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Graduate Counseling Students' Levels of Ego Development, Wellness, and Psychological Disturbance: An Exploratory Investigation

Glenn W. Lambie, Heather L. Smith, and Kara P. Ieva

The authors report the findings of a descriptive, correlational study of 111 graduate counseling students' levels of ego development (L. X. Hy & J. Loevinger, 1996), wellness (J. E. Myers & T. J. Sweeney, 2005), and psychological disturbance (M. J. Lambert et al., 2004). Higher levels of ego maturity were associated with higher wellness scores. Implications for adult development and counseling are discussed.

Counseling and the organizational systems within which counselors work are often stressful, especially for new professionals (C. Chandler, Bodenhamer-Davis, Holden, Evenson, & Bratton, 2001; Young & Lambie, 2007). Prolonged periods of stress contribute to counselor burnout and impairment, leading to deterioration in the quality of counseling services (Lambie, 2007). Counselors who function at higher levels of ego development, however, are better equipped to cope with work-related stressors and use behaviors that are associated with successful client outcomes. Additionally, counselors at higher levels of ego development have been found to negotiate complex situations and perform counselor-related tasks with greater empathy, flexibility, personal and interpersonal awareness, interpersonal integrity, and self-care when compared with individuals who have lower levels of ego maturity (Bauer & McAdams, 2004; Lambie, 2007; Manners & Durkin, 2002). Therefore, counselors with higher levels of ego development are better able to assimilate and then accommodate demanding experiences, resulting in more effective service delivery and feelings of personal accomplishment (King, Scollon, Ramsey, & Williams, 2000; Lambie, 2007). As Sheaffer, Sias, Toriello, and Cubero (2008) noted, "as social-cognitive growth occurs, individuals are better able to be responsive to the clients they serve" (p. 148). For the purposes of this article, the terms *social-cognitive development/maturity* and *ego development/maturity* are used interchangeably.

Professional counseling organizations such as the American Counseling Association (ACA; 2005) and researchers have identified the importance of supporting the social-cognitive development (Choate & Granello, 2006; Lambie, 2007) and wellness (Hill, 2004; Roach & Young, 2007; Smith, Robinson, &

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Young, 2007) of graduate counseling students. The profession of counseling is grounded on a historical, theoretical foundation that is focused on human development and wellness (Lawson, Venart, Hazler, & Kottler, 2007). According to Bauer and McAdams (2004), theories of development typically describe a movement toward “one of two desired outcomes: social-cognitive maturity or social-emotional well-being” (p. 114). Yet, in spite of the counseling profession’s emphasis on development and wellness, the relationship between ego development and wellness (and the inverse relationship of wellness and psychological disturbance) has not been investigated in counseling professionals.

EGO DEVELOPMENT

Ego development (Loevinger, 1976) draws from other stage theories of human development (e.g., Kohlberg, 1981; Piaget, 1932/1965). In Loevinger’s developmental theory, the ego is a holistic and comprehensive personality construct, which incorporates cognitive, moral, self, interpersonal, and character development (Lambie, 2007; Manners & Durkin, 2002). Stackert and Bursik (2006) “defined the ego as a lens through which individuals perceive their worlds” (p. 358). Noam, Young, and Jilnina (2006) noted that the ego is the scheme for which individuals make meaning of their experiences and emotions (p. 751). The ego develops toward progressively more complex levels of meaning making, impulse control, interpersonal relations, mastery, and integration (Cohn & Westenberg, 2004). Regarding counseling, Bauer and McAdams (2004) suggested that the “levels of ego development mark important distinctions in the ways, and degrees of complexity with which individuals understand the self, others, and social situations” (p. 115). As counselors’ levels of ego development mature, counselors become increasingly flexible and adaptive to their environment and interpersonal interactions (Cook-Greuter & Soulen, 2007). Loevinger’s theory delineates nine distinct ego levels that are equilibrated structures that develop in an invariant hierarchical sequence, progressing to increased personal and interpersonal awareness, autonomy, ability to think complexly, and an enhanced capacity to self-regulate (Manners, Durkin, & Nesdale, 2004). At lower levels of social-cognitive development, individuals’ meaning making is simplistic and undifferentiated, whereas at more mature levels, they are able to recognize incongruence and conflict, interdependence and mutuality, and systemic influences on their lives. For further elaboration on the levels of ego development, please consult Cook-Greuter and Soulen (2007), Hy and Loevinger (1996), Manners and Durkin (2002), and Noam et al. (2006).

Ego developmental theory (Loevinger, 1976) is an equilibration model in which individuals’ growth relates to their adaptive responses (accommodation) and their interactions with the environment. When counseling students are confronted with experiences or “information that does not fit their existing schema for the self or the surrounding world, it precipitates what has been variously termed dissonance, cognitive conflict, or disequilibrium” (Manners & Durkin, 2000, p. 478). To restore equilibrium, these students either adapt to their environment by assimilating the new information into their current schema (resulting in developmental stability) or alter their schema to the new

information (resulting in developmental growth; Lambie & Sias, 2009). Counseling students assimilate their experiences and learning until new experiences challenge them, evoking cognitive dissonance and setting the stage for accommodation and ego maturation.

Initial research suggested that ego development plateaus in adulthood; therefore, some developmental researchers questioned whether it was possible to have a positive impact on adult development. However, recent research supports increased stage development in adults when they are in environments designed to support social-cognitive growth (Bauer & McAdams, 2004; H. M. Chandler, Alexander, & Heaton, 2005; Manners et al., 2004). Additionally, research has investigated the relationship between counseling students' levels of ego development and other desirable counseling constructs, such as (a) the acquisition of counseling skills and abilities (Borders & Fong, 1989); (b) counseling students' expressed levels of empathy with clients (McIntyre, 1985); (c) counseling students' perceptions of clients, behavior with clients, and counselor effectiveness (Borders, Fong, & Neimeyer, 1986); and (d) counseling students' ability to have an accepting and close relationship with persons with disabilities (Sheaffer et al., 2008). Moreover, the psychometric soundness of Loewinger's (1976, 1998) theory and the empirical support for her assessment instrument, the Washington University Sentence Completion Test (WUSCT; Hy & Loewinger, 1996), make this theory an appropriate foundation for understanding the ego development of counseling students (Cohn & Westenberg, 2004; Lilienfeld, Wood, & Garb, 2000).

WELLNESS

For this study, *wellness* is defined as the dynamic interaction and self-regulation of physical, psychological, spiritual, social, intellectual, and occupational health (Lawson et al., 2007). In a state of wellness, mind, body, and spirit become integrated in one's understanding of living more fully (life goal), and living becomes an intentional lifestyle or way of being that leads to optimal functioning (Smith et al., 2007). Wellness is further defined as a dynamic and evolutionary process that involves constant growth and adaptation (Hill, 2004).

A wellness model to support increased levels of functionality and development has been suggested for use not only with clients but also for counselors-in-training (Hill, 2004; Myers, Mobley, & Booth, 2003). Counseling students are at particular risk for stress and distress, in part because of the difficulty in mastering the ambiguity of the counseling process and the nature of working with clients who often are experiencing great pain (Skovholt, 2001). Roach and Young (2007) found that both counseling faculty and students ($N = 204$) believed that their personal wellness was essential for their effectiveness with clients. Thus, an environment emphasizing the wellness of the professional appears necessary to assist students in their development as counselors.

Wellness is significant to counselors' functionality and therapeutic effectiveness. Skovholt (2001) and Young and Lambie (2007) asserted that maintaining effectiveness as a counselor included accepting, confronting, and finding meaning in situations; thoughtful assertiveness; and participating in a wellness

lifestyle. Research investigating the relationship between counselors' levels of wellness and other desirable counselor qualities has emerged, such as psychological distress and social desirability (Smith et al., 2007), and coping strategies to maintain positive work attitudes and compassion fatigue (Lawson, 2007). Consequentially, counseling students' wellness is a construct of significance to counselors themselves and to their clients.

No studies were found that investigated counselors' levels of social-cognitive development and wellness. However, research examining the relationship between ego development and well-being in different populations has resulted in mixed findings (e.g., no correlation, King & Smith, 2004; significant correlation, Bauer, McAdams, & Sakaeda, 2005). Nevertheless, researchers in these studies defined well-being as a construct of global satisfaction with life (happiness), which is different from wellness (health and optimal functioning).

PSYCHOLOGICAL DISTURBANCE

Researchers have defined *psychological disturbance* as the total severity of disturbance reported by an individual through symptoms of emotional conflict within oneself (e.g., depression, anxiety, substance abuse; Lambert et al., 2004). Psychological disturbance may manifest as problems in interpersonal relationships and conflicts related to employment, family roles, and leisure life (Lambert et al., 1996). The specific manifestations of psychological disturbance used in Lambert et al.'s study were symptom distress, problems with interpersonal relations, and problems in social roles.

Smith et al. (2007) found a clear inverse relationship between psychological disturbance and wellness in beginning master's-level counseling students ($N = 204$). This study found a relatively large proportion of beginning master's-level students who indicated disturbance levels similar to those found in clinical settings; 10.7% of the sample indicated that they were currently experiencing overall disturbance in functioning in the areas of interpersonal relationships, symptom distress, and social roles. Approximately 16.8% of the sample was experiencing significant difficulty in interpersonal relationships, 14.2% indicated symptoms of common mental health disorders (e.g., anxiety, mood, and adjustment disorders), and 16.8% indicated significant difficulties fulfilling social roles.

No studies were found that investigated counselors' levels of ego maturity and psychological disturbance. However, findings with clinical populations with psychopathological diagnoses have shown mixed results when investigating the correlation between pathology and ego development (Noam et al., 2006). More specifically, findings investigating the relationship between ego development and depression (Dichter, 1996) and anxiety disorders (Farrell, 1990) identified no significant relationship between the constructs. However, Suchman, McMahon, DeCoste, Castiglioni, and Luthar (2008) found a significant relationship between ego development levels and psychopathology in a sample of 182 mothers addicted to opiates. As Noam and colleagues (2006) concluded, persons at all levels of ego development may experience psychological distress; however, the psychopathology "symptom expression is different at different ego development stages" (p. 787).

The present study examined levels of ego development, wellness, and psychological disturbance of counseling students in an effort to identify potential implications for supporting the development of future counseling professionals. More specifically, the two primary research questions investigated were (a) What is the relationship between levels of ego development and wellness in counseling students? and (b) What is the relationship between levels of ego development and psychological disturbance in counseling students?

METHOD

Participants

The sample included 111 master's-level counselor education students at a large university in the southeastern United States. The counselor education program has both full-time and part-time components. A research associate introduced the study to and obtained informed consents from the potential participants, and then administered the data collection instrument packets during programmatic orientation meetings as students began the program. The sources of the data were kept anonymous to these researchers.

Instruments

The three constructs and instruments investigated in this study were (a) ego development (WUSCT), (b) wellness (Five Factor Wellness Inventory [5F-Wel]; Myers & Sweeney, 2005), and (c) psychological disturbance (Outcome Questionnaire-45.2 [OQ-45.2]; Lambert et al., 2004). The primary variables used to examine the constructs included overall ego development; Total Wellness, Creative Self, Coping Self, Social Self, Essential Self, and Physical Self; and Severity of Disturbance, Symptom Distress, Interpersonal Relations, and Social Role.

WUSCT. The WUSCT is a semiprojective inventory consisting of 18 to 36 sentence stems with different forms for men and women relating to one of Loevinger's (Hy & Loevinger, 1996) levels of ego maturity. The short form of the WUSCT (Form 81; Hy & Loevinger, 1996) was used and included 18 incomplete sentences with stems such as, "When I am criticized . . ." Each response is rated as a whole by its level of meaning or what the person is saying and is not conceptualized in relation to the other responses (Hy & Loevinger, 1996). A total protocol rating (TPR) is then calculated using an algorithm reflecting the respondent's assessed place on Loevinger's (1976, 1998) ego maturity scheme. Numerous studies have indicated that the WUSCT Form 81 is a reliable and valid measure of ego development, and the extensive research using the WUSCT Form 81 as a measure of ego development offers substantial confirmation of its strength as a psychometric assessment of social-cognitive development (Cook-Greuter & Soulen, 2007; Manners & Durkin, 2002; Noam et al., 2006). Additionally, Lilienfeld and colleagues (2000) concluded that the WUSCT Form 81 "has demonstrated impressive construct validity . . . [and] is arguably the most extensively validated projective technique" (p. 56). For the current study, the two raters (one of whom was the first author) completed the training in scoring the WUSCT Form 81 and achieved a high interrater reliability of .93.

5F-Wel. The 5F-Wel is designed to assess characteristics of wellness and is the only wellness instrument derived from counseling theory. Developed through exploratory and confirmatory factor analysis from an older version, the Wellness Evaluation of Lifestyle (Myers, Sweeney, & Witmer, 1996), the 5F-Wel includes 73 items measuring the higher order wellness factor, 5 second-order factors, and 17 third-order factors. Individual test items were shown to have statistically significant factor structure coefficients for the higher order wellness factor (Hattie, Myers, & Sweeney, 2004). The 5 second-order factors constitute the Indivisible Self Model of Wellness (Myers & Sweeney, 2005), and the instrument's subscales are Creative Self, Coping Self, Social Self, Essential Self, and Physical Self.

Psychometric properties of the 5F-Wel were reported in the instrument's manual (Myers & Sweeney, 2005). Cronbach's alpha coefficients were reported from a sample of 2,093 participants and were found to have high internal consistency: Total Wellness (.90), Coping Self (.85), Social Self (.85), Essential Self (.88), and Physical Self (.88; Hattie et al., 2004). This research study found slightly lower but acceptable Cronbach's alpha coefficients considering the significance of smaller sample size in comparison with the sample size on which the instrument's norms were based: Total Wellness (.72, $n = 110$), Coping Self (.77, $n = 110$), Social Self (.80, $n = 110$), Essential Self (.79, $n = 110$), and Physical Self (.83, $n = 110$). Additionally, Smith and colleagues (2007) found that the 5F-Wel was not statistically significantly related to social desirability and suggested that the instrument did not appear to be affected by response bias.

OQ-45.2. The OQ-45.2 measures the psychological disturbance or total severity of emotional disturbance as perceived by the assessed individual. The 45-item measure was written at the fifth-grade reading level and provides a total score (Severity of Disturbance) with three subscores: Symptom Distress, Interpersonal Relations, and Social Role. *Symptom Distress* is defined as the subjective discomfort related to the most common known affective symptoms such as depression, anxiety, and substance abuse. A cutoff score of 36 indicates that the individual is experiencing symptoms similar to those measured on diagnostic instruments such as the Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) or the State-Trait Anxiety Inventory (Spielberger, Gorsuch, Lushene, Vagg, & Jacobs, 1983). *Interpersonal Relations* refers to the satisfaction with and problems in friendships, family, and marriage/significant relationships. The cutoff score for Interpersonal Relations (15) suggests friction, conflict, inadequacy, and/or withdrawal in friendships, family, and intimate significant relationships. *Social Role* functioning refers to the level of dissatisfaction or distress related to functioning in employment, school, family, and leisure life. The cutoff score for Social Role (12) suggests dissatisfaction, conflict, distress, and inadequacy in performance of the individual's social role. The Total Score cutoff (63) suggests that the individual had endorsed a large number of items, indicating disturbance within the three subscores (Lambert et al., 2004). Lambert and colleagues reported that internal consistency was deemed very good for the Total Score (Severity of Disturbance, .93) and for the Symptom Distress subscale (.92), whereas the Interpersonal Relations and

Social Role subscales were deemed to have modest internal consistency (.74 and .70, respectively). Hanson and Merker (2004) conducted a review of the OQ-45.2 for the *Mental Measurements Yearbook* and concluded that among its many strengths, "it may be used for multiple clinical and research purposes . . . that the majority of its items and scores have been shown to be highly sensitive to change . . . and that its total score has been shown to be a reliable and valid 'index of mental health'" (para. 11).

Data Analysis

A descriptive, correlational design was chosen for this research to examine variables as they occurred in their natural state (i.e., without manipulation). The primary purpose of correlational research is to clarify understandings of important phenomena by identifying relationships among variables (Fraenkel & Wallen, 2006), including both the degree and direction of the relationship. Furthermore, a descriptive, correlational design does not infer causal relationships and is, therefore, more conducive to purposive sampling.

After the data collection process, several parametric statistical procedures were implemented and relationships between the variables identified. Data for parametric procedures were entered into a database and analyzed by SPSS (Version 16) using simultaneous linear multiple regression, Pearson product-moment correlations (two-tailed), one sample *t* tests, and analysis of variance (ANOVA). The dependent variable was ego development (WUSCT Form 81); the independent variables examined were Total Wellness, Creative Self, Coping Self, Social Self, Essential Self, and Physical Self (5F-Wel), as well as Severity of Disturbance, Symptom Distress, Interpersonal Relations, and Social Role (OQ-45.2). Cronbach's alpha reliability coefficient was used to check the internal consistency of the instruments. A follow-up ANOVA was used to examine the differences among groups on the basis of age and program track. Before the data analyses, the data set was examined to assess the fit between the distribution of the variables and the assumptions of the statistical analysis, such as normality, homogeneity of variance, linearity, and multicollinearity; no assumption violations were identified.

RESULTS

Participant Characteristics

Descriptive data and measures of central tendency indicated that the mean age of the 111 participants was 27.9 years ($SD = 6.4$; range, 23–53 years). Men were less represented than women: There were 15 men (13.5%) and 96 women (86.5%). Participants self-identified as Native American ($n = 1$, 0.9%), Asian/Pacific Islander ($n = 2$, 1.8%), African American ($n = 8$, 7.2%), Latino American ($n = 11$, 9.9%), European American ($n = 88$, 79.3%), and "other" ($n = 1$, 0.9%). A total of 48 (43.2%) participants indicated that they were on the Mental Health Counseling track, 31 (27.9%) indicated the Marriage and Family track, 30 (27.0%) indicated the School Counseling track, and 2 (1.8%) were non-degree-seeking students.

Ego Development

The WUSCT Form 81 (short form) was used to obtain participants' ego development scores. The ego levels of the participants ($n = 107$) were as follows: Self-Protective (E3; $n = 3, 2.7\%$), Conformist (E4; $n = 11, 9.7\%$), Self-Aware (E5; $n = 45, 39.8\%$), Conscientious (E6; $n = 40, 35.4\%$), Individualistic (E7; $n = 5, 4.4\%$), and Autonomous (E8; $n = 3, 2.7\%$). The measures of central tendency for the WUSCT Form 81 are presented in Table 1; both the median and modal scores represented the Self-Aware (E5) level. There were no statistically significant differences identified between participants' level of ego development and their counseling track or age.

Wellness

Wellness scores were obtained using the 5F-Wel (Total Wellness) and its five subscales: Creative Self, Coping Self, Social Self, Essential Self, and Physical Self. Myers and Sweeney (2006) recommended the development and use of local norms for score interpretation because of some known deviations from national population statistics. A comparison of the present study's means to the test's norms found higher scores on all of the first- and second-order factors. Thus, sample t tests were used to determine statistical significance of the difference between the test manual's mean scores and the current study's mean scores. All of the first- and second-order factor mean scores were statistically significantly different ($p < .05$) than the normed first- and second-order factor mean scores. The measures of central tendency for the 5F-Wel are presented in Table 1.

TABLE 1
Ego Development, Wellness, and Psychological Disturbance
Measures of Central Tendency for the Washington University
Sentence Completion Test Form 81

Construct	Counselor Education Students			
	M	SD	Range	
			Minimum	Maximum
Ego development ($n = 107$)				
Level	5.39	0.94	E3	E8
Total protocol rating	89.02	8.08	68.00	114.00
Wellness ($n = 110$)				
Total Wellness	81.98	7.00	57.19	95.21
Creative Self	84.33	7.05	57.50	97.50
Coping Self	77.25	8.48	40.79	97.50
Social Self	93.72	8.87	59.38	100.00
Essential Self	83.57	12.02	46.88	100.00
Physical Self	74.32	14.11	35.00	100.00
Psychological disturbance ($n = 110$)				
Severity of Disturbance	37.33	18.83	4.00	102.00
Symptom Distress	21.36	11.07	3.00	63.00
Interpersonal Relations	8.85	5.92	0.00	28.00
Social Role	7.63	3.46	1.00	17.00

Note. E corresponds to Loewinger's (Hy & Loewinger, 1996) eight ego development levels. E3 = Self-Protective; E8 = Autonomous.

Psychological Disturbance

The OQ-45.2 was used to obtain each participant's perceived level of psychological disturbance. The measures of central tendency for the OQ-45.2 are presented in Table 1. These results provide strong support for stating that the sample's average total and subscale scores indicate typical functioning (i.e., not clinically relevant symptomology) in overall psychological functioning, common mood disorders, interpersonal relationships, and social roles. However, it should be noted that on the basis of the frequency distribution of the OQ-45.2 scores, 11 (9.09%) students' scores exceeded the Total Score cutoff (63), 13 (11.82%) students' scores exceeded the Symptom Distress cutoff (36), 18 (16.36%) students' scores exceeded the Interpersonal Relations cutoff (15), and 15 (13.64%) students' scores exceeded the Social Role cutoff (12).

Ego Development and Wellness

Simultaneous linear multiple regression was applied to the outcome variable of ego development (TPR scores) and wellness (Creative Self, Coping Self, Social Self, Essential Self, and Physical Self). Overall, the linear composite of the predictor variables (wellness) predicted 15.4% ($R^2 = .154$) of the variation in counseling students' levels of ego development, $F(5, 98) = 3.380, p = .007$. However, among the predictor variables, only Social Self had a statistically standardized beta coefficient. Additionally, the beta weights suggested that for every increase in the Social Self score, there was a .256 unit increase observable in ego development scores. Furthermore, Pearson product-moment correlation (two-tailed) analyses supported the results of the statistically significant relationships between ego development (TPR scores) and Total Wellness ($r = .226, p < .05$), Creative Self ($r = .259, p < .01$), Social Self ($r = .307, p < .01$), and Physical Self ($r = .197, p < .05$). The effect sizes were small, with shared variances of 5.1%, 6.7%, 9.4%, and 3.9%, respectively. The results support the theory that counseling students with higher levels of ego maturity demonstrate higher levels of Total Wellness and greater scores on the subscales of Creative Self, Social Self, and Physical Self than did counseling students scoring at lower levels of ego development.

Ego Development and Psychological Disturbance

Simultaneous linear multiple regression and a Pearson product-moment correlation (two-tailed) were applied to the outcome variable of ego development (TPR scores) and Severity of Disturbance ($r = -.127, p > .05$), Symptom Distress ($r = -.104, p > .05$), Interpersonal Relations ($r = -.017, p > .05$), and Social Role ($r = -.107, p > .05$). No statistically significant relationships were identified between the construct of ego maturity and psychological disturbance for these data.

DISCUSSION

A limited number of studies have investigated graduate counseling students' levels of ego development, wellness, and psychological disturbance. Self-Aware (E5) is a level of ego functioning wherein counselors possess the necessary qualities to be effective counselors (Zinn, 1995). Results positively indicated that the majority of counseling students scored at the Self-Aware (E5) level or at a

higher level ($n = 93$, or 86.9%, E5–E8). As Cook-Greuter and Soulen (2007) noted, individuals at higher levels of ego maturity (Self-Aware [E5] and above) are typically “middle-aged, more educated, and/or more experienced (in life in general), and they achieve higher levels of professional standing than” (p. 185) persons at lower levels of social-cognitive development. Additionally, these findings were consistent with the level of ego development of school counseling professionals (Lambie, 2007), home-based counselors (Lawson & Foster, 2005), and counselor education student interns (Walter, 2009). However, the ego development levels of the counseling students in the present study ($M = 5.39$, $SD = 0.94$) were notably higher than those for rehabilitation counseling students ($M = 4.80$, $SD = 1.05$; Sheaffer et al., 2008).

The finding that the participants’ levels of wellness ($M = 81.98$, $SD = 7.00$) were higher than those of the norming populations is positive and corroborates the findings of Smith et al. (2007) and Myers et al. (2003; $N = 263$). The majority of counseling students indicated high levels of wellness and nonclinical scores of psychological disturbance, which was consistent with Smith et al.’s findings. Additionally, no statistically significant difference between this study’s Total Wellness mean scores and those of Smith et al. and Roach and Young (2007) provides evidence for establishing Total Wellness norms for graduate counseling students. These findings suggest that graduate counseling students have higher levels of wellness than the norming population, and levels of psychological functioning are the same as for those in the general population who are not receiving clinical psychological services, both desirable qualities of effective counselors. However, it is important to note that between 9% and 16% of the counseling student participants scored above the established cutoff scores for the OQ-45.2, suggesting that a significant number of students may need counseling-related services to support their functionality.

No published studies were found that investigated the relationship between ego development and counselor wellness. The findings of a statistically significant relationship identified between counseling students’ levels of ego development and wellness suggest that these desirable counselor qualities may influence each other. These findings support Bauer et al.’s (2005) results, which identified a significant relationship between ego maturity and dimensional well-being in college students ($n = 125$) and adults ($n = 51$), although well-being and wellness appear to be distinct constructs.

The results that identified no statistically significant relationship between levels of ego maturity and psychological disturbance have been supported in the research (e.g., Noam et al., 2006; Stackert & Bursik, 2006). More specifically, Stackert and Bursik concluded that “ego development is not, however, a continuum of adjustment or mental health; symptoms and/or mental illness can be present at each stage of ego development” (p. 359). Additionally, Noam and colleagues (2006) suggested that many individuals at high levels of ego maturity “struggle with mental illness, neurosis, and dysfunctional adaptation to life” (p. 751). As Loevinger (as cited in Noam et al., 2006) stated, “the evolution of the ego and mental health are orthogonal: two distinct constructs that have no conceptual overlap” (p. 752). However, Noam and colleagues (2006), in their review

of research investigating the relationship between ego development and different types of psychopathology, concluded that mental health disorder “symptom expression is different at different ego development stages” (p. 787). Therefore, individuals at all stages of ego maturity may experience psychopathology; however, the manifestation of the symptomatology may be related to their level of ego development.

Limitations of the Study

Multiple limitations should be noted. First, convenience sampling (participants from one university) and the sample size ($N = 111$) limit the generalizability of the findings. Second, there are inherent limitations in correlational research, including an inability to establish cause–effect relationships. Even when statistically significant relationships with strong effect sizes are found between variables, other factors may contribute to the actual cause. Additionally, because correlations are influenced by the distribution of scores, a restricted range may reduce the observed relationship between the two variables, with members of an occupation group tending to score at a similar level of ego maturity. Furthermore, social desirability may have influenced the participants' responses (e.g., wanting to appear well and functional). Nevertheless, this was the first study to investigate the relationship between these significant counselor qualities (i.e., ego maturity, wellness, and psychological disturbance) in graduate counseling students. Moreover, the sample size was consistent or even greater than that of previous studies investigating the social-cognitive development of counseling students (e.g., Borders & Fong, 1989; Borders et al., 1986; Walter, 2009).

Implications for Counseling and Adult Development

This study's findings have several implications regarding counseling and adult development. First, with reference to ego development, the research has indicated that counselors scoring at higher levels of ego maturity (Self-Aware [E5] and above) are more effective with their clients and demonstrate greater adaptivity, empathy, and self-care (Bauer & McAdams, 2004; Lambie, 2007; Noam et al., 2006; Sheaffer et al., 2008). The finding that the modal level for the participants' ego development was at Self-Aware (E5) is consistent with previous research and supports the difficulty in advancing beyond this level of development (Manners & Durkin, 2000). Nevertheless, the considerable number of graduate counseling students scoring above Self-Aware (E5; $n = 48$, or 44.9%) suggests that education may support social-cognitive developmental growth. Additionally, the majority of counseling students scored at the Self-Aware (E5) or the Conscientious (E6; $n = 85$, or 79.4%) level, which is encouraging, because individuals at higher levels of social-cognitive development can understand persons scoring at lower levels, but not the contrary (Cook-Greuter & Soulen, 2007). Therefore, counselors at these higher levels of ego development are more effective with a larger proportion of clients than counselors at lower levels of ego development. Finally, these findings also suggest how counseling education programs can best match their students. Counselor preparation programs should structure their educational environment one level higher, at the Conscientious (E6) or Individualistic (E7) levels, to promote further developmental growth (Manners

& Durkin, 2000). For elements of a counseling preparation program designed specifically for promoting students' social-cognitive development, please consult Lambie and Sias (2009) and Sias and Lambie (2008).

In relation to graduate counseling students' wellness, the findings suggest that counseling students on average are functional. Additionally, the statistically significant relationship between wellness and ego development suggests that counselor preparation programs may want to promote the development of these two desirable counselor qualities, because the constructs appear to influence each other. Additionally, it is suggested that counselor preparation programs emphasize their graduate students' wellness (Young & Lambie, 2007) and integrate wellness instruments into the curriculum to initiate discussions about the importance of self-care for all counseling professionals.

The findings regarding counseling students' level of psychological distress need to be examined on two different levels. First, the finding that the average counseling student was functioning at a nonclinical level was positive; however, the significant number of students who scored at clinical levels of psychological distress was troubling and was consistent with the findings of Smith et al., 2007. Therefore, it is suggested that counselor preparation programs integrate therapeutic interventions into their curricula (e.g., personal growth group experience) and external programmatic requirements (e.g., students must attain personal counseling prior to graduation) to promote a culture of psychological functionality within the program and maintain professional gatekeeping standards (ACA, 2005).

Recommendations for Future Research

Future research should be expanded to compare students entering their program with those who are graduated to assess the possible influence of graduate counselor education on trainees' social cognition, wellness, and psychological disturbance. Furthermore, research should investigate (a) the possible impact graduate counseling students' ego maturity, wellness, and/or psychological disturbance scores have on their counseling skills delivery with their clients during practicum and internship and (b) the possible impact on client outcomes. Research may also investigate the relationship between ego development, wellness, and traditional counselor preparation admission criteria (i.e., undergraduate grade point average, Graduate Record Examination scores).

In summary, this study investigated the relationship between graduate counseling students' levels of ego maturity, wellness, and psychological disturbance. The results of the statistical analyses identified statistically significant relationships between ego development and wellness, but no statistically significant relationship was found between ego maturity and psychological disturbance. The counseling students in this investigation who scored at higher levels of ego maturity scored at a higher level of wellness. An additional finding indicated that the counseling students scored at high levels of ego development and wellness and lower levels of psychological disturbance when compared to the instruments' norming populations. Nevertheless, a noteworthy portion (9% to 16%) of the beginning counseling students scored at clinical levels of psychological impairment.

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