & Gollust, 2007; Heron, Pidgeon, Ksionzena, & Miller, 2019). The National Comorbidity Survey Replication (NCS-R) revealed that less than half (41%) of those who experienced a mental disorder accessed services, with a median delay of 11 years between the onset of a mental health disorder and first access to services (Kessler et al., 2004; Kessler, Berglund, Demier, Jin, Merikangas, & Walters, 2005). This is particularly concerning since the age of onset of many chronic mental health disorders coincides with the age at which many young adults pursue higher education (Kessler et al., 2005). Results of a pre-post-follow up mixed methods study involving students who accessed an Early Support program during their first year of university suggest that this kind of individualized outreach can positively impact willingness to access campus services across an array of supports including mental health, career, financial, advising, etc. (Rude, Boczek, & Miller, 2019). To further increase ease of access, many academic services have been integrated into course curricula, or may be offered in a peer-to-peer model.

Engagement from these perspectives puts the onus on students to get involved with student life inside the classroom and beyond. The alternate discourse on engagement splits responsibility between the student and the institution, or emphasizes the institution's responsibility to create

spaces where students can meaningfully engage. Institutional strategic plans from Canadian institutions are beginning to cite student engagement as a desired outcome of higher-ed (Zhao, 2011). Creating better citizens has also been identified as a priority (Ahier, Beck & Moore, 2003; Billings & Terkla, 2011; Hollander, 2011), although the meaning of this is unclear. While the term is ancient, definitions of citizenship are varied and measurement of students' achievement of citizenship is fraught with challenge and nuance.

In a post-secondary study qualitative analysis of individual interviews uncovered differences in the way student-leaders and administrative-leaders thought about citizenship (Miller, Connolly, & Racy, 2015). Students were more likely to define citizenship as social, local, and highly participatory, compared to a more duty-based, political, and global construct described by administrators. In a follow up study using focus groups of students in non-leadership roles (Connolly & Miller, 2017), qualitative content analysis uncovered six themes that captured how these students thought about citizenship: taking pride in their institution, valuing community, linking individual contributions to the greater good, valuing diversity/respect/inclusion, being a good person who helps individuals, and seeing the university as having responsibility for fostering campus citizenship.

Engagement with place, with the land beneath our feet, has been emphasized as we work to implement the recommendations made by Canada's Truth and Reconciliation Commission. Indigenization movements across higher-education call-out the ongoing colonization in our mainstream systems, and invite engagement with historical and contemporary truths regarding the treatment of Indigenous peoples. In their book, *Pulling Together*, authors document the ways that the academic curricula,

... have been developed to privilege the dominant, Euro-Western culture through the content, approaches to teaching and learning, and values about knowledge. The experiences, worldviews, and histories of Indigenous Peoples have been excluded in education systems, because they were seen as less valuable or relevant... This exclusion and misrepresentation was one of the most damaging impacts of colonialism and one of the strongest tools of assimilation. (Antoine, Mason, Mason, Palahicky, & Rodriguez de France, 2016, Section 1).

These last points link with researchers who criticize traditional retention (e.g., Pidgeon, 2008a; 2008b, Shotton, 2008; Shotton, Lowe, & Waterman, 2013), for putting too much emphasis on the students' *need to adapt*, rather than the institutional *need to respond*. To promote health and well-being, the discourse on engagement must include the person, institution, and place, in a holistic way that appreciates identities, histories, and truths.

Identity

In addition to engagement, citizenry, and culture, conversations about identity among the post-secondary emerging adult population have become increasingly complicated. This cohort has questioned binary descriptions of gender and has demanded that space be created for non-conforming, non-binary identities. In a therapeutic setting, transgender clients have identified numerous factors that were unhelpful, including having to teach therapists about transgender issues

(Benson, 2013). Having to explain the difference between sexual orientation and gender identity was a barrier to services (Benson, 2013) and experienced as a source of frustration. The multiplicity of gender identity combined with orientation, sex, and gender roles has been well described by the Genderbread Person motif (Killerman, 2017) and is well embedded in social justice competencies.

Although campuses (and other institutions or establishments) are moving towards non-gendered language, washrooms and policies, ignorance, bias and fear of disclosure are still realities. For example, in 2009, a survey was made available to all students enrolled in a medical degree across the USA and Canada. Respondents were asked about their gender identity and sexual orientation, whether they had publically disclosed their identity and if not, what the reasons were for concealing this part of themselves (Mansh, et al., 2015). Results showed that sexual identities were more likely to be disclosed (70%) than gender identities (40%). Reasons for concealment included fear of discrimination and lack of support.

As Callis (2011) describes in her dissertation, “non-binary identities such as bisexual, queer, and pansexual provide a critical site for the investigation of how sexual identity is both constructed and de/reconstructed” (p.219). This study attempted to describe the fluidity of identity, but also acknowledged the agency individuals have to interpret themselves and the society around them. Christodoulou (2010) argues that identities are not so individually defined. Rather she asserts they are constrained and shaped by what’s possible. Norris (2016) explored how job loss or failure impacts identity, and discusses how people link who they are with what they do. Identity is also impacted by how we are treated. For example exposure to racism can shape identity and damage health (Ziersch, Gallaher, Baum, & Bentley, 2011). Such external factors and experiences combine with individual choices, exposure, and internal constructs in an ongoing formation of identity (Christodoulou, 2010). Identity is experienced independently from mental health and subjective well-being, yet stands as part of the overall health picture.

Conclusion – Whole Picture Health

This paper reviewed trending discourses in post-secondary student health which are relevant to the practice of counselling psychologists. Counselling psychologists will be interested in the expanding discussion of health that reintroduces physical, spiritual, social, and financial domains, captures career development, and links engagement and identity with overall well-being. A broader picture that brings all of these elements into focus would be in service to our understanding of health.

Post-secondary students have been leaders expanding our understanding of identity beyond culture and sexual orientation. Space is being made for non-binary, fluid intersections of identities within student services and campus policies. Themes of equity, social justice, and inclusion have taken up prominent positions in many post-secondary institutional strategic plans. With respect to citizenship and engagement, students are demanding access to resources, and are taking hold of opportunities to engage with their communities in a meaningful way. Student counsellors are well positioned to support these emerging adults, to normalize the stress of this developmental stage, and provide support to assist with their learning. Counselling psychologists working outside of the post-secondary context will likely see evidence of these trends in their own practices as emerging

adults enter the workforce, the health care system, and the private and public employment sectors. A holistic model provides a clearer picture of what it means to be healthy and guides practitioners in tailoring assessment, interventions, and resource plans. This picture of health absolutely involves mental wellbeing, but to be complete, the other health relatives must be brought back into the frame.

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