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WELLNESS OF TRANSCULTURAL INDIVIDUALS

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by

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Abstract

This study presents a general demographic profile and insight into the wellness of a large sample of transculturals ($n=289$), a first in the field of counseling. Transculturals were found to have scored significantly higher than normative data on all wellness variables measured. These results are inconsistent with the limited existing research. The results of this study also suggest that neither the development status of the home country, nor the number of host countries lived in affects wellness, with the exception of the Essential Self. Transcultural participants who lived in one or two countries scored higher on the Essential Subscale than those who lived in three or more.

It is hoped that this study will encourage other Counselor Educators to conduct research with this population, as the world is becoming more globalized and transculturals are becoming an increasingly key population who impacts global transactions. As evidenced by this study, transculturals appear to be skillfully navigating globalization with regard to wellness. We can look to transcultural individuals to learn how to prepare others for global mobility with regard to establishment and maintenance of wellness. The general population would benefit from researchers being able to identify the assets /resources/advantages that facilitate wellness in transculturals.

Table of Contents

	Page
List of Tables	vii
List of Figures	viii
CHAPTER ONE: INTRODUCTION.....	1
Background of the Study and Introduction of the Study Variables.....	1
Transculturals.....	3
Wellness.....	6
Statement of the Problem.....	8
Purpose of the Study.....	8
Research Questions.....	8
Significance of the Study.....	9
Limitations of the study.....	10
Definitions.....	11
CHAPTER TWO: LITERATURE REVIEW.....	13
Transculturals.....	13
Description of Transculturals.....	13
Peer Relationships, Relationship Maintenance, and Marital Status.....	15
Educational Achievement and Mobility in Higher Education.....	16
Acculturation and Identity.....	17
Identifying the Link between Transcultural Issues and Wellness.....	20
Wellness.....	20
Theoretical Foundation of Wellness.....	21
Wellness Models Based in Medicine.....	23
Hettler’s Model.....	23
Ardell’s Model.....	24
Wellness Models Based in Psychology.....	24
Ryff and Keyes’s Model.....	25
Seligman and Csikszentmihalyi’s Model.....	25
Wellness Models Based in Counseling.....	26
Wheel of Wellness.....	26
Indivisible Self Model.....	28
Higher Order Wellness Factor.....	30
The Creative Self: Second order factor.....	30
The Coping Self: Second order factor.....	31
The Social Self: Second order factor.....	31
The Essential Self: Second order factor.....	31
The Physical Self: Second order factor.....	32
Contextual Variables.....	32
Research Critique.....	33
Cross-cultural Wellness.....	35
Summary.....	36
CHAPTER THREE: METHODOLOGY.....	38
Research Design.....	38
Participants.....	39
Instruments.....	40

Table of Contents (continued)

Wellness Inventory.....	40
Rationale.....	40
5F-WEL.....	42
Psychometrics.....	43
Cultural Sensitivity of 5F-WEL.....	43
Demographic Questionnaire.....	44
Basic Demographics.....	45
Transcultural Demographics.....	45
Social Desirability Scale.....	46
Rationale.....	46
Brief Social Desirability Scale.....	47
Procedures.....	47
Data Analysis.....	49
Research Question 1.....	50
Hypotheses.....	50
Statistical Analyses.....	50
Research Question 2.....	50
Hypotheses.....	50
Statistical Analyses.....	51
Research Question 3.....	52
Hypotheses.....	52
Statistical Analyses.....	53
Assumptions of data analysis.....	53
CHAPTER FOUR: FINDINGS/RESULTS.....	54
Pre-Analysis Steps.....	54
Missing Data.....	55
Research Questions.....	56
Research Question 1.....	56
Basic Demographics.....	56
Demographics Specific to Transculturals.....	57
Research Question 2.....	61
Research Question 3.....	64
CHAPTER FIVE: DISCUSSION.....	72
Discussion.....	72
Research Question 1.....	72
Race.....	73
Age.....	74
Marital Status.....	75
Sex.....	75
Sexual Orientation.....	76
Degree/Educational Level.....	76
Reason for Being Transcultural.....	77
Passport Countries.....	78
Home Countries.....	78
Host Countries.....	79

Table of Contents (continued)

Research Question 2.....	80
Research Question 3.....	82
Home Country.....	82
Number of Host Counties.....	83
Implications for Professionals.....	84
Implications for the Global Community.....	87
Limitations.....	88
Recommendations.....	90
Conclusion.....	93
REFERENCES.....	95
APPENDICES.....	107
A. Five Factor Wellness Evaluation of Lifestyle.....	107
B. Demographic Questionnaire.....	108
C. Brief Social Desirability Scale.....	111
D. Email to Participants.....	112
E. Informed Consent.....	113

List of Tables

Table	Page
1. Types of demographics: Basic and specific to transculturals.....	45
2. Descriptive Statistics of TC population.....	56
3. Home countries and frequency reported	58
4. Passport countries and frequency reported	59
5. Host countries reported.....	60
6. Descriptive statistics of wellness variables for TCs and normative samples.....	62
7. Chi-square test of home country and number of host Countries	66
8. Levene's tests of wellness variables.....	67
9. MANOVA of home and host countries.....	68
10. Tests of between-subjects effects for host and home countries.....	69

List of Figures

Figure	Page
1. The Indivisible Self: The evidence based counseling model of wellness.....	29

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CHAPTER I: INTRODUCTION

This dissertation is organized in five chapters. Chapter One presents the background of the study and an introduction of study variables followed by a statement of the problem, the purpose of the study, and research questions. Both the significance of the study and its limitations are also presented. Chapter Two provides a theoretical foundation of wellness and a review of the literature of the variables, including both transculturals and wellness. Chapter Three presents the methodology of the study including design, defined constructs and variables, participants, instrumentation, statistical tests, and the intended data analysis. Chapter Four presents the results of the study and includes a discussion of the findings. Chapter Five concludes with implications, limitations, and recommendations.

Background of the Study and Introduction of Study Variables

Globalization is on the rise; it has increased rapidly since 1975, spurring the world quickly to become a global village and unifying the people of the world into a single society (United Nations Economic and Social Commission for Western Asia, 2002). Globalization is not limited only to the movement of trade and capital, but also requires the global movement of professionals, technical personal, students, and often, their families (Favell, Feldblum, & Smith, 2006). Professional global mobility is no longer exceptional (Hayden, Rancic, & Thompson, 2000). In fact, the image of the global elite is obsolete since globally mobile professionals now include “students, nurses, midlevel technical and clerical employees, ambitious or adventurous upwardly mobile middle-classes...and many more that would be hard to describe as ‘elites’” (M. P. Smith & Favell, 2006, p. 2). The number of internationally mobile professional parents whose children accompany them internationally has increased since the 1940s (Hayden & Thompson, 1995).

Globalization creates opportunities, but it also poses challenges (United Nations Economic and Social Commission for Western Asia, 2002). As a result of globalization, more and more people must manage multiple cultures (Benet-Martinez, Leu, Lee, & Morris, 2002). Managing two cultures has historically been viewed as “psychologically undesirable” and Arnett (2002) postulates that most individuals are bicultural as a result of globalization. Transculturals form one group of individuals that has been significantly impacted by globalization and therefore must manage multiple cultures.

Transculturals, also known as third culture kids or adult third culture kids, are individuals who spend a significant part of their formative years in one or more countries other than their country of origin due to the international work/life choices of their parents (Pollock & Van Reken, 2001); they are the culturally *uncapsulated*. Transculturals, often a part of the privileged social class, are a part of the invisible minority when they come back to their home culture. Gaw (2000) estimated 37,000 U.S. transculturals return to the United States every year in order to attend college alone. Given the size of the transcultural population and the fact that transculturals have already navigated the complex global society we all face, it is startling that there is such a dearth of research on the phenomenon. This is especially surprising since the United States now has a transcultural President (Barack Obama spent some of his childhood in Indonesia) who has selected a host of transculturals as top aids: National Security Advisor Marine General James L. Jones (whose formative years were spent in France), Treasury Secretary Timothy Geithner (who grew up in present day Zimbabwe, India, and Thailand), Senior Advisor to the President Valerie Jarrett (who was born in Iran and moved to England before returning to the United States), and policy advisor General J. Scott Gration (who was a child of missionaries in The Democratic Republic of Congo). Transculturals have received coverage in national media such as *Newsweek*

(Bartholet & Stone, 2009), television (e.g. Sunny Anderson [Germany] and Mario Batali [Italy], both of Food Network) and popular culture (e.g. the film *Mean Girls*: Waters, 2004), but have only just begun to be presented in the counseling profession (McDonald, in press).

To date, transculturals have been studied in terms of the characteristics of their relationships (Cockburn, 2002; Cottrell, 1993; Downie, Mageau, Koestner, & Liodden, 2006; Pollock & Van Reken, 2001; Useem, 1993; Useem & Cottrell, 1996), education (Cockburn, 2002; Cottrell & Useem, 1994; Pollock & Van Reken, 2001), and acculturation and cultural identity (Cockburn, 2002; Gerner, Perry, Moselle, & Archbold, 1991; Stultz, 2002). Recently, a small number of dissertation studies have been conducted with transculturals at the center of the study (Konno, 2005; Schaetti, 2000; Shealy, 2003; Walters, 2006; Wurgaft, 2007), but most of these research findings have not been published in scholarly journals and none have been published in counseling literature. Much of the existing literature relies on personal and professional anecdotes of the authors (e.g. Arnett, 2002; Ender, 2006; Langford, 1998; Pollock, 1998; Pollock & Van Reken, 2001; Selmer & Lam, 2004; Shealy, 2003; Stultz, 2002; Van Reken, 1997) and discuss transculturals as minors rather than as adults (e.g. Cockburn, 2002; Gerner & Perry, 2000; Gerner et al., 1991; Huff, 2001; Nathanson & Marcenko, 1995; Stroh, 1990). This means that there is little knowledge of the longterm effects of an individual's transcultural experiences.

Transculturals

The term *third culture*, coined by anthropologist John Useem and sociologist Ruth Useem is a generic term “to cover the styles of life created, shared and learned by persons who are in the pro-cess (sic) of relating their societies, or sections thereof, to each other” (Useem, 1993, p. 29). The first culture is the home culture (often the passport culture), the second culture

is designated the host culture (the culture where the individual resides), and the third culture is the culture that exists within the individual, neither the home nor the host culture. The third culture *transcends* culture; it is the “culture between cultures” (Pollock & Van Reken, 2001, p. 20). Thus, the term transcultural will be used in this study to identify individuals who have the third culture. Transculturals may not share the same national cultures, but they do share the third culture; “the sense of belonging to other’s shared experience” (R. Van Reken, personal communication, January 3, 2008). For example, a German citizen who grew up in the United States but returns to Germany for university shares the third culture with a Brazilian citizen who grew up in China, Ecuador, and Tanzania, but returned to Brazil at age 13. This third culture is made up of the shared universalities of those living an international lifestyle as a child/adolescent.

Pollock and Van Reken (2001) wrote about children/adolescents who are transcultural and called them Third Culture Kids, or TCKs. Although this study’s participants are adult transculturals, the fact that adult transculturals were at one point TCKs is what makes them transculturals. Therefore, a definition of TCK is appropriate. According to Pollock and Van Reken), a TCK is

...a person who has spent a significant part of his or her developmental years outside the parents’ culture. The TCK builds relationships to all of the cultures, while not having full ownership of any. Although elements from each culture are assimilated in the TCK’s life experience, the sense of belonging is in relationship to others of similar background. (p. 19)

All TCKs are also transculturals and all adult transculturals were once TCKs. However, because this study focuses on adult transculturals, for the sake of uniformity the age-inclusive term transculturals will be used.

Part of wellness is being able to conceptualize issues in a developmentally appropriate way (Myers & Sweeney, 2008). Transculturals must complete the same developmental tasks as non-transculturals, but transculturals have the added challenges of both mobility and international cultural differences. For example, in stage three of Kohlberg's Conventional Level of Moral Development the individual is driven by conformity and strives to fulfill societal roles (Kohlberg, 1984). If the individual moves from one country to a very culturally different country (e.g. from Japan to Canada) in the midst of this stage, the individual may have added confusion about the societal roles to play. This may inhibit movement from one stage to the next and potentially inhibit wellness as a result of limiting or delaying optimal functioning within society.

According to Erik Erikson's stage of Identity versus Role Confusion, adolescents are increasingly concerned with how others perceive them and focus on questions such as *Who am I?* and *How do I fit in?* (Erikson, 1968). Transculturals may not have an answer readily available for these questions as their culture, country, social norms, and social circles may change often. Moreover, individuals must have confidence in their own identity in order to move to Erikson's next stage of Intimacy versus Isolation. Again, the very characteristics of the transcultural lifestyle may potentially inhibit movement from one stage to the next and potentially limit or delay optimal wellness.

Schaetti (2000) suggests that there are four developmental themes unique to transculturals (which she dubs global nomads) in identity outcome: change, relationships, worldview, and cultural orientation. Transculturals become so accustomed to change that change

must be present in order for life to feel normal. Relationships, rather than geography, become a source of home. Relationships are also a source of grief due to the transcultural's mobility and the consequential abandoning of physical relationships. Transculturals have a multi-dimensional view of the world and consequently may have difficulty relating to others who have a less developed international understanding. Cultural orientation, according to Schaetti, is comprised of the other three themes; transcultural identity integrates the experience of change, relationship, and worldview. Schaetti concludes that transcultural identity is a complex picture.

Limited research exists on the characteristics of the relationships, education, acculturation, and cultural identity of transculturals. It is not currently known how childhood global mobility may affect an adult's overall mental health. In order to begin to unravel the complex picture of transculturals, studies must utilize and assess variables on a holistic continuum. Wellness is one such construct that takes body, mind, and spirit into account (Myers, Sweeney, & Witmer, 2000, p. 252).

Wellness

Mental health is traditionally established by the presence or absence of psychiatric illness. This section briefly introduces wellness as a variable and then provides the rationale for selecting wellness over illness as a variable. A more detailed description of the development of wellness will be presented in Chapter Two.

Psychiatric illness was originally believed to be a phenomenon that transcends culture (Mukherji, 1995). Western psychology set the golden standard for diagnosing illness, falling victim to the ethnocentric assumption that Western categories of psychiatric illness were a-cultural (Mukherji, 1995; Ranganathan & Bhattacharya, 2007). This is of particular concern for transculturals, whose very identity rests in multiple cultures. Although illness and disease greatly

impact the way clinicians both diagnose and treat individuals in many countries including the United States, the dichotomous presence or absence of illness and/or disease does not accurately represent the continuum of wellness of the individual. Indeed, the World Health Organization defines health as "...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 2006, p. 1). Assessing only diagnosable mental illness (e.g. as the Minnesota Multiphasic Personality Inventory does) would assess various psychological illnesses, but medically driven *you have it or you don't* assessments are limited. The theory of illness and disease could potentially ignore part or all of the body, mind, and spirit cross sections of an individual by splitting them into soma, anxiety, and mood disorders. Wellness is a continuum of holistic health which takes body, mind, and spirit into account (Myers et al., 2000). The utilization of wellness, a less Westernized construct than disease is an appropriate construct to use with the transcultural population, a set of individuals who are not necessarily Westernized themselves.

The concept of wellness has gone through rigorous theoretical and empirical testing in several fields. For example, Ardell (1977) emphasized purpose and meaning through five dimensions: responsibility of self, nutrition, stress management, physical fitness, and sensitivity to the environment. Hettler (1984) viewed wellness as a lifelong promotion of growth in the intellectual, social, spiritual, occupational, physical, and emotional dimensions. Ryff and Keyes (1995) created a theoretically sound model of well-being that included six primary factors: self-acceptance, personal growth, purpose in life, positive relations with others, environmental mastery, and autonomy. Wellness is a construct that is both a tested and holistic view of health. The researcher, therefore, has chosen to assess wellness as an alternative to illness. Mirroring empirical literature investigation, the construct of wellness will be used interchangeably with

well-being in this study (Degges-White & Shurts, 2005; Downie, Koestner, ElGeledi, & Cree, 2004; Juechter & Utne, 1982; Myers & Sweeney, 2008; Ryff & Keyes, 1995).

Statement of the Problem

Transculturals experience the same developmental challenges as non-transcultural individuals with regard to establishment during their formative years. It is unknown whether possessing a transcultural identity affects overall wellness. Although some researchers have studied the short term effect of re-entry to the home country (e.g. Fuller, 1994), there is a dearth of studies exploring how an individual's transcultural childhood might influence wellness in adulthood.

Purpose of the Study

The purpose of this exploratory descriptive survey research was to determine whether international mobility during an individual's formative years influences wellness in adulthood. Further, the relationship between participant wellness and the number of countries participants have lived and his/her host countries' developmental status were examined.

Research Questions

1. What are the demographics of transculturals with regard to (a) basic demographics (i.e. race, age, marital status, biological sex, sexual orientation, educational level) and (b) demographics specific to transculturals (i.e. reason for being transcultural/parental occupation, home country, passport country, number of host countries live in/mobility, names of host countries lived in, length of stay in host country/countries, and number of moves post age 18). See Table 1 in Chapter Three for a visual representation of the demographics to be collected.

2. Do transculturals score differently than the normative data on the 5F-WEL on overall wellness and/or the 9 subscales (a) Essential Self subscale (b) Global subscale (c) Local subscale (d) Creative Self subscale, (e) Coping Self subscale, (f) Social Self subscale, (g) Physical Self subscale, (h) Institutional subscale, and/or the (i) Chronometrical subscale?
3. Do differences exist for transculturals with regard to wellness and the two independent variables home country and the number of host countries lived in?

Significance of the Study

Very little empirical research on transcultural individuals exists, and even less exists on the wellness of transculturals. Globalization necessitates global movement of professionals, technical personal, students, and often, their families. Findings contribute to the research literature on wellness within unique cultural populations. This study additionally aids in the foundation of understanding of the relationship between global mobility and wellness through comparison of transculturals to normative data on the 5F-WEL. As globalization is on the rise, this information helps professionals prepare for and understand the consequences/benefits of global mobility. This study helps equip professional counselors with knowledge regarding the experiences of transculturals to better serve them.

The lack of relevant literature on the wellness of transculturals supported the need for this study. As professional global mobility increases, the number of transculturals increases (McDonald, in press). Transculturals are the forerunners of the globalized world; they have already had the experience of navigating professional global mobility. Professionals can look to transcultural individuals and evaluate how effective they are in establishing and maintaining wellness in order to prepare others for global mobility.

This study is significant as it can contribute to preventative care literature for individuals who move internationally. In a time of managed care, it is important that the counseling profession does not lose sight of prevention, one of the foundations of the counseling profession (Myers, 1992). Prevention is a foundation of the counseling profession and an essential element to the wellness model; the model that counselors resonate with (Conyne, 1991; Matthews & Skowron, 2004; Myers, 1992). This study also answers a call for research (McDonald, in press).

Research on transculturals is limited both in quantity and recency. Amassing a representative sample of any invisible minority, including transculturals, is a challenging undertaking for researchers. Most existing research is on transculturals as minors rather than as adults (e.g. Cockburn, 2002; Gerner & Perry, 2000; Gerner et al., 1991; Huff, 2001; Nathanson & Marcenko, 1995; Stroh, 1990) and much literature relies on personal and professional anecdotes of the authors rather than on empirical research (e.g. Ender, 2006; Langford, 1998; Pollock, 1998; Pollock & Van Reken, 2001; Selmer & Lam, 2004; Shealy, 2003; Stultz, 2002; Van Reken, 1997). Literature related to transculturals has either been either largely non-empirical in nature or focused on re-entry to the country of origin (Eakin, 1996; Fuller, 1994; Huff, 2001; Pollock, 1998). This descriptive exploratory study, therefore, was a timely starting point for looking at the long-term impact of transcultural experiences on an individual's overall wellness.

Limitations of the Study

This study utilized a snowball sample of participants who responded to an Internet survey conducted in English and compared their results to normative data. The use of snowball sampling likely increased the number of study participants, but also increased bias as the participants of this study likely were friends or acquaintances of each other. As a result, external

validity is limited. The data collection for this study was conducted wholly online and therefore excluded transculturals who did not have access to the Internet but would have been otherwise eligible. Additionally, because this study was conducted only in English, the study contained an inherent linguistic bias as it excluded potential participants who are not speakers of English. The lack of a control group significantly limits comparison as it is not known whether transculturals are represented in the normative data of the 5F-WEL.

Definitions of Terms

The following terms are defined as they are used in the current study:

Globalization is the “increased interconnectedness and interdependence of people and countries ...includ[ing] the opening of borders to increasingly fast flows of goods, services, finance, people and ideas across international borders” (World Health Organization, n.d., p. na)

Home Country is defined as the country an individual calls home. It may be the host country, the passport country, the country where the individual may have lived the longest, or the country in which the individual was born (Gerner et al., 1991). The introduction of the term *home country* allows individuals to clarify to which country they feel as though they *belong* rather than the country to which others assign them. Some transculturals may define their home country as their country of citizenship. Others may define their home country as their host country (e.g. U.S. citizen born in the United States, lived in Kenya, and defines Kenya as the home country). Some transculturals are born outside of their country of citizenship and identify to their host country (e.g. U.S. citizen born in Kenya with parents who are U.S. citizens and defines the home country as Kenya). Other transculturals may have parents who are foreign born and therefore identify with their parental home (e.g. U.S. citizen living in Kenya with Brazilian

parents and defines the home country as Brazil). By allowing the transcultural to identify his/her home country, incorrect assignment to a country can be minimized.

Host country is the country (or countries) in which a transcultural lives but does not hold citizenship.

Passport Country is the country in which an individual who is a transcultural holds citizenship.

Professional Global Mobility is moving internationally (change of living arrangements) as a direct result of career.

Third Culture Kid is a person under the age of 18 “who has spent a significant part of his or her developmental years outside the parents’ culture” (Pollock & Van Reken, 2001, p. 19).

Transculturals are individuals over the age of 18 who have spent a significant part of their formative years outside of their passport country. These individuals intend to return to their passport countries (i.e. they are not refugees or immigrants). Transculturals are also referred to as transcultural individuals, or transculturals in this study. The only difference between TCKs and transculturals is age.

Wellness is “a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to life more fully within the human and natural community” (Myers et al., 2000, p. 252).

CHAPTER II: REVIEW OF THE LITERATURE

This literature review is organized in three sections. The first section consists of an overview of what is known about transcultural individuals, including both empirical and theoretical literature and a link between transcultural issues and wellness. The second section is a presentation of the wellness variable, including the theoretical foundation, major wellness models from the fields of medicine, psychology, and counseling, and a section on cross-cultural wellness. A brief summary concludes this literature review.

Transculturals

Description of Transculturals

According to McDonald (in press) transculturals have been referred to as global nomads and internationally mobile adolescents; they may be a part of more specific groups with coined names such as *Biz kids* (children of international business persons), *Oil kids* (children of international business persons working in the oil industry), *Military brats*, and *Missionary kids* (Useem & Downie, 1976). Although transculturals can have a home culture from anywhere in the world, most research is on U.S. transculturals. For simplicity in the literature review, unless otherwise noted, all transculturals are American transculturals.

Research on transculturals is limited both in quantity and recency. This may be due in part to the fact that transculturals are an invisible minority; collecting a representative sample of any invisible minority is a daunting undertaking for researchers, and this is especially the case with a global group of individuals who do not belong to any formal group/organization. A small number of studies have been carried out recently with transcultural participants (e.g. Konno, 2005; Schaetti, 2000; Shealy, 2003; Walters, 2006; Wurgaft, 2007), although many of these works are not readily available, if accessible at all. Limitations to present research are that few

used control or comparison groups, most research was focused the short term effects of on transculturals as minors (Cockburn, 2002; Gerner & Perry, 2000; Gerner et al., 1991; Huff, 2001; Nathanson & Marcenko, 1995; Stroh, 1990), and many studies depended on personal and professional anecdotes rather than empirical studies. The literature related to transculturals has concentrated on re-entry to the country of origin (Eakin, 1996; Fuller, 1994; Huff, 2001; Pollock, 1998) rather than on the long-term effects of the transcultural experiences.

Tracking the number of Americans who live outside of the United States has proven a complicated task (Dark, 2003) and has yet to be attempted by the U.S. Census. The U.S. Census Bureau launched the first overseas enumeration test in 2004, attempting to assess the feasibility of including U.S. citizens living overseas in the 2010 census (Crews, 2004). Financial limitations, unfortunately, make the future of counting overseas citizens seem bleak (United States Government Accountability Office, 2004). According to The State Department Special Statistical Study 4.1 million U.S. citizens are estimated to have lived overseas in 1999 (American Citizens Abroad, 2008). This number only includes U.S. Citizens currently living abroad, does not include transculturals currently living in the United States who have lived abroad in the past, nor does it include non-U.S. transculturals (American Citizens Abroad, 2008). The 4.1 million estimate was made over a decade ago, which is an additional key component involved in the difficulty of tracking transculturals. Logic tells us that the number is growing larger with every war, every movement of a business industry abroad, every increase in exportation, and every advancement in technology that allows for easier hiring of international employees, as businesses must send seasoned workers overseas to train new workers. The World Health Organization confirms this logic; in defining globalization, it includes the flow of people across international borders as a fundamental component of globalization (World Health Organization, n.d.) Even

casual observers can see this flow, yet to the counseling profession transculturals are still a largely invisible minority. This section first reviews the characteristics of transculturals based on relationships, education, acculturation, and cultural identity, then presents literature on the well-being of transculturals.

Peer Relationships, Relationship Maintenance, and Marital Status

Development includes the acquisition and maintenance of relationships, the receiving of education, the forming of identity, and wellness. As mentioned in Chapter One, these constructs are not a comprehensive list of constructs important to development, but merely a list of those constructs researched thus far; the counseling profession has neglected to recognize and study transculturals as a population (McDonald, in press). These constructs embody what is presented in literature.

Transcultural children/adolescents tend to be able to initially take relationships with peers deeper than non-transcultural individuals, but those relationships often fail to go deeper over time (Pollock & Van Reken, 2001). Perhaps this is due in part to the *seize the day* mentality that Pollock and Van Reken postulate; because transcultural' lives involve a high degree of mobility, opportunities may not exist for long. One study (Downie et al., 2006) found that the perception of how others value the culture of origin of multicultural individuals impacts relationships; participants who perceived others as valuing their culture of origin rated social interactions with these individuals as intimate and were more likely to enjoy the interaction and feel accepted. It makes intuitive sense, then, that transculturals would stick together as they would be able to relate to each other and share the value of appreciation and respect of others' cultures. Furthermore, these findings support Schaetti's (2000) developmental outcome that transculturals have difficulty relating to others with a less developed international understanding of the world.

One large-scale study found many transculturals attend conferences or reunions with fellow transculturals in order to maintain relationships after their abroad experiences and this effort maintains ties into adulthood (Cottrell & Useem, 1994). Cottrell (1993) also found transculturals continue relationships in multiple cultures through maintenance of long-term overseas relationships. This is beneficial to the wellness of transculturals, as social relationships increase the length and quality of one's life (Myers & Sweeney, 2005b). It should be noted that no research has been conducted in support or contrast of Schaetti's (2000) model that relationships are a cause of grief and loss due to high mobility.

The largest collection of data ($n=696$) of adult transculturals (age 25-84) was gathered by Useem, Useem, Cottrell, and Jordan (Cottrell, 1993; Cottrell & Useem, 1993, 1994; Useem, 1993; Useem & Cottrell, 1993). They found transculturals marry and divorce at lower rates than the general American population. Nationally, 50.4% of the population is married; 10.5% are presently divorced (U.S. Census Bureau, 2006c). Participants in their study averaged an 80% marriage rate and a 33% divorce rate.

Educational Achievement and Mobility in Higher Education

An astounding 81% of Cottrell and Useem's (1994) adult transcultural participants completed a bachelor's degree (national average is 27%, U.S. Census Bureau, 2006b), and 50% of those who earned a bachelor's degree went on to earn master's degrees and doctorates. Another study found fully 97% of the transcultural participants had attended higher education for an average of 5.4 years (Fail, 1996). High academic achievement has also been reported by Cockburn (2002) and Pollock and Van Reken (2001). Transculturals' high academic achievement indicates their propensity to be mentally active and have a natural curiosity to learn.

Having a desire to learn and know about the world contributes to overall wellness as indicated by a factor analysis that resulted in the construct *thinking* being a factor in measuring wellness.

Of those participants in Useem and Cottrell's study who did attend college, 45% attended 3 or more 4-year institutions before graduating (Useem & Cottrell, 1993). This finding is consistent with Schaetti's (2000) identity outcome theme of change. Transition must occur in the transcultural's life in order for the transcultural's sense of normality to prevail.

Acculturation & Identity

Dealing with transcultural issues may, at first, sound like a question of acculturation, but when evaluated closely it becomes apparent that transculturals do not face the same issues immigrants and refugees do (McDonald, in press). While immigrants and refugees move from one culture to another with the intent of staying in their new culture, the transcultural is highly mobile (Pollock & Van Reken), moving from one culture to another repeatedly. Immigrants and refugees relocate to escape an undesirable situation, which is rarely the case for transculturals. These issues of motive and frequency make the literature on acculturation and identity of immigrants and refugees poorly suited to address transculturals.

LaFramboise et al. (1993) posit that an individual who can adjust behaviors and attitudes according to her or her immediate cultural context will be more relaxed and less anxious than an individual who attempts to acculturate or assimilate. Modifying behaviors and attitudes allows the individual to choose the role that each culture will play in his/her own life rather than passively accepting one culture or another. Although not ideal, due to the lack of research on transcultural well-being, biculturals will briefly be discussed here, as bicultural individuals must also manage multiple identities. LaFramboise et al. suggest that psychological well-being for bicultural individuals rests in bicultural competence which includes: individuation, personal

integration, social support systems built in both cultures, awareness of the role(s) he/she plays in each culture, knowledge of self outside of cultural context (a part of the 5F-WEL), and language maintenance for both cultures. LaFramboise et al. maintain that, although these topics are essential counseling goals for all individuals who are bicultural, the movement to maintain or create any of these goals can cause initial strain on the individual. Downie, Mageau, Koestner, and Liodden (2006) found that multicultural individuals report cultural chameleonism as a comfortable alternative to clashing cultural identities, but at the expense of lower psychological well-being.

Benet-Martinez, Leu, Lee, and Morris (2002) and Downie, Koestner, El Geledi, and Cree (2004) have found that bicultural identities can be either compatible or clashing. Downie et al. (2004) state that bicultural individuals may move between cultural identities in different situations with different people. Individuals with clashing bicultural identities will have internal conflict and feel compelled to act a certain way, whereas individuals with compatible biculturalism will find it easy and comfortable to alternate between cultures internally and externally. The researchers deem this flexibility “cultural chameleonism.” Cockburn (2002) notes that cultural chameleons tend to have a need to relocate and find it difficult to live in one place for an extended period of time. Perhaps this is because the cultural chameleon is used to adapting to new cultures and when the individual no longer has the need to adapt, then homeostasis is challenged.

Gerner et al. (1991) conducted the largest scale study of transcultural children/adolescents with three K-12 groups: 222 students from a Midwestern state who had always attended school in the United States (U.S.), 489 students from an international U.S. school in Thailand, and 365 students from an international U.S. school in Egypt. Results indicate

that U.S. internationally mobile participants differed from non transculturals in self-report; transcultural children/adolescents report being more culturally sensitive, culturally accepting, interested in travel, interested in learning other languages, and more interested in pursuing an international lifestyle than their U.S. counterparts who are not internationally mobile.

Additionally U.S. counterparts self-reported being closer to their families than transcultural children/adolescent participants (although it should be noted that missionary transcultural children/adolescents self-reported being closer to their families than non-missionary transculturals).

Arnett (2002) suggests that globalization impacts identity, an important part of well-being. He suggests that as globalization occurs, local identity is sacrificed for global identity, and thus establishing personal identity has become more difficult than it was in the past.

Furthermore, transculturals may identify with more than one ethnic, racial, cultural, religious, national, or other cultural identity, rendering identity formation complex and creating internal dissonance (Van Reken, 1997). Ethnic identity, for example, has been found to be a significant predictor of wellness for minority adolescents (Rayle & Myers, 2004). Yet part of the transcultural phenomenon is potentially identifying with more than one ethnic identity. Even an established sense of identity can be challenged by formal paperwork and bureaucracy demanding only one national identity, or a different national identity (Stultz, 2002), potentially furthering confusion in identity.

A qualitative dissertation by Schaetti (2000) hypothesized a model for identity development of global nomads (i.e. transculturals). Suggesting the ultimate goal of identity formation for global nomads is establishing internal congruence, Schaetti noted that the introduction of the term(s) Third Culture Kid and/or Global Nomad can be critical in the

acquisition of congruent identity. This may be a result both of having words to describe the self and the phenomenon of universality.

The findings and ideas presented in this section support the idea that transculturals appear to be highly functional members of a global society but are internally conflicted. Being internally conflicted may impact a transcultural's overall wellness. Research, however, is sparse and largely exploratory without taking overall wellness into account.

Identifying the Link between Transcultural Issues and Wellness

Little is known about transculturals in regard to wellness. Stroh (1990) found pre-move adjustment to be the best predictor to adjustment overseas. Nathanson and Marcenko (1995) found that while liking the host culture is inconsequential to well-being, family life is the most important factor in the well-being of children while living abroad. Shealy (2003) focused specifically on military transculturals and found several themes: rootlessness, aloneness, drug and alcohol abuse, depression anger and rage, sexual promiscuity, difficulties with commitment, and a conflicted inner sense of self. Literature also exists on re-entry to the home country (Fuller, 1994; Gaw, 2000; Huff, 2001; Yoshida et al., 2002). While these studies are important in the modestly researched area of the wellness of transcultural individuals, unfortunately the time line of understanding transcultural individuals ends at re-entry to the home culture; there is a dearth of research regarding the long-term effects of international mobility as a minor (Ender, 2006).

Wellness

Seligman and Csikszentmihalyi (2000) promoted an alternative to the pathology model "...to remind our field that psychology is not just the study of pathology, weakness and damage; it is also the study of strength and virtue" (p.7). According to Meyers and Sweeney (2004) wellness is holistic and encompasses many dimensions including spirituality, self-direction,

work, friendship, love, self worth, control, realistic beliefs, emotions, thinking, positive humor, nutrition, exercise, self-care, stress management, gender identity, and cultural identity. Wellness is a construct that is encompassing rather than limiting. Consequently, embracing a model of wellness may be a less culturally bound view of mental health. Furthermore, wellness has a strong theoretical foundation in the field of counseling. The working definition of wellness used in this study is “a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to life more fully within the human and natural community” (Myers et al., 2000, p. 252).

Theoretical Foundation of Wellness

The medical model and traditional psychological theories such as humanistic and positive psychology framed the focus on wellness in the counseling profession. Medical theorists focusing on wellness, including Hettler (1984) and Ardell (1977), contributed theories moving away from physical illness. Hettler, a public health physician and medical educator, focused on holistic, healthy functioning. He believed that healthy functioning was not limited merely to the physical body, but that emotional, social, intellectual, occupational, and spiritual functioning was also important. Ardell, also a physician, emphasized purpose and meaning in physical, relationship, and environmental factors. Focus in the medical field on anything other than physical illness helped to validate the need for a less pathological approach to health.

Alfred Adler set the stage for humanistic psychology and positive psychology in many ways. Adler focused on one’s relationship to the world and conceptualized the individual as always striving toward mastery (Adler, 1956). Adlerian theory views self-understanding, self awareness, and insight as key in increasing the degree of social interest in the individual’s life. Essential to Adlerian theory is holism: the concept that individuals are indivisible. Adler’s theory

was foundational to wellness models, including the Indivisible Self Model of Wellness (Myers & Sweeney, 2004), as it proposed the necessity of a strength based focus, holism, and a social context.

Theories of humanistic psychology, like those of Abraham Maslow and Carl Rogers, contributed to models of wellness through their emphasis on purposefulness and strengths. Maslow (1943) theorized a hierarchy of needs that leads to self-actualization, or the managing of higher needs, in order to reach full potential in life. Carl Rogers proposed that people are inherently good and that they naturally strive toward self fulfillment; it is the duty of clinicians to tap into those natural resources (Kirschenbaum & Henderson, 1989). Humanistic theories began to incorporate a strength based focus to contemporary wellness models.

A number of theorists emerged in positive psychology literature, including Ryff and Keyes (1995), Seligman (1991), and Csikszentmihalyi (Seligman & Csikszentmihalyi, 2000). Based on major theories (i.e. those of Erikson, Buhler, Neugarten, Maslow, Allport, Rogers, and Jung), Ryff and Keyes formulated a theory of well-being that focused on self-acceptance, personal growth, purpose in life, positive relations with others, environmental mastery, and autonomy. Seligman viewed overall health as being greatly impacted by cognition and personal control. Rather than focus on illness, he focused on cognition with an emphasis on how clinicians can further enrich lives. Seligman and Csikszentmihalyi worked to move the focus of human growth and development to include a holistic view focusing on strengths and how to nurture those strengths.

A counseling theory of wellness was finally developed early in the 20th century. It is rooted in the theories of both Adler and Maslow (Sweeney & Witmer, 1991; Witmer & Sweeney, 1992) and has theoretical basis in psychology, anthropology, sociology, religion, and

education (Witmer & Sweeney, 1992). This wide theoretical basis allows for a wider view of wellness, creating a holistic theory. This wider view of wellness is significant for transculturals, who are multicultural by definition, and therefore may have a less limited view of wellness themselves. Counseling theories of wellness drew upon wellness contributions of the medical model, humanistic psychology, and positive psychology, incorporating non-pathological, strength-based, holistic views into the theory.

The medical model and traditional psychological theories such as humanistic and positive psychology set the stage for the focus on wellness in counseling and contributed in a shift from pathology to wellness. Wellness models have grown out of these strength based approaches to human growth and development. In the following section, these models are broken down into medicine, psychology, and counseling models of wellness and presented briefly. These models form the basis of this study's primary model: The Indivisible Self. Without these models, the Indivisible Self model would have no foundation. The movement and development of wellness models supports its importance and validity as a construct and also reflects the national trends in emphasizing holistic well-being.

Wellness Models Based in Medicine

The first models of wellness were based in the field of medicine. Predictably, these models emphasize physical wellness. The wellness models of both Hettler (1984) and Ardell (1977) are presented.

Hettler's Model

Hettler (1984), a public health physician and medical educator, proposed a hexagonal model that includes six dimensions of healthy functioning: physical, emotional, social, intellectual, occupational, and spiritual functioning. No doubt impacted by Hettler's professional

identity, this model emphasizes physical health care and is neglectful of psychological development (Hattie, Myers, & Sweeney, 2004).

In order to assess the hexagonal model, the Lifestyle Assessment Questionnaire (LAQ) and Testwell (a version of the LAQ that is shorter and easier to score) were developed. The six subscales of the LAQ were not supported in factor analysis (Myers & Sweeney, 2004). A study of the LAQ by Cooper (1990) found (a) dependence in the six subscales, (b) gender effects, (c) 11 factors do not fit into the structure of the wellness model, and (d) limitations in measuring behavioral and cognitive wellness. Cooper's findings have not yet been addressed in the LAQ (Myers & Sweeney). Although Hettler's model was groundbreaking, it is not appropriate for this study due to its high emphasis on physical health and its neglect of psychological development.

Ardell's model

Ardell (1977), a physician, emphasized purpose and meaning through five dimensions: responsibility of self, nutrition, stress management, physical fitness, and sensitivity to the environment. The dimensions were supplemented with eight behavioral changes: psychological and spiritual, physical fitness, job satisfaction, relationships, family life, nutrition, leisure time, and stress management. Differentiating his model from Hettler's (1984), Ardell added family life, stress management, leisure, and neglected intellect as a factor. In addition to the rationale for rejection of the hexagonal model, this model is inappropriate for the study as it was developed in order to help promote health and health education rather than assess wellness.

Wellness Models Based in Psychology

The original tasks of psychology were "curing mental illness, making the lives of all people more productive and fulfilling, and identifying and nurturing high talent" (Seligman & Csikszentmihalyi, 2000, p. 6). As a result of the positive psychology movement (a conscious

decision to move away from an emphasis on mental illness), a number of wellness models were developed, including those by Ryff and Keyes (1995), Seligman (2000), and Seligman & Csikszentmihalyi.

Ryff and Keyes' Model

Based on major theorists (i.e. Erikson, Buhler, Neugarten, Maslow, Allport, Rogers, and Jung), Ryff and Keyes (1995) created a theoretically sound model of well-being that included six primary factors (self-acceptance, personal growth, purpose in life, positive relations with others, environmental mastery, and autonomy) joined together on a single higher order factor. Data suggested the merging of two factors, but age distinction was found and thus the two remained separate. Ryff and Keyes admit that although their model is built on a nationally representative model, “[a]nalyzes of additional group differences (e.g., by social class, ethnicity, or culture) would further inform understanding of the basic structure of well-being” (p. 725). Due to the high group differences of transculturals (e.g. multiple cultures), this theory was rejected as the theoretical foundation of this study.

Seligman & Csikszentmihalyi's Model

Seligman (1991) viewed overall health as being greatly impacted by cognition (specifically optimism and pessimism) and personal control (Seligman, 1991). Early in his career, Seligman rejected dichotomous illness, and focused instead on cognitions with an emphasis on how clinicians can further enrich lives. As of 1998, the only alternative to the illness model was in humanistic psychology, which lacked significant empirical foundation. Seligman and Csikszentmihalyi (2000) set to the task of promoting an alternative to the pathology model

“...to remind our field that psychology is not just the study of pathology, weakness [,] and damage; it is also the study of strength and virtue. Treatment is not just fixing what is

broken; it is nurturing what is best. Psychology is not just a branch of medicine concerned with illness or health; it is much larger. It is about work, education, insight, love, growth, and play. And in this quest for what is best, positive psychology does not rely on wishful thinking, faith, self-deception, fads, or hand waving; it tries to adapt what is best in the scientific method to the unique problems that human behavior presents to those who wish to understand it in all its complexity” (p.7).

The work of the aforementioned psychologists with wellness was groundbreaking. Models of wellness in psychology, unfortunately, are rooted in the medical model. In other words, the concept of wellness is still viewed from the medical model in the field of psychology. Counseling, on the other hand, is based in the wellness model, therefore the concept of wellness in the counseling theory is conceptualized from the wellness model.

Wellness Models based in Counseling

The Wheel of Wellness presented by Sweeney and Witmer (1991) and Witmer and Sweeney (1992) was the first wellness model grounded in counseling theory (Myers & Sweeney, 2004) and created for the purpose of being used as a counseling intervention (Hattie et al., 2004). With theoretical basis in both Adler and Maslow (Sweeney & Witmer; Witmer and Sweeney), this is one of the few theoretical models that has been adapted and updated to reflect statistical findings (Myers & Sweeney, 2004). The original Wheel of Wellness, as well as its revision (the Indivisible Self Model) are presented along with their respective assessments. Special attention is given to multicultural concerns of assessing wellness with regard to transculturals.

Wheel of Wellness

Based in a holistic model, the Wheel of Wellness is a multidisciplinary model with theoretical basis in psychology, anthropology, sociology, religion, and education (Witmer &

Sweeney, 1992). This wide theoretical basis allows for a wider view of wellness and the inclusion of a wider range of factors. This model posits a perception of a “global village” (Witmer & Sweeney, p. 140) through interconnectedness of everything. Clinical and empirical research drove several revisions with regard to diversity and self-direction (Myers & Sweeney, 2004; Myers et al., 2000).

The Wheel of Wellness has five interrelated and interconnected life tasks: spirituality, self-regulation, work, friendship, and love (Witmer & Sweeney, 1992). Spirituality results in a deep sense of “wholeness or connectedness to the universe” (Myers et al., 2000, p. 252). Self-regulation includes 12 subgroups and is defined as the way a person “regulates, disciplines, and directs the self in daily activities and in pursuit of long-range goals” (Myers et al., p. 353). The subgroups are sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, nutrition, exercise, self care, stress management, gender identity, and cultural identity. Task three, work and leisure, is an “opportunity for pleasurable experiences that are intrinsically satisfying and provide a sense of accomplishment” (Myers et al., p. 256). Friendship is non marital, sexual, or familial relationships with others. The final life task, love, is a committed, lasting, intimate relationship with another.

The circumplex model was not reinforced by data from the final analysis (Myers & Sweeney, 2004). The outcome of the structural equation modeling analysis is the most recent model of wellness by Myers and Sweeney: The Indivisible Self (Mind Garden, 2007; Myers & Sweeney, 2004). The Indivisible Self Model is the theoretical basis upon which this study was based.

The Indivisible Self Model

As a result of exploratory and confirmatory factor analysis of the Wellness Evaluation of Lifestyle (the assessment of the Wheel of Wellness), Myers and Sweeney (2004) recognized the need to re-evaluate the Wheel of Wellness and alter the model to explain later findings. This model is the only wellness model to update and change as a result of empirical findings (Chang & Myers). The two biggest changes to the Indivisible Self model from the Wheel of Wellness are those of recognition of both the interdependence and independence of the factors, as well as the inclusion of context. The result of statistical research built on Adlerian theory resulted in 17 third order factors distributed once within each of the five second order factors. Although both the structure of the model and the term “life task” were changed to “factor,” the elements are still essentially the same. Research indicated interrelationships so entwined that there was no central life task (as previously thought of spirituality) but rather that there were orders to the factors (Myers & Sweeney, 2004).

Within the model are one higher order wellness factor (overall wellness), five second order wellness factors (Essential Self, Social Self, Creative Self, Physical Self, and Coping Self), and 17 third order wellness dimensions represented once in one of the second order factors. As mentioned before, these 17 dimensions are consistent with the original factors in the Wheel of Wellness. The 17 dimensions are spirituality, self-direction, work, friendship, love, self worth, control, realistic beliefs, emotions, thinking, positive humor, nutrition, exercise, self-care, stress management, gender identity, and cultural identity. Additionally, the Indivisible Self model identifies four environmental contexts (local, institutional, global, and chronometrical) and a life satisfaction index (Myers & Sweeney, 2004). See Figure 1 for the depiction of the Indivisible Self model.

Figure 1. The Indivisible Self: The Evidence Based Counseling Model of Wellness

CONTEXTS:

Local (safety)

Family
Neighborhood
Community

Institutional (policies & laws)

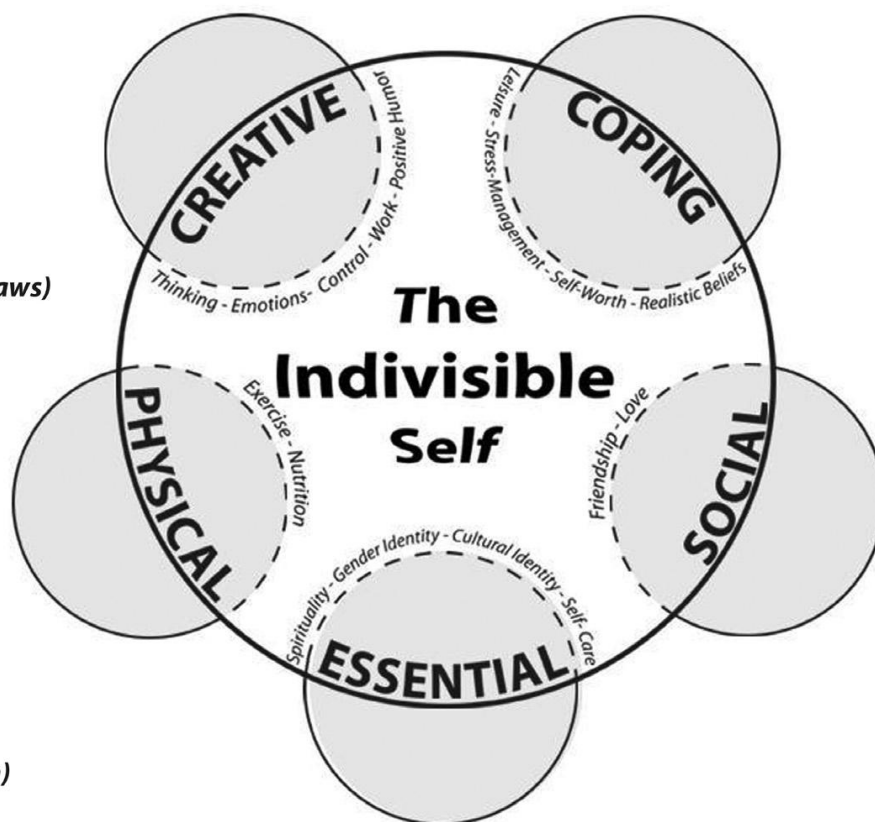
Education
Religion
Government
Business/Industry

Global (world events)

Politics
Culture
Global Events
Environment
Media
Community

Chronometrical (lifespan)

Perpetual
Positive
Purposeful



© T.J.Sweeney & J.E. Myers, 2003.

Note. Creative=Creative Self; Coping=Coping Self; Social=Social Self; Essential=Essential Self; Physical=Physical Self. From “The Indivisible Self: An Evidence based model of wellness” by J. E. Myers and T. J. Sweeney, 2005, in *Counseling for Wellness: Theory, Research and Practice*, p. 32. Alexandria, VA: American Counseling Association and “Wellness Counseling: The Evidence-Base for Practice” by J. E. Myers and T. J. Sweeney, 2008, *Journal Counseling and Development*, 86, p. 484. Copyright 2008 by the American Counseling Association. Reprinted with permission of the authors.

Higher Order Wellness Factor. The higher order wellness factor is the unifying factor of wellness. This factor encompasses all of the other factors in the model as each of the 17 third order dimensions are represented once in the second order dimensions and each second order dimension is represented once in the higher order wellness factor. The unifying factor is consistent with Adlerian theory that conceptualizes the self as a unified sum of all of its parts, parts that are indivisible (Adler, 1956). Exploratory studies support the idea that transculturals appear to be highly functional members of a global society but are internally conflicted (Schaetti, 2000; Van Reken, 1997), suggesting a difference in the psychological well-being of adult transculturals and their non-transcultural counterparts.

The Creative Self: Second order factor. The Creative Self is a combination of attributes that allows an individual to feel unique in social interactions (Adler, 1956). The Creative Self factor is composed of five third order factors: thinking, emotions, control, positive humor, and work. Thinking is the ability to be mentally active, open minded, creative, experimental, curious, and to solve problems (Myers & Sweeney, 2005b). The thinking factor is the notion that what one thinks impacts a person's emotions and Physical Self. Similarly, a person's emotions influence thought processes. Emotion is a person's ability both to be in touch with his/her emotions to express those emotions appropriately. Control is the perception someone has of the degree of influence over life events. A person who has control will set personal goals, believe she/he can achieve those goals, and ask for assistance when she/he needs help achieving goals. Positive humor refers to the ability to laugh at his/her self and to retain humor in completing tasks. Humor has been known to positively influence both mental and physical health. Work is the element in life where a person contributes to society with meaning and purpose. Satisfaction

with work, the ability to cope with work stress, and financial security are all a part of the work factor.

The Coping Self: Second order factor. The Coping Self is a combination of attributes that allows one to rise above negative effects of life events. There are four third order factors in the Coping Self: realistic beliefs, stress management, self-worth, and leisure. According to Myers and Sweeney (2008), rational beliefs free one from the burden of trying to be loved and liked by everyone. Rational beliefs give one the courage to be imperfect. Stress management includes the management of self, time, and resources. The ability to accept change and view it as an opportunity for development is also important to stress management. Acceptance of the whole self, both positive and negative qualities, is self worth. Self worth allows one to view the self as both unique and important. Leisure involves activities done while not working, the satisfaction with leisure activities, and the absence of guilt while taking part in these activities.

The Social Self: Second order factor. How one relates and connects with others is the Social Self (Myers & Sweeney, 2008). Friendship and love constitute the Social Self. Having non-familial and non-sexual commitments with others who provide emotional, physical, or informational support is friendship. Love refers to the ability to be involved in enduring relationships characterized by similar spiritual values, respectful conflict resolution, healthy communication, and mutual appreciation.

The Essential Self: Second order factor. The Essential Self is the way one makes meaning of life, the self, and others (Myers & Sweeney, 2008). The Essential Self is comprised of four factors: spirituality, self-care, gender identity, and cultural identity. Beliefs and behaviors that aid in the recognition that humans are more than mental and physical beings is spirituality. Self-care is the preventative act of taking care of the self and the environment. Satisfaction with

one's gender and having supportive resources in one's gender is a part of gender identity. Gender identity frees one from being limited by one's gender as well (e.g. freedom to be androgynous). Cultural identity is similar to gender identity in that satisfaction, support, and freedom to transcend the identity are essential.

Non-privileged individuals often spend more time in search of and acquiring resources that are readily available to privileged individuals, allowing more time and energy for meaning-making. This subscale (consisting of spirituality, self-care, gender identity, and cultural identity) has to do with meaning-making (Myers & Sweeney, 2004), and it is anticipated that the meaning-making of transculturals is hindered by high-mobility.

The Physical Self: Second order factor. The last two factors of exercise and nutrition are included within the Physical Self. Exercise is the inclusion of physical activity and activities leading to flexibility in life events. Nutrition entails maintaining a healthy weight and a balanced diet.

Contextual variables. The Indivisible Self model also recognizes the importance of context:

A complete understanding of the individual cannot be made without incorporating a concern for environmental factors, which always can operate for better or for worse in relation to individual wellness. Thus, we recognize that the Indivisible Self is both affected by and has an effect on the surrounding world. (Myers & Sweeney, 2004, p. 240)

As a result of extensive literature reviews, Myers and Sweeney (2004) incorporated the four contexts of local, institutional, global, and chronometrical into the model. Local is the context in which one interacts most frequently (e.g. families, neighborhoods, communities). As

globalization occurs local identity resigns to global identity Arnett (2002). Transculturals, by nature, lack local identities altogether. People with diminished local identities “may result in a sense of alienation and impermanence as they grow up with a lack of cultural certainty, a lack of clear guidelines for how life is to be lived and how to interpret their experience (Arnett, 2002, p. 778).

Institutional contexts include education, religion, government, business, industry, and media. Politics, culture, global events, and the environment are a part of the global context, things transculturals appear to be very connected to. Chronometrical context allows for the recognition that individuals change over time. Myers and Sweeney (2005) point out that interconnectedness is found even within the contexts, for example the media (i.e. institutional context) impacts human understanding of global contexts. Finally, the Indivisible self model addresses the overall extent to which a person is overall satisfied with life (life satisfaction). Combined, the factors and contexts presented in this section embody a holistic representation of a person’s overall wellness.

Research Critique. Due to the large number of factors included in the 5F-WEL, only the higher order factor (Total Wellness) and the second order factors will be discussed in this section. The research questions do not include third order factors, so this information is not essential to the study. All significant effects in this section are defined as $p \leq .001$.

Myers and Mobley (2004) studied 1,249 traditional students and 318 non-traditional undergraduate students and utilized a norm group of non-student adults ($n=702$) Results showed that female student participants scored higher than male students on the Essential Self, while male students scored higher than female students on both the Physical Self and the Coping Self. As compared to the non-student adults, undergraduates scored lower on the Social Self, the

Essential Self, and the Creative Self. Although they found no interaction effects ($p \leq .001$) of age and gender, significant effects were found for the interaction of age and ethnicity in the factors of Total Wellness, Essential Self, Creative Self, and Coping Self; non-traditional age Caucasian students scored higher than non-traditional age students of color. Ultimately, a between-groups comparison suggests that traditional age undergraduate students are at a higher risk for lower wellness than non-student adults.

Sinclair and Myers (2004) examined the impact of objectified body consciousness on the wellness of Caucasian heterosexual women in college ($n=190$). They used the Objectified Body Consciousness Scale (McKinley & Hyde, 1996), the 5F-WEL and a demographic data form. Significant negative correlations were found between body shame and wellness (the Creative Self scale: $r=-.18$, Coping Self: $r=-.39$, Total Wellness: $r=-.17$). Significant positive correlations were found on body surveillance and the Essential Self ($r=.17$) and appearance control beliefs and wellness (Creative Self: $r=.15$, Coping Self: $r=.17$, Social Self: $r=.47$, Physical Self: $r=.27$, and Total Wellness: $r=.21$).

Villalba and Myers (Villalba & Myers, 2008) conducted outcome research with fifth graders ($n=55$). The intervention between the pre-tests and post-tests was a three week group guidance intervention focusing on wellness. Total wellness of the group increased significantly ($t=2.54$, $p=.014$, $d=.343$) as did three of the second order factors including the Creative Self ($t=2.15$, $p=.036$, $d=.289$), Social Self ($t=2.36$, $p=.022$, $d=.315$), and the Physical Self ($t=2.29$, $p=.026$, $d=.309$).

The 5F-WEL has also been studied as a tool to be used in treatment planning. Moorhead and Green (2008) used the 5F-WEL with a 13 year old boy who had a diagnosis of Aspergers Syndrome. They used the 5F-WEL to create a wellness plan that would increase his wellness

levels in the two second order factors in which the boy had scored lowest on the pre-test (physical and creative). Although only the Physical Self scores showed significant increase at post-test, the change in the Creative Self score was less than one standard deviation (only raw scores were given in the article).

These studies offer correlates and positive outcomes as well as practical utility of the Indivisible Self model and 5F-WEL. This research base provides important validation to both the 5F-WEL and the Indivisible Self Model. The increasing research base of wellness supports both its significance and validity as a construct.

Cross-cultural Wellness

It is important to remember that some transculturals may have culturally different views of health and wellness because of the multicultural nature of their experiences. Cultural factors even influence the way individuals report symptoms (Mukherji, 1995). The traditional medical model allows for gaps in various culturally-bound concerns and ignores the emphasis of various non-medical concerns (Ranganathan & Bhattacharya, 2007). For example, Mukheri (1995) wrote that “[t]he return to wellness is not simply the cessation of symptoms but more importantly, the restoration of the balance of ...the individual” (p. 211). The wellness model is an alternative to the medical model and also aligns with the philosophy of the counseling profession.

Additionally, and importantly, it is more inclusive to both cultural and cross-cultural concerns than traditional medical models (Randall, 1996). The researcher chose to utilize wellness as a variable, a construct that does not utilize the culturally biased Diagnostic and Statistical Manual’s socially constructed categories, yet still informs clinical practice (Myers & Sweeney, 2004). Special attention to the cultural sensitivity of the 5F-WEL is presented in Chapter Three.

Summary

The Indivisible Self model of wellness was adopted for the theoretical basis of this study. Attention to the impact of global events, which may impact transculturals more than their non-transcultural counterparts due to their experiences living in more than one culture (and therefore being impacted *personally* by the life forces in more than one culture) was important in the selection of this model for the study. The emphasis on interconnectedness throughout the model is also essential for the transcultural; indeed, the very idea of a “global village ecology” (Witmer & Sweeney, 1992, p. 140) indicates the impact that all things (e.g. nations) have on each other. The holistic model of wellness presented by Myers and Sweeney (2004) specifically recognizes cultural identity as an important factor, an essential element for transculturals. Through the inclusion (and retention from the Wellness Wheel) of the cultural identity factor, the model recognizes the importance of racial identity; acculturation; appreciation of cultural uniqueness, including (but not limited to) cultural differences in self-perceived health, wellness, stress, and behavioral deviance (Myers et al., 2000). Finally, the Indivisible Self model is the only evidence-based model that is reliable, valid, and theoretically grounded in the counseling framework of the wellness model.

This literature review began by first presenting both empirical and theoretical literature of the transcultural characteristics of relationships, education, acculturation, and cultural identity, then presented a gap in the literature of the well-being of transculturals. An argument was made for utilizing a theoretical wellness model (versus a medical model) to measure the health of transculturals. Practitioners can use this assessment to “help clients understand the components of wellness, the interaction of those components, and the manner in which positive change can

be created through a focus on strengths as opposed to weaknesses” (Myers & Sweeney, 2004, p. 241).

This study not only explored the relatively untapped transcultural population, but it also responds to the call for more assessment and exploration of wellness within cross-cultural and diverse populations, increasing the number of cultures studied (Chang, Hays, & Tatar, 2005).

This study also answers a call for research on the long-term effects of those who are transcultural (Fail, 1996).

CHAPTER III: METHODOLOGY

This chapter presents the methodology for this descriptive study of transculturals and wellness. The research design, participants, instruments, procedures, data analysis procedures, and major assumptions for the data analysis are presented.

Research Design

This descriptive exploratory study uses an online survey written in English at one point in time with an instrument that measures levels of wellness, a social desirability scale, and a demographic survey. This study is a beginning step toward documenting the experiences of transculturals, by providing initial information about their wellness and demographics. A reliable and thorough description of transculturals is necessary before any theory can be built or comparisons are made regarding the transcultural population. On a practical level, this information aids in providing services to transcultural individuals as well as the potential creation of prevention programs for those who are not yet transcultural. This study provides a picture of the effects transcultural experiences have on overall wellness.

Because the population used in this study is a part of the invisible minority, it was difficult to locate participants. Thus, randomization was infeasible and several limitations were created (Heppner, Wampold, & Kivlighan, 2007). Because of the lack of randomization and the many uncontrolled variables, cause-and-effect conclusions were inappropriate. Significant differences found between the normative sample (provided by the instrument) and the participants in this study warrant further investigation. The participants in this group represent a convenience sample rather than a random sample of transculturals.

The use of an online survey likely increased the number of participants by eliminating the need for the researcher to be in the same physical setting as the participants. This is especially

advantageous with the highly mobile transcultural population. The nature of online surveys makes it difficult, if not impossible, to ascertain the representativeness of the participant sample (Heppner et al., 2007). Some transcultural individuals may not have had access to the Internet and, therefore, were not able to participate in the study.

There was a potential for some participants to have self-reported higher wellness than they actually possess in order to increase self image through giving only socially acceptable responses (Zerbe & Paulhs, 1987). Transculturals are a highly educated group who may be familiar with generally understood healthy and unhealthy behaviors and report what they think they *should* rather than what they actually *do*. The Brief Social Desirability Scale (Haghighat, 2007) was included with the intent to help screen out those participants who have a higher tendency to give only socially desirable answers.

Participants

Transculturals, as articulated in Chapter One, are individuals who spend a significant part of their formative years in one or more countries other than their country of origin due to the international work/life choices of their parents (Pollock & Van Reken, 2001). The State Department Special Statistical Study estimated that 4.1 million U.S. citizens lived overseas in 1999 (American Citizens Abroad, 2008). This number only includes U.S. citizens currently living abroad, and does not include any transculturals who have lived abroad in the past but are presently living in the United States, nor does it include non-U.S. transculturals living in the United States.

To be eligible to participate in the study, potential participants needed to report information confirming three necessary criteria. First, participants must have spent a significant part of their formative years (before age 18) outside of the country that issued their passport.

Secondly, participants were to have had an intent to return/have already returned to their passport countries (i.e. must not be a refugee or immigrant). Finally, participants must have been at least 18 years of age at the time of participation.

Instruments

The participants in this study completed three online assessment instruments including Myers & Sweeney's (2004) wellness inventory the Five-Factor Wellness Inventory (5F-WEL), a demographics questionnaire, and Haghghat's (2007) Brief Social Desirability Scale (BSDS). These instruments are included in appendices A, B and C respectively. Discussion for each instrument begins with a brief rationale for choosing that measure over other well-known assessments followed by the presentation of the instrument itself, including its psychometric properties. Given the international nature of the population, special attention is paid to cultural sensitivity.

Wellness Inventory

Rationale

The Lifestyle Assessment Questionnaire (LAQ) is a well-known and well-respected assessment; however, factor analysis of the LAQ did not support its six subscales (Myers & Sweeney, 2004). Cooper (1990) conducted a study of the LAQ that found that (a) the six subscales were not independent (b) there are gender effects, (c) 11 of the measured factors do not fit into the structure of the wellness model, and (d) the assessment appears to be limited in measuring behavioral and cognitive wellness. The LAQ has not been altered to address Cooper's findings (Myers & Sweeney, 2004). These factors make the LAQ unsuitable for this study.

Recent research has indicated that of Ryff's Scales of Psychological Well-Being (the measurement of Ryff and Keyes' model) are not supported and that the measurement should be

revisited and updated (Springer & Hauser, 2006; Springer, Hauser, & Freese, 2006). Springer et al made strong claims that the “measures used are inadequate to capture the distinctions intended by the theoretical model, that the distinctions themselves are incoherent or inconsequential, or both...[,] results should be regarded as unambiguous bad news for the continued broad use of these indistinct subscales in the study of psychological well-being” (Springer et al., 2006, p. 1121). Due to the unsupported scales and inadequate measures, Ryff’ Scales of Psychological Well-Being will not be used.

The Wellness Evaluation of Lifestyle (WEL) was created to assess wellness according to the Wheel of Wellness model (Myers & Sweeney, 2004). A decade of research resulted in four versions of the WEL, all building upon the strengths of previous versions and addressing flaws for a more practical and psychometrically sound measurement tool (Myers & Sweeney, 2005a). The most recent revision of the WEL resulted in the WEL-S, an assessment including 131 items worded in statement form with a 5-point Likert scale response (Myers & Sweeney, 2005a). Psychometric properties of the WEL-S are supported; test-retest reliability coefficients range between .68 and .88, internal reliability ranged between .60 and .94, and convergent and discriminate validity were found to have high and low correlations, respectively (Myers & Sweeney). Although the WEL had face validity (Myers et al., 2000), the final analysis of the circumplex model itself was not reinforced by data (Myers & Sweeney, 2004). Structural equation modeling analysis of the structure of the model resulted in yet another discrete revision, and the most recent model of wellness by Myers and Sweeney: the Indivisible Self (Mind Garden, 2007; Myers & Sweeney, 2004).

5F-WEL

Myers and Sweeney (2004) separated the original 17 factors of the WEL by allowing the items to load only on their particular scales through denoting a controlled factor pattern. Then the items were loaded on second order factors through exploratory and confirmatory factor analysis, resulting in the clear identification of five second order factors: the creative, coping, social, essential, and physical selves (Hattie et al., , Myers & Sweeney, 2004). Finally, one uni-dimensional higher-order factor was identified and labeled wellness. The goodness of fit index was .042 ($X^2=8261$, $df=2533$) (Myers & Sweeney). The standardized factor loadings were significant (see Hattie et al.).

The confusing significant statistical structure coefficient of the items under the highest-order wellness forced Myers and Sweeney (2004) to revisit the theory on which the Wheel of Wellness was founded. For example, Myers and Sweeney give the seemingly unlikely example of three question items that loaded under the same factor: “I believe in the existence of a power greater than myself,” “I look forward to the work I do each day,” and “I regularly floss and brush my teeth.” Upon revisiting the Adlerian holism upon which the present model was built, Myers and Sweeney were reminded of the “emphasis on the whole rather than the elements, the interaction between the whole and parts, and the importance of man’s [sic] social context” (Ansbacher & Ansbacher, 1967, p. 11-12, as cited in Myers & Sweeney).

Three forms of the 5F-WEL are available: the 5FWEL-A, where items are written at a ninth grade reading level or above; the 5FWEL-T for adolescents with a sixth grade reading level or above; and the 5FWEL-E formatted with a third grade reading level (2007). For this study, all participants must have been at least 18 years of age at the time of participation; therefore, the 5F-WEL-A (referred to as the 5F-WEL) was used in this study.

The 5F-WEL (Appendix A) is a 92-item instrument available in paper and pencil, computer based, and Internet-based formats (Mind Garden, 2007). Scores are given on 23 factor scores, four context scores, and one item validity index. Factor scores included are: wellness, Creative Self, thinking, emotions, control, work, positive humor, Coping Self, leisure, stress management, self worth, realistic beliefs, Social Self, friendship, love, Essential Self, spirituality, gender identity, cultural identity, self-care, Physical Self, exercise, and nutrition. The four context scores are: local, institutional, global, and chronometrical. The validity index is the Life Satisfaction Index.

Participants rate each item on a four-point Likert-type scale ranging from A (*strongly agree*) to D (*strongly disagree*). Responses are converted numerically and items worded negatively are reverse coded (most questions are positively worded: Myers & Sweeney, 2005b). The 5F-WEL takes approximately 10-20 minutes to complete (Myers & Sweeney, 2005b).

Psychometrics. Cronbach's alpha coefficients for the 23 factor scores range between .85 and .98 ($n=3,043$). Alpha coefficients for the five second order factors are .89 (Coping Self), .90 (Physical Self), .95 (Essential Self), .96 (both Creative Self and Social Self). Context alphas are .66 (global), .73 (institutional), .74 (local), and .79 (chronometrical). Total wellness alpha is .98. Support has been offered for convergent and divergent validity with constructs such as ethnic identity, acculturation, body image, self-esteem, gender role conflicts (Myers & Sweeney, 2005a), spirituality, moral identity and social interest, academic self interest, mattering, and relationship self-efficacy (Myers & Sweeney, 2005b).

Cultural Sensitivity of the 5F-WEL. The already sticky concern of proper use of assessments becomes even more complicated when incorporating an international element (Muniz & Bartram, 2007). Assuming the assessment has already passed the rigor of

psychometric validity in the country of origin, the very construct being measured may need to be adapted culturally (Benet-Martinez et al., 2002; Chang et al., 2005; Hambleton & Patsula, 1998). That is to say that part of the challenge of cross-cultural test adaptation is to differentiate between values and behaviors unique to each culture and those values and beliefs that are universally shared; various cultures may not share the same belief or value of the construct being measured. The concept of wellness certainly falls into this category, as understanding of wellness may vary between cultures (Chang et al.).

Both the language used and the items themselves may need to be evaluated for cultural bias. Some questions may be culturally irrelevant. For example, Chang et al (2005) noted a culturally-bound question in the 5F-WEL of seatbelt usage, suggesting the question may be inappropriate for Turks, few of whom drive. Other questions may be culturally unclear .

The 5F-WEL is unique in that it has begun to address culturally sensitive concepts and measures of wellness (Chang et al., 2005). Indeed “Both the Indivisible Self Model of Wellness...and the...5F-WEL were created in response to global needs” (Myers & Sweeney, 2005b). Versions of the 5F-WEL have been translated into Hebrew, Korean, and Turkish and are presently being translated into Spanish (Chang & Myers, 2003; Myers & Sweeney, 2005b). It has additionally been used in a cross-cultural study of Israeli and U.S. students (Myers & Sweeney, 2005b). The flexibility of the 5F-WEL between cultures is a key advantage for its use in this study, as transculturals have spent significant time in cultures other than their passport culture.

Demographic Questionnaire

A demographic questionnaire (Appendix B) designed by the author to gather information to describe the sample population and provide data that assisted in exploring the relationship

between transcultural experiences as a child/adolescent and wellness in adulthood. See Table 1 for a visual of collected demographic information.

Table 1

Types of demographics: Basic and specific to rransculturals	
Basic	Specific to Transculturals
Race	Parental occupation
Age	Home country
Marital status	Passport country
Biological sex	Host Country
Sexual orientation	Number of host countries
Education level	Names of host countries
	Length of stay in countries
	International occupation

Basic Demographics

Questions included basic demographics such as (a) race/ethnicity, (b) marital status, (c) biological sex, (d) sexual orientation, (e) educational level, (f) age, (g) occupation. These first five questions are included in the 5F-WEL inventory.

Transcultural Demographics

Specific to the transcultural population, participants were asked to identify the reason they are transcultural (e.g. child of a military family, missionary family, expatriate, parental life choice apart from occupation, etc). Establishing nationality poses some difficulty for transculturals. In addition to asking for participant's legal nationality (the country which issued her/his passport), this study utilized Gerner et al.'s (1991) method for establishing a home

country. Home country was defined to participants as “the country you call home. It may be the country where you were born; or the country where you have lived the most; or your country of citizenship” (p. 202). This process allowed participants to identify culturally without bureaucratic and/or legal limitations (e.g. if an 18 year-old participant is a U.S. citizen but moved to China at age one and remained in China until age 15, the participant may hold a U.S. passport but feel as though China is his/her home country).

The demographic questionnaire included items specific to mobility. Participants were asked the number of countries and names of each country they have lived in, as well as how long the participant lived in each country. This information will be used to establish the degree of mobility of the participant.

Social Desirability Scale

Rationale

As previously mentioned, a scale to help screen out those participants who have a high tendency to give only socially desirable answers was included in the survey. Although the Marlowe-Crowne (Crowne & Marlowe, 1960) is traditionally considered the crème de la crème of social desirability scales, it has a number of limitations that make it inappropriate for the purpose of this study. The original Marlowe-Crowne scale has 33 items, and is therefore time-consuming. Subsequent shorter versions of the Marlowe-Crowne have been created (e.g. Hays, Hayashi, & Stewart, 1989; Reynolds, 1982; Strahan & Gerbasi, 1972) although these versions are decades old. A more recent evaluation of various versions of the Marlowe-Crowne (including these mentioned here) found “[a]ll nine versions performed poorly, as evidenced by small fit indexes, significant chisquares, inconsistency across samples, or all of these”(Barger, 2002, p.

298). Barger suggests researchers scrutinize the use of the Marlowe-Crowne based on his findings that all the versions are both empirically weak and theoretically flawed.

Brief Social Desirability Scale

The Brief Social Desirability Scale (BSDS, Haghigat, 2007) was used with the intent to screen out those participants who wished to please the researcher and/or increase their self image through giving only socially acceptable responses. This scale consists of 4 questions with two-factor responses. This scale, therefore, enabled quick identification of those participants who were likely to give socially desirable answers. See Appendix C for the BSDS.

Cronbach's alpha for the BSDS is .60. Construct validity with the Stigmatization Questionnaire produced the Spearman rho of -0.372 at 0.01 (Haghigat, 2007), indicating a moderate negative correlation. Cross-tabulation indicated the BSDS is gender neutral.

Procedures

Data was be collected from voluntary participants through a method of snowball sampling after approval was granted from the Institutional Review Board. E-mails were sent recruiting participants who were 18 years of age or older at the time of the survey who have spent a significant part of their formative years in one or more countries other than their country of origin (see Appendix D). The e-mail included a link to the online survey and requested recipients of the e-mail forward the e-mail on to anyone they knew of who might qualify. These e-mails were sent out to identified key leaders and organizations in the transcultural community as well as international schools. The e-mails included a request for help to recruit transcultural participants for the study. Colleagues who have already conducted research on transculturals and acquaintances of the researcher who are transcultural themselves were also contacted. The researcher contacted individuals who had posted on transcultural blogs/message boards as well

as international school headmasters. Key organizations/institutions and leaders (when possible) are as follows:

- American Citizens Abroad (contact: Dorothy van Schooneveld, Editor of American Citizens Abroad's monthly e-newsletter)
- Aramco-brats (Karen Keegan, Editor of Simroots' website)
- Families in Global Transition (contacts: Joyce Blake, Executive Director and Libby Stephens, Director of Third Culture Kid Services)
- Global Connections
- Global Nomads International (Contact: Elisabeth Parker)
- Global Nomads Washington area: Social organization for third culture kids
- Interaction International (contact: Janet Blomberg, Executive Director)
- Lewis and Clark College's Third Culture Kid advisory board (and Rachael Molitor, Third Culture Kid Intern)
- Mennonite Missions Network (contact: Stanley Green, Executive Director)
- Mu Kappa: fraternal organization of third culture kids (contact: Perry Bradford)
- TCKid.com (contact: BriceRoyer, founder, and organizer of the private third culture kid research social network)
- Transition Dynamics (contact: Barbara Schaetti, consultant for international expatriates and repatriates)
- Ruth Van Reken: Author of multiple books on third culture kids
- Youth Compass: Mentorship program for internationally mobile youth

Individuals who clicked on the link included in the e-mail were directed to an informed consent on www.surveymonkey.com (see Appendix E). This included information regarding

purpose, procedure, duration, the right to ask questions, drawing information, and information regarding the participants' ability to stop the survey at any point in time without the threat of repercussions. Individuals were ensured of confidentiality and anonymity. The data used for this study was collected after being online for 32 days.

Participants who completed the survey were able to enter a drawing for one of five \$25.00 gift certificates to Better World Books. An e-mail address was provided at the completion of the survey. In order to participate in the drawing, participants were prompted to send their mailing address to the e-mail address provided. Prize winners were selected randomly. This process ensured collected data was not connected with names/identities.

The 5F-WEL data was scored using SPSS for Windows and e-mailed to the researcher as a data file by Dr. Jane Myers (Distribution and Scoring Coordinator) at the University of North Carolina at Greensboro). The cost of scoring was \$1 per participant. The data file contained item responses and subscale scores as well as raw scores and J-scores for the 5F-WEL factors. Dr Myers also provided a syntax file to assist in interpretation of the variables in the data-set. Demographic data were also scored using SPSS for Windows.

Data Analysis

The Statistical Package for the Social Sciences (SPSS), Version 17.0 was used for all analyses. In accordance to the previously presented hypotheses, the dependent variables in this research were the 5F-WEL's higher order wellness factor (total wellness), and the 9 subscales (the Essential Self, the Creative Self, the Coping Self, the Social Self, the Physical Self, the local, institutional, chronometrical, and the global subscales). Independent variables are the number of countries in which participants have lived, the length of time that individuals lived in their host countries, and their interactions.

Research Question 1

What are the demographics of transculturals with regard to (a) basic demographics (i.e. race, age, marital status, biological sex, sexual orientation, educational level) and (b) demographics specific to transculturals (i.e. reason for being transcultural/parental occupation, home country, passport country, number of host countries lived in/mobility, names of host countries lived in, length of stay in host country/countries, and number of moves post-age 18). See Table 1 for a visual representation of the demographics collected.

Hypothesis

A pattern of characteristics exists for this group.

Statistical Analysis

Descriptive statistics such as frequency counts and percentages were used to make comparisons to normative data.

Research Question 2

Do transculturals score differently than the normative data on the 5F-WEL on overall wellness and/or the 9 subscales: (a) Essential Self subscale (b) Global subscale (c) Local subscale (d) Creative self subscale, (e) Coping self subscale, (f) Social self subscale, (g) Physical self subscale, (h) Institutional subscale, and/or the (i) Chronometrical subscale?

Hypothesis

Transculturals will score differently on overall well-being than the normative data from the 5F-WEL. Exploratory studies support the idea that transculturals appear to be highly functional members of a global society but are internally conflicted (Schaetti, 2000; Van Reken, 1997), suggesting a difference in the psychological well-being of adult transculturals and their counterparts.

Transculturals will score differently than the normative data from the 5F-WEL on the Essential Self subscale of the 5F-WEL. Non-privileged individuals often spend more time in search of and acquiring resources that are readily available to privileged individuals, allowing more time and energy for meaning-making. This subscale (consisting of spirituality, self-care, gender identity, and cultural identity) has to do with meaning-making (Myers & Sweeney, 2004), and it is anticipated that the meaning-making of transculturals is hindered by high mobility. Transculturals, by nature, lack local identities altogether. People with diminished local identities “may result in a sense of alienation and impermanence as they grow up with a lack of cultural certainty, a lack of clear guidelines for how life is to be lived and how to interpret their experience” (Arnett, 2002, p. 778).

Transculturals will score differently than the normative data from the 5F-WEL on the global subscale. Transculturals will score differently than the normative data from the 5F-WEL on the local subscale of the 5F-WEL. Arnett (2002) suggests that as globalization occurs, local identity is sacrificed for global identity. This study is exploratory so no data exists as to whether transculturals will score higher or lower than normative data on the other 5F-WEL wellness variables measured (Creative self, Coping self, Social self, Physical self, Institutional and/or the Chronometrical subscale).

Statistical Analysis

MANOVA would normally be used for this analysis, but since raw scores are not provided for the normative data, Hotelling's T^2 will be used. The Hotelling's T^2 is a generalization of the one-sample t-test to the multivariate setting. Hotelling's T^2 controls for the potential of rejecting at least one of the hypotheses when all of the null hypotheses are true. Assuming significance is found, confidence intervals will then be calculated in order to find which subscale(s) were

significant.

Research Question 3

Do differences exist for transculturals with regard to scores on the 5F-WEL on (a) overall wellness and the 9 subscales (b) Essential Self (c) Global (d) Local (e) Creative self, (f) Coping self, (g) Social self, (h) Physical self, (i) Institutional, and (j) Chronometrical and the two independent variables home country and the number of host countries lived in?

Hypothesis

There will be differences in participants' wellness scores based on (a) home country, and/or (d) the number of host countries lived in. The researcher was looking for potential predictive relationships based on the fact that there could be significant within group differences based upon these experiences. This hypothesis is based on literature that indicates that mobility negatively impacts social networks (Haynie, South, & Bose, 2006) and that strong social networks (i.e. friendships and social support) are essential to well-being. Furthermore, research has indicated child/adolescent transculturals tend to be able to initially take relationships with peers deeper than non-transcultural individuals, but those relationships tend to hit a glass floor and do not go deeper over time (Cockburn, 2002; Pollock & Van Reken, 2001).

South, Haynie, and Bose (2007) state that adolescence itself is a threat to self-concept and self-esteem, and is a time for “psychological, emotional, and... physical separation from...parents” (pp. 72-73). Mobility adds another element to children and adolescents as it has been shown to impact academic performance and expectations to graduate from college (Haynie et al., 2006; South et al., 2007); depression (South et al., 2007), illicit drug usage (DeWit, 1998), sexual onset (South, Haynie, & Bose, 2005) violence (Haynie & South, 2005) and overall deviance (Haynie et al., 2006).

Statistical Analysis

A 2 x 2 MANOVA was conducted to identify any differences according to the split level variables. Home country was divided into the two levels developed home country and developing home country, and the number of host countries variable was split into levels with either one or two host countries, or three or more host countries. Assuming the MANOVA is significant, the differences between groups were determined with a Post Hoc test; Tukey's honest significant difference (HSD) was calculated for each comparison.

MANOVA also assumes linear relationships between dependent variables at the bivariate level. Linearity was checked for each of the 10 wellness variables using a matrix scatter diagram and then looking at a correlation analysis. Moderate to strong linear relationships were found among all the variables.

Assumptions of Data Analysis

Before testing specific assumptions associated with MANOVA, normality and homogeneity of variance were established. Further assumptions are measurements of the covariates (covariate measurement is done prior to being a transcultural), reliability of the covariates, correlations among the covariates (i.e. ensure that the covariates are not too closely correlated with each other), linearity (clear relationship between wellness and the covariates), and homogeneity of regression slopes (i.e. there is no interaction between the covariates and being transcultural).

CHAPTER IV: RESULTS

This chapter presents the findings from the online survey for the descriptive study of transculturals and wellness. The pre-analysis procedures and missing data analysis are presented, followed by the statistical analysis and results for each research question.

Pre-Analysis Steps

Data were downloaded into SPSS 17.0 from www.surveymonkey.com 32 days after the first e-mail was sent by the researcher inviting participants to participate. The data from the 5F-WEL were then sent via e-mail to Jane Myers (distribution and scoring coordinator of the 5F-WEL) to score. The cost of scoring was \$1 per participant. Myers reported that there was one instance in which deleting an item would result in a higher alpha for a scale, and this was for the third order factor called Jintell, which is the Thinking factor. Myers deleted item 42 of the 5F-WEL and recomputed the scale as Jthink_2. A data file containing item responses, and subscale scores as well as raw scores and J-scores for the 5F-WEL factors was then electronically sent back to the researcher. A syntax file was also sent by Myers to assist in interpretation of the variables in the data-set.

A codebook was created to coincide with the study variables, and all variables were checked for errors. Frequency reports were generated for each categorical variable, and descriptive reports were generated for continuous variables. The purpose of these reports was to identify any miscoded data, data points outside of the range of theoretical scores, and any patterns of missing data. This process revealed that two participants reported being less than 18 years of age. Data-sets for these individuals were not used in the data analysis.

The third research question requires new variables be recoded. Home country was recoded into a dichotomous variable of either developed or developing. The Economist

Intelligence Unit's quality of life index (2005) was used to make this split as it was more inclusive and balanced than other lists. For example, other lists had severe selection bias and used arbitrary factors to indicate quality of life, while weighting indicators (2005). The Economist Intelligence Unit used nine indicators to rank each country's status: (a) maternal well-being, (b) health, (c) political stability and security, (d) family life, (e) community life, (f) climate and geography, (g) job security, (h) political freedom, and (i) gender equality. The first thirty countries in the ranking were accepted as developed countries as they are comparable to the three lists of developed nations produced by the United Nations (United Nations Development Programme, 2008), the Central Intelligence Agency (2009b), and the FTSE (2009). The 30 countries coded as developed are listed in order of rank according to the Economist Intelligence Unit: Ireland, Switzerland, Norway, Luxembourg, Sweden, Australia, Iceland, Italy, Denmark, Spain, Singapore, Finland, the United States, Canada, New Zealand, the Netherlands, Japan, Hong Kong, Portugal, Austria, Taiwan, Greece, Cyprus, Belgium, France, Germany, Slovenia, Malta, the United Kingdom, South Korea. All other countries were coded as developing.

Missing Data

Once the data inspection was complete, missing values were addressed. There were 38 participants who did not complete the survey in its entirety. Of those with incomplete data, nine completed the transcultural demographic information but did not begin the 5F-WEL, which rendered imputation methods impossible. Twelve participants answered the first 29 questions of the 5F-WEL, nine answered the first 60 questions, and one answered the first 90 questions. All of these stopping points were at the end of pages of the online survey. Additionally, 7 participants failed to respond to demographic data that are impossible to impute. Those who did

not complete the survey were dropped from further data analyses in this study. The final number of participants included in the data analyses is 289.

Table two shows the means, standard deviations, skewness, kurtosis, and ranges for the three continuous demographics.

Table 2

Descriptive statistics of TC population

Variable	N	Range	M	SD	S	K
Age (in years)	289	49	34.28	11.939	.678	-.540
Num. Host Countries	289	18	3.16	2.362	2.113	7.901
Time (in years) in host countries *	289	53	15.40	10.061	1.583	3.155

* When calculating responses of <1 year as 0.5 years, and >30 as 30 years.

Research Questions

Research Question 1

What are the demographics of transculturals with regard to (a) basic demographics (i.e. race, age, marital status, biological sex, sexual orientation, educational level) and (b) demographics specific to transculturals (i.e. reason for being transcultural/parental occupation, home country, passport country, number of host countries lived in/mobility, names of host countries lived in, length of stay in host country/countries, and number of moves post-age 18). See Table 1 for a visual representation of the demographics collected.

Basic demographics. With regard to primary cultural background, the majority of participants (80.3%) identified as Caucasian (n=232). Nine percent (n=26) identified as Asian or Pacific Islander, 6.6% (n=19) identified as Hispanic/Latino/Latina, 3.5% (10) identified as

African American, and 0.7% (n=2) identified as Native American. In addition to their primary cultural background, 14.2% (n=41) of participants identified as biracial.

Overall, the mean age was 34.3 years (SD=11.94). The entire age range was 18 to 67.

Most (53.3%) of the participants reported being married/partnered (n=154). Single (41%; n=119), Divorced (3.5%; n=10), Separated (1.4% n=4), and Widowed (0.7%; n=2) comprised the rest of the sample. The sample is predominantly female (77.5%; n=224). Males represented 22.5% (n=65) of the sample. Self-identified heterosexuals accounted for 93.8% (n=271) of the entire sample. Bisexuals account for 3.5% (n=10), lesbians make up 2.1% (n=6), and persons identifying as gay comprised the rest of the sample at 0.7% (n=2).

Most of the participants (42.6%) reported having achieved an advanced degree (n=123). A smaller percentage (33.6%) reported having a bachelor's degree (n=97). High School graduates accounted for 17.3% (n=50). Those with a trade/technical school/Associate of Arts degree make up 6.2% (n=18), and 0.3% (n=1) reported having less than a high school diploma.

Demographics specific to transculturals. Participants were asked to select the reason that they are transcultural (i.e. the occupation of their parent that resulted in travel abroad). One hundred participants (34.6%) reported parental occupation as missionary, 52 reported parental occupation as international business (18%), 29 reported military parental occupation (10%), and 21 reported parental occupations in the oil industry (7.3%). Participants were given the option to write in an occupation if the occupation was not listed as an option; 87 (30.1%) chose "other."

Tables with frequency and percent have been generated for reported home (Table 3) and passport countries (Table 4) of participants.

Table 3

Home countries and frequency reported (n=289)

Country	Freq.	%	Country	Freq.	%
United States	124	42.9	Suriname	2	.7
None*	16	5.5	Sweden	2	.7
United Kingdom	14	4.8	Turkey	2	.7
Canada	10	3.5	Bosnia and Herzegovina	1	.3
Australia	9	3.1	Bulgaria	1	.3
Columbia	7	2.4	Central African Republic	1	.3
Thailand	7	2.4	Chile	1	.3
United Arab Emirates	7	2.4	Congo, Democratic Republic of	1	.3
Germany	5	1.7	Czech Republic	1	.3
Kenya	5	1.7	Greece	1	.3
Philippines	5	1.7	Honduras	1	.3
Belgium	4	1.4	Iceland	1	.3
Mexico	4	1.4	Liberia	1	.3
Singapore	4	1.4	Netherlands	1	.3
Spain	4	1.4	Pakistan	1	.3
Egypt	3	1.0	Papua New Guinea	1	.3
France	3	1.0	Peru	1	.3
Italy	3	1.0	Romania	1	.3
Japan	3	1.0	Russian Federation	1	.3
Korea, South	3	1.0	Rwanda	1	.3
Malaysia	3	1.0	Saudi Arabia	1	.3
Nigeria	3	1.0	South Africa	1	.3
Switzerland	3	1.0	Taiwan	1	.3
Brazil	2	.7	Tanzania	1	.3
Denmark	2	.7	Zambia	1	.3
India	2	.7	Zimbabwe	1	.3
Morocco	2	.7	Vietnam	1	.3
New Zealand	2	.7			

* Participants indicated that they were unable to choose a home country.

Table 4

Passport countries and frequency reported (n=289)

Country	Freq.	%	Country	Freq.	%
United States	184	63.7	Turkey	2	.7
Canada	18	6.2	Algeria	1	.3
United Kingdom	15	5.2	Belgium	1	.3
Australia	10	3.5	Bulgaria	1	.3
Germany	8	2.8	Finland	1	.3
Columbia	6	2.1	Honduras	1	.3
Dual-Citizenship	6	2.1	Indonesia	1	.3
Netherlands	4	1.4	Mexico	1	.3
France	3	1.0	Oman	1	.3
India	3	1.0	Poland	1	.3
Nigeria	3	1.0	Romania	1	.3
Brazil	2	.7	Saudi Arabia	1	.3
Denmark	2	.7	Singapore	1	.3
Japan	2	.7	Switzerland	1	.3
Malaysia	2	.7	Thailand	1	.3
Pakistan	2	.7	Uganda	1	.3
Sweden	2	.7			

The mean number of host countries lived in was 3.16 (SD=2.36), the median was 3, and the mode was 1. The range of host countries lived in was 1 to 19.

One hundred and thirty five countries/territories were reported as host countries of the participants. Those countries are listed on the following page in Table 5.

Table 5

Host countries reported

Algeria	Cuba	Kenya	Poland
Anguilla	Czech Republic	Korea, South	Portugal
Antigua & Barbuda	Denmark	Kuwait	Qatar
Argentina	Dominican Republic	Kyrgyzstan	Russian Fed./USSR
Armenia	Ecuador	Laos	Rwanda
Australia	Egypt	Lebanon	Saudi Arabia
Austria	El Salvador	Lesotho	Senegal
Bahamas	Eritrea	Liberia	Sierra Leone
Bahrain	Ethiopia	Libya	Singapore
Bangladesh	Fiji	Luxembourg	South Africa
Barbados	Finland	Madagascar	Spain
Belgium	France	Malawi	Sri Lanka
Belize	Gabon	Malaysia	Suriname
Bolivia	Germany	Maldives	Sweden
Bosnia & Herzegovina	Ghana	Malta	Switzerland
Botswana	Greece	Mauritius	Taiwan
Brazil	Guatemala	Mexico	Tanzania
Brunei	Guinea	Monaco	Thailand
Bulgaria	Guyana	Mongolia	Trinidad and Tobago
Burkina Faso	Haiti	Morocco	Tunisia
Burma/Myanmar	Honduras	Mozambique	Turkey
Cambodia	Hong-Kong	Nepal	Uganda
Cameroon	Hungary	Netherlands	Ukraine
Canada	Iceland	New Zealand	United Arab Emirates
Central African Republic	India	Nicaragua	United Kingdom
Chad	Indonesia	Nigeria	USA
Chile	Iran	Norway	Uruguay
China	Ireland	Oman	Venezuela
Colombia	Israel	Pakistan	Vietnam
Congo	Italy	Panama	Yemen
Congo, Democratic Republic of	Jamaica	Papua New Guinea	Yugoslavia
Costa Rica	Japan	Paraguay	Zambia
Ivory Coast	Jordan	Peru	Zimbabwe
Croatia	Kazakhstan	Philippines	

Participants reported the amount of time lived in host countries. After calculating those responses of *less than a year* as .5 (105 cases) and those responses of *more than 30 years* as 30 (5 cases), the mean amount of time (in years) that participants lived outside of their passport

country was 15.40 years (SD=10.06, variance 101.22), the median time was 14 years, the mode was 18 years. When excluding those responses of less than a year and more than a year, the mean (15.09 years, SD=10.02, variance=100.45) mode (13.50) and median (18) are similar.

Research Question 2

Do transculturals score differently than the normative data on the 5F-WEL on overall wellness and/or the nine subscales (a) Essential Self subscale (b) Global subscale (c) Local subscale (d) Creative Self subscale, (e) Coping Self subscale, (f) Social Self subscale, (g) Physical Self subscale, (h) Institutional subscale, and/or the (i) Chronometrical subscale?

Table 6, on the following page, provides the minimum, maximum, mean, standard deviation, skewness, and kurtosis, for the Transcultural sample. Normative statistics are provided when available.

Table 6

Descriptive statistics of wellness variables for TCs and normative samples

	Min	Max	Mean	SD	S	K
TC Wellness	58.90	97.60	82.125	7.2685	-.517	.032
<i>Norm Well.</i>	<i>27.05</i>	<i>96.23</i>	<i>71.63</i>	<i>15.87</i>		
TC Creative	57.50	100.00	84.533	7.8829	-.455	.068
<i>Norm Creat.</i>	<i>25.00</i>	<i>100.00</i>	<i>73.18</i>	<i>16.15</i>		
TC Coping	51.32	97.37	76.516	9.3804	-.428	-.310
<i>Norm Coping</i>	<i>29.17</i>	<i>98.68</i>	<i>68.73</i>	<i>12.73</i>		
TC Social	53.13	100.00	91.382	9.5773	-1.280	1.233
<i>Norm Social</i>	<i>25.00</i>	<i>100.00</i>	<i>77.35</i>	<i>23.56</i>		
TC Essential	48.44	100.00	83.348	12.183	-.571	-.477
<i>Norm Ess.</i>	<i>25.00</i>	<i>100.00</i>	<i>73.38</i>	<i>20.07</i>		
TC Physical	30.00	100.00	78.607	14.180	-.573	-.158
<i>Norm Phys.</i>	<i>25.00</i>	<i>100.00</i>	<i>66.56</i>	<i>18.13</i>		
TC Local	55.00	100.00	90.381	10.690	-.952	-.134
<i>Norm Local</i>	<i>25.00</i>	<i>100.00</i>	<i>71.02</i>	<i>17.86</i>		
TC Institutional	37.50	100.00	75.908	12.947	-.411	-.024
<i>Norm Instit.</i>	<i>25.00</i>	<i>100.00</i>	<i>65.37</i>	<i>18.33</i>		
TC Global	33.33	100.00	83.333	13.537	-.944	1.003
<i>Norm Global</i>	<i>25.00</i>	<i>100.00</i>	<i>66.74</i>	<i>18.49</i>		
TC Chron.	56.25	100.00	84.624	9.7841	-.246	-.576
<i>Norm Chron.</i>	<i>25.00</i>	<i>100.00</i>	<i>68.85</i>	<i>19.25</i>		

The manual for the 5F-WEL does not provide raw scores for the normative samples, so all subscales were converted from raw scores to T-scores in order to compute the proper T-scored dependent variables for each subscale of the 5F-WEL inventory. Normative means and standard deviations were taken from the manual for the 5F-WEL. The equation (provided by Mind Garden, Inc.) for conversion to T-scores is as follows:

$$\text{T-score} = 50 + (10 * (\text{raw variable} - \text{normative mean})) / \text{normative standard deviation}.$$
 To test if there is a difference between the mean scores of the transcultural sample and the normative population for overall wellness, a sample t-test was performed. Overall wellness for TCs is significantly higher than the normative population, $t(288) = 24.547$, $p \leq .001$, $d = .85$ indicating a large effect size.

Next, the subscales were tested together. MANOVA would normally be used, but raw scores are used to compute MANOVA, and raw scores for the normative population were not provided. Using a Hotelling's T^2 controls for family-wise (experiment wise) error of rejecting at least one of the nine hypotheses when all of the null hypotheses are true. The Hotelling's T^2 is a generalization of the one-sample t-test to the multivariate setting. The square of the t-test statistic follows an F-distribution while providing equivalent evidence of statistical significance ($p < .01$).

Hotelling's Trace statistic was significant ($p \leq .001$). This meant that there was significance in at least one of the subscales. Confidence intervals were calculated in order to find in which subscale(s) were significant. In order to keep the overall alpha level at .05 or less, Bonferroni's adjustment was used to set a more stringent alpha level for each comparison. The alpha level for the individual Hotelling's T squared tests was altered to .0056 (.05/9 where 9=the number of subscales).

Each of the subscales tested was statistically significant; the TC population scored significantly higher than the normative sample. Because the standard deviations of the normative samples were sometimes twice as large as the sample population, the large standard deviation from the normative sample was used in the calculation of Cohen's d (rather than pooling the standard deviation). This conservative approach likely means that the effect sizes are smaller, however, the mean for the sample is reflected with consideration of the variability for the entire population. Despite this conservative approach, all effect sizes were above .50, indicating large effect sizes.

Results of the Hotellings's T^2 analysis revealed significant on the Essential Self subscale, $F(1,288)=193.46, p < .01, d = .50$; Creative Self, $F(1,288)=599.43, p < .01, d = .70$; Coping Self, $F(1,288)=199.11, p < .01, d = .60$; Social Self, $F(1,288)=620.37, p < .01, d = .60$; Physical Self, $F(1,288)=208.61, p < .01, d = .66$ Global subscale, $F(1,288)=434.22, p < .01, d = .90$; Local Subscales, $F(1,288)=948.04, p < .01, d = 1.08$; institutional subscale, $F(1,288)=191.47, p < .01, d = .58$; and chronometrical subscale, $F(1,288)=751.14, p < .01, d = 1.82$.

Research Question 3

Do differences exist for transculturals with regard to scores on the 5F-WEL on (a) overall wellness and the 9 subscales (b) Essential Self (c) Global (d) Local (e) Creative Self, (f) Coping Self, (g) Social Self, (h) Physical Self, (i) Institutional, and (j) Chronometrical and the two independent variables home country and the number of host countries lived in?

A 2 x 2 MANOVA was conducted to identify any differences according to the split-level variables. Home country was divided into the two levels, developed home country and developing home country, and the number of host countries was split into levels with either 1 or 2 host countries, or 3 or more host countries.

Normality is a condition of conducting MANOVA. There are many ways in which to verify assumptions of normality. One way is to look at histograms with a normal curve. Another is to produce a normal quartile plot (Q-Q plot). In these plots, the points should follow the 45-degree line. Histograms were produced for each of the wellness variables. Six of the wellness variables did not appear to violate the normal assumption. Four of the wellness variables (Essential Self, Social self, the physical subscale, and the global subscale) were questionable for normality. Further exploration using the Q-Q plot showed acceptable normality, especially when taking the large sample size into account. Skewness and kurtosis values are respectively provided for each of the dependent variables: overall wellness (-.52, .03), Essential Self (-.57, -.48), Global (-.94, 1.00), Local (-.95, -.13), Creative Self (-.46, .07), Coping Self (-.43, -.31), Social Self (-1.28, 1.23), Physical Self (-.57, -.16), Institutional (-.41, -.02), and Chronometrical (-.25, -.58). This study has a reasonably large sample of 289 participants, which means that skewness will not make a significant difference in the analysis. Furthermore, the risks of underestimating the variance due to kurtosis are also reduced by the large sample in this study (Tabachnick & Fidell, 2007).

MANOVA also assumes linear relationships between dependent variables at the bivariate level. Linearity was checked for each of the 10 wellness variables using a matrix scatter diagram and then looking at a correlation analysis. Moderate to strong linear relationships were found among all the variables.

MANOVA assumes that there is no relationship between the independent variables. The proportion for developed and developing home countries for either one or two host countries (143) is nearly the same as those with three or more host countries (146). This indicates no

relationship between the two covariates. A Chi Square analysis was also conducted (see Table 7 on the next page), further demonstrating no relationship between the two independent variables.

Table 7

Chi-square test of home country and number of host countries

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.018 ^a	1	.892		
Continuity Correction ^b	.000	1	.993		
Likelihood Ratio	.018	1	.892		
Fisher's Exact Test				.900	.497
Linear-by-Linear Association	.018	1	.892		
N of Valid Cases	289				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 44.53.

b. Computed only for a 2x2 table.

Levene's test tests for equality of error variances, which is one of the assumptions of MANOVA. Using a family wise error rate of .05/10 (.005), none of the tests were significant; therefore, there is no evidence to suggest a violation of the assumption. See Table 8 for the Levene's Tests.

Table 8

Levene's tests of wellness variables

	F	df1	df2	Sig.
Overall wellness	.989	3	285	.398
Essential Self	1.719	3	285	.163
Creative self	.864	3	285	.460
Coping self	3.798	3	285	.011
Social self	.711	3	285	.546
Physical self	.060	3	285	.981
Global subscale	.631	3	285	.595
Local subscale	.991	3	285	.397
Institutional subscale	.391	3	285	.760

MANOVA was run using developed and developing home countries as well as the number of host countries split by one or two and three or more as fixed effects. Out of all of the variables and their interactions, only the variable host country (as split by one or two and three or more) was significant. See Table 9 for MANOVA results.

Table 9

MANOVA of home and host countries

Effect		Hypothesis				Sig.	Partial Eta Squared
		Value	F	df	Error df		
Intercept	Pillai's Trace	.996	8238.465 ^a	9.000	277.000	.000	.996
	Wilks' Lambda	.004	8238.465 ^a	9.000	277.000	.000	.996
	Hotelling's Trace	267.676	8238.465 ^a	9.000	277.000	.000	.996
	Roy's Largest Root	267.676	8238.465 ^a	9.000	277.000	.000	.996
Develop_home	Pillai's Trace	.053	1.723 ^a	9.000	277.000	.084	.053
	Wilks' Lambda	.947	1.723 ^a	9.000	277.000	.084	.053
	Hotelling's Trace	.056	1.723 ^a	9.000	277.000	.084	.053
	Roy's Largest Root	.056	1.723 ^a	9.000	277.000	.084	.053
host_split	Pillai's Trace	.083	2.795 ^a	9.000	277.000	.004	.083
	Wilks' Lambda	.917	2.795 ^a	9.000	277.000	.004	.083
	Hotelling's Trace	.091	2.795 ^a	9.000	277.000	.004	.083
	Roy's Largest Root	.091	2.795 ^a	9.000	277.000	.004	.083
Develop_home * host_split	Pillai's Trace	.032	1.027 ^a	9.000	277.000	.418	.032
	Wilks' Lambda	.968	1.027 ^a	9.000	277.000	.418	.032
	Hotelling's Trace	.033	1.027 ^a	9.000	277.000	.418	.032
	Roy's Largest Root	.033	1.027 ^a	9.000	277.000	.418	.032

a. Exact statistic.

b. Design: Intercept + Develop_home + host_split + Develop_home * host_split.

The mean vector of wellness is affected by the number of host countries. The next step is to identify which wellness measure is affected. The tests of between-subject effects reveal that the number of host countries affects the Essential Self subscale (see Table 10 on the following three pages). No other wellness measures are affected. Essential Self means for *t*-scores (one or two host countries $M=56.47$, $SD=5.821$; three or more host countries $M=53.49$, $SD=5.97$) and raw data (one or two host countries $M=86.36$, $SD=11.68$; three or more host countries $M=80.39$, $SD=11.97$) are statistically significant with a large effect size (Cohen's $D=.51$). Although the means are statistically significant, it is difficult to determine if they are practically significant.

Table 10

Tests of between-subjects effects for host and home countries

<u>Source</u>	<u>DV</u>	<u>SS</u>	<u>df</u>	<u>Mean Square</u>	<u>F</u>	<u>Sig.</u>	<u>Partial Eta²</u>
Corrected Model	Wellness	103.262 ^a	3	34.421	1.652	.178	.017
	Essential Self	766.742 ^b	3	255.581	7.398	.000	.072
	Creative Self	46.766 ^c	3	15.589	.652	.582	.007
	Coping Self	64.946 ^d	3	21.649	.396	.756	.004
	Social Self	35.006 ^e	3	11.669	.704	.550	.007
	Physical Self	119.876 ^f	3	39.959	.651	.583	.007
	Global	362.352 ^g	3	120.784	2.283	.079	.023
	Local	253.786 ^h	3	84.595	2.396	.068	.025
	Institutional	707.980 ⁱ	3	235.993	4.923	.002	.049
	Chronometrical	149.433 ^j	3	49.811	1.947	.122	.020
Intercept	Wellness	795172.838	1	795172.838	38164.751	.000	.993
	Essential Self	754579.226	1	754579.226	21842.892	.000	.987
	Creative Self	804504.925	1	804504.925	33645.362	.000	.992
	Coping Self	782201.849	1	782201.849	14315.092	.000	.980
	Social Self	776527.323	1	776527.323	46847.229	.000	.994
	Physical Self	789820.233	1	789820.233	12864.534	.000	.978
	Global	858407.455	1	858407.455	16228.428	.000	.983
	Local	909311.166	1	909311.166	25753.374	.000	.989
	Institutional	778997.017	1	778997.017	16252.024	.000	.983
	Chronometrical	844533.641	1	844533.641	33013.977	.000	.991
Develop_ home	Wellness	1.692	1	1.692	.081	.776	.000
	Essential Self	72.253	1	72.253	2.092	.149	.007
	Creative Self	4.616	1	4.616	.193	.661	.001
	Coping Self	7.125	1	7.125	.130	.718	.000
	Social Self	1.228	1	1.228	.074	.786	.000
	Physical Self	58.187	1	58.187	.948	.331	.003
	Global	18.915	1	18.915	.358	.550	.001
	Local	116.773	1	116.773	3.307	.070	.011
	Institutional	167.931	1	167.931	3.503	.062	.012
	Chronometrical	57.518	1	57.518	2.248	.135	.008

Table 10 cont.

host_split	Wellness	32.384	1	32.384	1.554	.214	.005
	Essential Self	429.453	1	429.453	12.431	.000	.042
	Creative Self	4.592	1	4.592	.192	.662	.001
	Coping Self	28.363	1	28.363	.519	.472	.002
	Social Self	10.458	1	10.458	.631	.428	.002
	Physical Self	62.444	1	62.444	1.017	.314	.004
	Global	243.760	1	243.760	4.608	.033	.016
	Local	12.936	1	12.936	.366	.545	.001
	Institutional	249.060	1	249.060	5.196	.023	.018
	Chronometrical	36.357	1	36.357	1.421	.234	.005
Develop_ home * host_split	Wellness	30.818	1	30.818	1.479	.225	.005
	Essential Self	53.191	1	53.191	1.540	.216	.005
	Creative Self	23.833	1	23.833	.997	.319	.003
	Coping Self	9.111	1	9.111	.167	.683	.001
	Social Self	32.136	1	32.136	1.939	.165	.007
	Physical Self	15.507	1	15.507	.253	.616	.001
	Global	233.137	1	233.137	4.408	.037	.015
	Local	140.206	1	140.206	3.971	.047	.014
	Institutional	96.852	1	96.852	2.021	.156	.007
	Chronometrical	21.304	1	21.304	.833	.362	.003
Error	Wellness	5938.052	285	20.835			
	Essential Self	9845.541	285	34.546			
	Creative Self	6814.725	285	23.911			
	Coping Self	15572.903	285	54.642			
	Social Self	4724.085	285	16.576			
	Physical Self	17497.623	285	61.395			
	Global	15075.159	285	52.895			
	Local	10062.902	285	35.308			
	Institutional	13660.708	285	47.932			
Chronometrical	7290.612	285	25.581				

Table 10 cont.

Total	Wellness	932307.654	289
	Essential Self	883772.410	289
	Creative Self	946799.333	289
	Coping Self	925711.873	289
	Social Self	909633.753	289
	Physical Self	944916.950	289
	Global	1020567.564	289
	Local	1080059.345	289
	Institutional	912573.339	289
Corrected Total	Chronometrical	986154.988	289
	Wellness	6041.314	288
	Essential Self	10612.282	288
	Creative Self	6861.491	288
	Coping Self	15637.849	288
	Social Self	4759.090	288
	Physical Self	17617.500	288
	Global	15437.511	288
	Local	10316.688	288
Institutional	14368.687	288	
Chronometrical	7440.045	288	

- a. R Squared=.017 (Adjusted R Squared=.007).
 b. R Squared=.072 (Adjusted R Squared=.062).
 c. R Squared=.007 (Adjusted R Squared=-.004).
 d. R Squared=.004 (Adjusted R Squared=-.006).
 e. R Squared=.007 (Adjusted R Squared=-.003).
 f. R Squared=.007 (Adjusted R Squared=-.004).
 g. R Squared=.023 (Adjusted R Squared=.013).
 h. R Squared=.025 (Adjusted R Squared=.014).
 i. R Squared=.049 (Adjusted R Squared=.039).
 j. R Squared=.020 (Adjusted R Squared=.010).

CHAPTER FIVE: DISCUSSION

The purpose of this exploratory descriptive survey research was both to begin to describe the transcultural population in terms of demographics and also to determine whether being transcultural during formative years influences wellness in adulthood. The instruments used in this study included an on-line adult version of the Five Factor Wellness Evaluation of Lifestyle (Myers & Sweeney, 2005b) and the Brief Social Desirability Scale (Haghighat, 2007). Statistical analyses were conducted to (a) describe the demographics of the sample population, (b) describe differences between the sample population and a normative population, and (c) study the relationship between wellness and the number of countries in which a participant has lived, as well his/her host country.

Discussion

Chapter Five presents a discussion of the statistical analyses provided in Chapter Four. Each research question will be presented along with a discussion as it relates to supporting or contrasting research. Implications of the results will be presented followed by limitations, recommendations for future research, and a concluding statement. Included throughout the chapter to enhance the discussion of the results are quotes from e-mails sent to the researcher by study participants. These e-mails were unsolicited, and the e-mail address to which participants wrote was included at the beginning of the survey (i.e. participants needed to return to the beginning of the survey to e-mail the researcher directly). Written permission has been obtained from each individual to use his/her words, but his/her identity is concealed.

Research Question 1

The first research question attempts to describe the demographics of transculturals. Participants tended to be female heterosexual white females who are highly educated.

Participants varied in age between 18 and 67, with the mean age being a little over 34 years. The reason the participants were transcultural varied significantly. While the majority of the population held U.S. passports, less than 50% identified the United States as their home country. Participants had lived in 135 host countries.

Each of the demographics measured is presented along with both U.S. and global comparisons when possible. Fully 63.7% of the sample held U.S. passports while 36.3% held passports from a country other than the United States. Although the sample was over-represented by U.S. passport holders, providing global comparisons, when possible, helps to paint a more accurate portrait for contrast.

Race

The U.S. government considers race and Hispanic origin to be two separate and distinct concepts (U.S. Census Bureau, 2001). For this reason, it is difficult to compare the race demographic to the demographics of the U.S. census. With that in mind, the percentages of persons included in the census are provided. According to the Overview of Race and Hispanic Origin Brief (U.S. Census Bureau), 75.1% identified as white (sample=80.3%), 12.3% as Black/African American (sample=3.5%), 0.9% as American Indian (sample=0.7%), 3.7% as Asian/Native Hawaiian/Pacific Islander (sample=9%), and 2.5% as “other” (sample population did not have an *other* option). Those who identify as bicultural (or having more than two races) constituted 2.4% (sample=14.2%). Bearing in mind that the U.S. census was written to reflect that Hispanic/Latino persons may be of any race, while in this study Hispanic/Latino/Latina was a racial category, 12.5% reported being Hispanic (sample=6.6%). The sample population of this study was relatively similar to that of the United States. Although it should be noted that whites

were over-represented and Black/African American and Asian individuals were significantly under-represented.

Bicultural individuals were significantly over-represented. The question about biculturality was separate from the other racial categories (i.e. participants could identify as both white and bicultural). Van Reken (1997) pointed out that the identities of transculturals are fluid, and that they may identify with more than one ethnic, racial, or cultural identity. Transculturals are also the children of highly mobile parents (Pollock & Van Reken, 2001), which means that their parents may have had a greater possibility to have had children with someone from a different culture.

A comparison for global race/ethnicity is much more difficult, if not impossible to ascertain, as there is inconsistency in racial and/or ethnic categories amongst countries (S. Woods, personal communication, June 30, 2009). Brazil, for example, has only one question about race in its census with all possible responses requiring identification with a color (e.g. white, black, yellow, brown) while Canada has three race questions on their census including ancestry (e.g. aboriginal), race/ethnicity (e.g. White, Chinese, Black, Filipino, Latin American, Arab), and indigenous affiliation (e.g., membership in the Indian Band/First Nation or a registry as a Treaty Indian) (American Anthropological Association, 2007). These differences make it extremely difficult to provide a statistic to compare the race of the sample population to the race of the world.

Age

According to Meyer (2001), 64% of the participants in the 2000 U.S. census were between the ages of 18 and 64. The median age of the 2000 census was 35.3 years (Meyer) while the 2006 estimated median age is 36.4 (U.S. Census Bureau, 2006a). Globally, the median age is

27.9 years (Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, 2008). The sample in this study's mean age was 34.3 years, which is very close to the median age of those living in the United States.

Marital Status

According to Kreider and Simmons (2003), 54.4% of participants in the U.S. census were married (sample=53.3%), 27.1% were never married (41% of sample was single), 9.7% were divorced (sample=3.5%), 6.6% were widowed (sample=0.7), and 2.2% were separated (sample=1.4%). Because of the cultural differences in commitment, global marital status is impossible to determine (K. Morris, personal communication, 30 June 2009). The similarity of the sample in this study to those in the United States with regard to marriage status is remarkable. The largest study of adult transculturals (N=696) was conducted by Useem, Useem, Cottrell, and Jordan who found that 80% of their participants were married and 33% had divorced at one time or another (Useem, 1993). The marital statuses of participants in this study indicate that transculturals stay single longer and fewer are divorced, widowed, or separated.

Sex

According to Smith and Spraggins (2001), 51% of those in the United States who participated in the 2000 census were female, and 49% were male. Biological sex, on a global scale, is similar with 49.6% female and 50.4% male (Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, 2008). The sample population was predominately female (77.5%) with males representing only 22.5% of the sample. It is highly unlikely that there are more female transculturals than male, but rather females were more likely to take the survey.

Sexual Orientation

Providing a comparison statistic for those who are gay, lesbian, or bisexual is difficult, as many people who have same-sex attractions identify as heterosexual (McConaghy, 1999). Providing a global comparison proves impossible as providing an accurate statistic is difficult even in on a smaller scale. Ellis, Robb, and Burke (2005) conducted a study in which 2% of the participants *identified* as gay or lesbian. When reporting fantasies, though, 9% reported exclusively same-sex fantasy and another 4% reported more than half of their fantasies were same-sex fantasies, meaning that 13% reported more same-sex fantasies than opposite-sex fantasies. Perhaps the actual number of people who are gay, lesbian, or bisexual lies between the 2% and 13% reported in Ellis, Robb, and Burke's study. Those who identified as LGB in the study made up 6.3% of the population, which is certainly between 2 and 13%.

The researcher was surprised to find self-identified LGB transculturals in this survey, especially with such a high religious population (34.6% were children of missionaries and therefore grew up in a religious household). When looking for contacts to e-mail regarding the study, both a Facebook group as well as a chatroom were found for LGB transculturals.

Degree/Educational Level

According to Bauman and Graf (2003), most of the participants in the U.S. census (49.7%) reported their highest educational degree as a high school diploma. A smaller percentage (19.6%) reported having less than a high school diploma. Those with a bachelor's degree account for 15.5%. Participants in the U.S. census with an advanced degree account for 8.9%. Those with a trade/technical school/Associate of Arts degree make up 6.3%. The world, as a whole, does not have a unified educational system. Because of the differences in education, a global literacy rate is appropriate: 82% of the world is considered to be literate (Central

Intelligence Agency, 2009a). The transculturals in this study, by contrast, were much more educated with 42.6% having achieved an advanced degree. Only one participant reported having less than a high school diploma, and it is certainly possible that that individual was 18 years old and had not yet graduated from high school.

Reason for being Transcultural

Participants were asked to identify the reason they were transcultural (i.e. parental occupation). The largest group (34.6%) reported being children of missionaries. Considering the literature that exists is largely from the framework of missionary children (Pollock, 1998; Pollock & Van Reken, 2001; Van Reken, 1997), it should not be surprising that children of missionaries are represented strongly. Additionally, many of the organizations that exist for transculturals (often using the term *third culture kid*) are founded and/or maintained by children of missionaries (e.g. Interaction International, TCKWorld.com, TCKid.com). The strong networking of these organizations likely allowed for individuals to forward on information about this study to others. The responses of individuals associated with international business (18%), the military (10%), and the oil industry (7.3%) were much fewer. Organizations that connect these groups of transculturals are more difficult to find and are much more specific to the group. In other words, it seems as though many missionary kids are connected to the term *third culture kid* but non-missionary kids are not necessarily connected to this identity and consequentially do not have access to networks in the organizations.

A surprising number of participants (30.1%) chose “other” as the reason for why they are transcultural. When a participant chose “other,” a dialog box was opened so that he/she could write in the specific reason. Participant responses about why they were transcultural included parental occupations such as accountant, airline pilot, diplomat, civil engineer, economist,

educator/school administrator, finance attaché for a foreign embassy, humanitarian, linguist, pharmacist, physician, sailor, or structural engineer. Some participants clarified not the specific job, but rather the organization worked with (i.e. the Central Intelligence Agency, governmental non-military foreign service, the State Department, the United Nations, the World Health Organization, or another international non-government organization) or the type of work their parents were doing (i.e. cultural exchange and development, international aid, international development). Others responded that the reason they were transcultural was not because of a parental occupation, but rather marriage, political exile, or parents having died and moving overseas with grandparents as a result.

Passport Countries

The majority of participants in this study held a U.S. passport and were citizens of the United States (63.7%). The top five passport countries were the United States, Canada, the United Kingdom, Australia, and Germany. It is not surprising that the top four countries are English-speaking, as the survey was written in English. All five are also Western countries, which is again, unremarkable since the study is conducted from a Western perspective. The seventh most responded answer was “other.” The researcher had included this option for participants to write in the name of their passport country if the country was not in the drop-down box (some countries no longer exist). All six of the “other” responses were that the individual had dual-citizenship.

Home Countries

The country identified the most often as a home country was the United States (42.9%). This means, of those people who hold a passport in the US, many do not consider the United

States as home (63.7% are U.S. citizens). The other four top home country responses are “Other,” the United Kingdom, Canada, and Australia.

The second most responded answer was “other,” which the researcher had included for the same reason as the passport country: not all countries exist now as they once did and it is difficult to include every country that ever existed in a drop-down menu. All 16 participants who chose “other” wrote in that they were unable to choose a home country. One participant went so far as to e-mail the researcher with her thoughts on the home country item, even though she chose a country on the survey:

For myself and my siblings, [the] question...about our “home country” is VERY difficult to answer. The reason being, I don’t think we would choose one country over the other...I know we HAD to pick something, but when one has lived in several countries, you feel like a traitor for choosing one over another... the answer [I] chose is not really the true answer, because there isn’t one.

(Anonymous, personal communication, June 4, 2009)

The results of this question are consistent with literature in regard to not having a sense of home (Shealy, 2003)

Host Countries

One hundred and thirty-five host countries were represented in the population sample. The average number of countries lived in was a little over three, which is consistent with literature stating that transculturals are highly mobile (Pollock & Van Reken, 2001). The most commonly reported number of host countries, alternatively, was one. Although it was the most reported number, it also only represented only 26.3% of the entire sample size, which again supports the idea that transculturals are very mobile (Pollock & Van Reken).

The average number of years that participants lived in host countries was 15.4 (median=14). Given that the average age of participants was 34.3 years, participants seemed to have lived in host countries a noteworthy 44.3% of their lives.

Research Question 2

Research question two explored differences in wellness scores between the transcultural population and the normative data. The hypothesis was that transculturals would score differently than the normative data, and that they would score lower than the normative data on overall wellness. The differences between the two groups were supported on all scales ($p < .01$).

The results for this research question are remarkable as they are inconsistent with the literature. Transculturals have been thought to have concerns with multiple conflicting identities that could potentially hinder smooth identity formation and create internal dissonance (Van Reken, 1997). Shealy (2003) found themes of rootlessness, aloneness, drug and alcohol abuse, depression anger and rage, difficulties with commitment, and a conflicted internal sense of self. Schaetti (2000) also suggested that transculturals are internally conflicted, even if they are highly functioning members of society.

Literature had indicated that transculturals might score lower on wellness scales, but the literature on transculturals is both sparse and deficit-focused. This study may begin to illuminate the way transculturals are navigating the globalized world and maintaining wellness. Although transculturals may experience some obstructions to high wellness, they may also have a strong set of resources and strengths to build from. One participant, for example, wrote to the researcher: “We were held hostage by terrorists and had to flee from them for several years before we actually left the country. This prolonged and direct exposure had a profound impact on our well being” (Anonymous, personal communication, June 4th, 2009). While the severity of

being held hostage certainly would have the potential to negatively impact wellness, some transculturals appear to have access to preventive services and treatment. For example, one participant wrote:

We have been blessed with professional onsite counselors...to work out our children's educational issues and crosscultural [*sic*] adjustments. We have also received much counseling and coaching to figure out how to parent our children, and balance the various areas of our lives spiritually, professionally, socially, and physically. (Anonymous, personal communication, May 30, 2009)

Another potential explanation for the results may be that that the participants in this study may have already have a network of other people who identify as transcultural and therefore have worked on congruent identity acquisition. Schaetti (2000) suggested that the ultimate goal for identity formation (a part of wellness) is the establishment of internal congruence. The population in this study must have been connected to others who are transcultural, as they were recruited as part of a snowball sample. Cottrell and Ussem (1994) found that transculturals maintain long-term long-distance friendships with people even after they moved out of the country. The building and maintaining of social relationships increases the quality of one's life (Myers & Sweeney, 2000b) and therefore likely increases wellness.

The fact that transculturals are privileged needs to be acknowledged. Transculturals are highly educated and are often a part of the majority. One participant wrote to the author, "We live modestly for an American family, but have more than enough for a village household [*sic*] in China. We never lack food, shelter or warm clothes" (Anonymous, personal communication, May 30, 2009). When people are confident in their ability to access and maintain human

essentials, and get to spend less time searching for those necessary resources, they are freed to focus time and energy on things that would contribute to wellness.

Research Question 3

Research question three investigated whether the two split-level variables home country (developed or developing) and the number of host countries lived in (one or two or three or more) affected wellness scores. Status of the home country (developed or developing) did not affect wellness scores. The number of countries lived in affected only one wellness variable: the Essential Self subscale. Transcultural participants who lived in one or two countries scored higher on the Essential Self subscale ($M=56.47$) than those who lived in three or more countries (53.49).

Home Country

The developing or developed status of the home country did not affect wellness scores. This might be simply because developmental status of a country does not affect people's scores of wellness on the 5F-WEL (Myers & Sweeney, 2005b). The 5F-WEL attends to culturally sensitive concepts and measures of wellness (Chang et al., 2005) and was created to address global needs (Myers & Sweeney, 2005b). It has been used cross-culturally (Chang & Myers, 2003; Myers & Sweeney, 2005b) and has cultural flexibility. The 5F-WEL was chosen as a measurement of wellness, in part, because of its flexibility between cultures.

A second explanation might be that transculturals who identify their home country as developing live like transculturals who identify their home country as developed. Although citizens of developing countries often must focus much attention on safety and survival (The Economist Intelligence Unit, 2005), many transculturals' parents' employment might offer assistance that relieves them of these concerns. Support provided may be easy access to health

insurance, healthcare, quality nutrition, mental health services, excellent living conditions, and quality education all the while providing support systems and fostering coping mechanisms for stress and problem solving. These advantages may neutralize any benefits of transculturals who identify their home country as being developed.

Number of Host Countries

The number of countries lived in affected the Essential Self subscale. The Essential Self is the way one makes meaning of life, self, and others (Myers & Sweeney, 2008) and is composed of four factors: spirituality, self-care, gender identity, and cultural identity. It is possible that those individuals who have had more host countries (and therefore more cultures) might have more difficulty reconciling the way they make meaning in life. A transcultural who grows up in both Western and Eastern cultures, for example, might have more difficulty integrating the different ways he/she has been brought up to make meaning. It is foreseeable that those individuals who have fewer host countries would have a stronger cultural identity. However, it is important to maintain perspective; although those participants who had one or two host countries scored higher than those with three or more countries, both groups scored above the average of the normative sample.

The number of countries participants lived in did not affect overall wellness or wellness variables, except the Essential Self. One possible explanation could be that the third culture significantly impacts wellness more than the number of cultures (i.e. countries) in which one has lived. As discussed in Chapters One and Two, within the transcultural lies a third culture, a culture that is not the home, nor the host, nor some combination of the cultures. The third culture *transcends* culture; it is the “culture between cultures” (Pollock & Van Reken, 2001, p. 20). The third culture is what sets transculturals apart from immigrants and refugees, as transculturals

have intent to return to their home countries; they live a perpetually international lifestyle. Since mobility is part of the third culture (Pollock & Van Reken), and change is a constant theme for transculturals (Schaetti, 2000), perhaps transculturals are simply used to the moves, having gained skills/resources to cope with new environments without undue effect on wellness.

Other unknown (and therefore uncontrolled) mediating effects could have affected wellness (e.g. community, resiliency, or sense of purpose). One potential uncontrolled mediating effect is those things that are constant in the lives of transculturals (e.g. family, support system, religion). Consistency in areas unmeasured in this study may be more influential than consistency of a physical home. This study was exploratory, though, and has begun to lay the groundwork for literature concerning this population.

Implications for Professionals

The results of this exploratory study were intended to extend counselors' understanding of the transcultural population and its wellness level. This study provided demographics for a significant sample (n=289), provided evidence of elevated wellness levels (over the normative data), and provided evidence that, with the exception of the Essential Self subscale, neither the number of countries lived in nor the developmental status of the home country affected wellness.

Demographic information that may be essential to transculturals may not be readily collected when conducting intakes. Asking certain questions may open a new line of communication and understanding about a client. A question that could easily be included in intake demographics, for example, could be *How many countries have you lived in?* If the response to this question is more than one, certainly the counseling professional will want to ask follow-up questions. Some questions might be to establish the reason behind the mobility (e.g. immigrant, refugee, or transcultural?), the client's experience (e.g. exceptional, comfortable, or

traumatic), and how the counselor can be more culturally sensitive to the individual (e.g. does the client identify with Eastern or Western thought?).

Wellness counseling based on the Indivisible Self (Myers & Sweeney, 2004) may help aid transculturals to continue practicing healthy living and adopt health-oriented behaviors in order to maintain and/or achieve optimal well-being. The Indivisible Self (Myers & Sweeney) enables client and counselor to identify and work toward enhancing wellness in specific areas. The formal assessment of the Indivisible Self (Myers and Sweeney), the 5F-WEL (Myers & Sweeney, 2005b), does not have cut-off numbers that indicate that one is well or unwell (e.g. scores of 40 and under need wellness improvement). This enables clients and counselors to work on areas of agreed-upon improvement. For example, a person may identify one of the wellness factors (e.g. the Social Self) as being undesirably developed while, at the same time, scoring higher than the normative average mean. Thus, the Indivisible Self and/or the 5F-WEL enable wellness interventions for all stages of wellness with transculturals.

The Indivisible Self's intrinsic characteristic of being able to break down wellness into multiple components (i.e. the second and third order wellness factors) may also be beneficial to transcultural clients. One participant wrote to the researcher regarding both the implications of counseling in her own life as well as the benefit of being able to break down manageable facets:

I am very content and happy where I am in life right now. It was not always like that. Growing up between cultures and countries and many sub-cultures [*sic*] has been a complex process. At many points it took professional counselors to help me process the experiences and integrate all the bits and pieces into something that made sense and meaning to me. (Anonymous, personal communication, May 30, 2009)

Counselors must make efforts first to understand and consider the unique culture that exists for transculturals. To work toward this understanding, counselors should ensure that questions are open-ended so that transcultural clients are able to respond in a way that is the most fitting for their experience. Closed-ended questions demonstrate preconceived notions as they provide parameters for the answer within the question itself. Within this research, for example, many people wrote to the researcher of their own accord, unhappy that the questions were too limiting, while questions with a potential response for the answer “other” produced responses very different (and often longer) than expected. Asking open-ended questions will enable culturally specific counseling treatment.

Counselors would do well to identify strengths of transcultural clients. Clearly this group has experienced high mobility and other potentially problematic lifestyle elements but has maintained/achieved high wellness. Working with clients to identify variables that are indicative of strengths rather than deficits undoubtedly be beneficial to the client.

The Essential Self score was found to have a relationship to the number of countries in which the transcultural lived. The Essential Self is the way a person makes meaning of life, the self, and others (Myers & Sweeney, 2008). In Chapter Two it was anticipated that the way transculturals make meaning would be hindered by their high degree of mobility. Transcultural clients who experienced high mobility might do well to assess the way they make meaning and their comfort level with it. If clients are unhappy or discontent with their meaning making, clients and counselors should look at the four factors responsible for meaning making: spirituality, self-care, gender identity, and cultural identity. Taking a closer look at each of these factors might help aid clients and counselors to identify a new or different focus. When clients

who are highly mobile appear to be *stuck* in the counseling process, spending time looking at the four wellness factors may be a way to re-engage the client.

Implications for the Global Community

Previously mentioned theories suggest multiple identities and/or cultures may result in mental or emotional strain or discomfort (Cockburn, 2002; Downie et al., 2006; LaFramboise et al., 1993). Literature regarding the impact of globalization has been disheartening, suggesting that personal identity is challenging to establish as a result of globalization (Arnett, 2002).

Transcultural literature has been deficit-based in the past, suggesting transculturals have difficulty in a) identity formation and maintenance (Stultz, 2002; Van Reken, 1997), b) moving out of adolescence and into adulthood (Cottrell & Useem, 1993) c) relating to their own ethnic groups (Cottrell, 1993), d) relating to others who do not have an international view of the world (Schaetti, 2000), and e). development of deep and meaningful relationships (Pollock & Van Reken, 2001) Relationships that do exist for transculturals, furthermore, have been thought to cause grief and loss (Schaetti, 2000). Further dismal research has found recurrent negative themes such as depression, anger, rage, drug and alcohol abuse (Shealy, 2003). Yet despite all this discouraging literature, this study seems to indicate that multiple cultural experiences may contribute to wellbeing.

This study's transcultural sample had significantly higher wellness than the normative population, which is encouraging, as transculturals represent a growing population with increasing numbers in our national and global population. This study helps paint a positive picture of globalization: as globalization increases, more and more people are transcultural, and there is a good indication that (at least for those who fit the profile of this sample) wellness will not necessarily be sacrificed for globalization.

Transculturals can teach others how to navigate the changes impacting individuals, families, cultures, nations, and the global society. This study helps us understand that transculturals are victims waiting to be rescued but rather individuals “who have been involved in [successfully] living out a new pattern of social structure in a fast-changing world” (Reken, 2003, p. 1). Although it is clear that research has only begun to tap transculturals as a resource to learn from, based on the findings of this study, it appears that encouraging cultural *uncapsulation* might enhance wellness. Mono-cultural communities and societies continue to decline; the global society would do well to look to these global trailblazers to watch their successful (and not so successful) approaches to navigating multiple cultures, wellness, and relationships.

Limitations

There are several limitations of this study. First, the study relied on participant self-reports, which may be distorted (Heppner et al., 2007). Participants “may consciously or unconsciously respond in a way that yields a score that reflects a response bias rather than the construct being measured” (Heppner et al., p. 304).

This study utilized voluntary participants who may represent a more well-adjusted, better educated, intelligent population who seek higher approval and more stimulation than non-volunteers (Heppner et al., 2007). Additionally, this sample constituted a convenience sample and may or may not be representative of the transcultural population (a small number of male transculturals participated in the study, for example). Therefore the results of this study may not be generalizable to the entire transcultural population. The lack of use of normative data also limits comparison significantly; it is unknown if transculturals are represented in the normative data of the 5F-WEL (Myers & Sweeney, 2005b).

The data collection for this study was performed entirely online. This means of data

collection likely increased the number of participants and certainly reduced the financial limitations of face-to-face data collection. However, online data collection excluded transculturals without Internet access who would have been otherwise eligible. This study was conducted exclusively in English, excluding potential participants who were not literate in the English language thereby building linguistic bias into the study.

Another limitation of this study is that the majority of the participants responded in socially desirable ways to the BSDS (Haghighat, 2007). Although there is no set standard for the BSDS in terms of socially desirable responses (i.e. how many socially desirable responses are needed to exclude a participant), 56.4 % (n=163) of the population responded socially desirable to at least half of the BSDS. Excluding those who answered in socially desirable ways would have reduced the number of participants in this study by more than half. When comparing the means of overall wellness of those participants with two or fewer socially desirable responses (M=56.26, SD=5.04) with those who had three or four socially desirable responses (M=56.88, SD=4.20) the mean difference was small, so the decision was made to keep all participants. Regardless, it is clear that the participants responded in socially desirable ways.

The study had some problems with the options presented to the participants. When asking participants to respond to the cultural background with which they most closely identified, for example, the options included (a) Native American, (b) Asian or Pacific Islander, (c) African American, (d) Caucasian, or (e) Hispanic/Latino/Latina. Given the international participant pool of this study, some participants may have had to have chosen a response with which they do not identify.

Response options in the demographic question with regard to the length of time participants lived in their host countries caused statistic difficulty. Participants were asked to

identify the length of time beginning with *less than a year, a year and a half, two years, two and a half*, increasing by six month blocks up to the highest response: *more than 30 years*. The response options *less than a year* and *more than 30 years* were difficult to code statistically; therefore measurement error represents a limitation to the internal validity of this study.

Recommendations

Several recommendations are presented to add to the research base for transculturals. First, future research should consider comparing the wellness of transculturals to that of immigrants to examine any potential differences between the two groups while controlling for the third culture. This would enable a comparison of two sample populations of individuals who have had international experiences while, at the same time, measuring the impact of the third culture. Exclusion of individuals who have immigrated due to traumatic events, or at the very least controlling for traumatic events, should be considered.

Future researchers would do well to work toward identifying the strengths of transculturals. The results of this study indicate that transculturals are more well than the normative data. Identifying the specific strengths and resources (e.g. bicultural competence, resiliency) that have helped aid transculturals in their wellness will enable researchers to begin to extrapolate the strengths to other populations. With sufficient research, counselors could help others achieve and/or enhance those strengths and apply/emphasize them in their own lives. Furthermore, identifying and controlling for strengths may aid researchers in identifying what enables transculturals to surpass normative participants on wellness scores.

Future research should investigate the use of counseling/therapy by transculturals. The number of transculturals who seek counseling is unknown, much less what their presenting concerns might be. Although presenting problems of transculturals have not been researched,

transculturals might seek counseling for a host of issues including (but not limited to) identity development, depression, feelings of displacement, rejection and/or isolation, loneliness/alienation, inability to trust, post traumatic stress disorder or issues relating to high mobility (e.g., chronic grief and loss and familial concerns: Gerner et al., 1991; McDonald, in press; Pollock & Van Reken, 2001).

One participant e-mailed the researcher her concerns about counselors who are unaware of the concerns of transculturals:

....so few counselors are trained to handle situations like ours...Most of the time when we tell our story, people get a glazed over look because the story makes them uncomfortable. Most people do not know what to say so they just change the subject. I can't say that I know of too many counselors that know what to do with that either, and unfortunately, an unprepared counselor leaves the client feeling even more misunderstood. (Anonymous, personal communication, June 4, 2009)

Research is needed to understand how often transculturals utilize counselors and for what reasons. A participant wrote that "most of the time, counseling was unhelpful, and a damaging experience, because counselors did not know what to do with our situation" (Anonymous, personal communication, June 4, 2009). Knowledge of the transcultural experience, the needs of transculturals, and their strengths will aid counselors as they provide more effective counseling to transculturals.

A question drawn from this research regards social desirability (i.e. do transculturals respond in socially desirable ways, or was the social desirability scale used in this study invalid?). Future researchers would benefit from the use of a different social desirability scale

than the Brief Social Desirability Scale (Haghighat, 2007). The use of a different social desirability scale would help to illuminate the degree of social desirability of transculturals.

Another suggestion for future research is to use qualitative methods. This study prompted multiple participants to return to the beginning of the online survey to identify the e-mail address of the researcher and contact her. In one instance, the participant e-mailed the supervisor of the researcher as well. Multiple e-mails sent to the e-mail address provided to participants in the drawing thanked the researcher for the study, often including appreciation of being recognized as a population to study. Sixty-two participants contacted the researcher and requested that they be contacted about future research. Clearly, the transcultural population has a lot to say, and given the absence of transculturals in empirical research, they likely feel as if they do not have a voice in professional literature. One participant articulated her frustration with the quantitative study:

It might be helpful to allow people to add some personal comments at the end of their survey. I know this makes it harder when you are quantifying data, but in my conversations with [other] people who have lived in other countries, there are rarely any black or whites to their thoughts.... (Anonymous, personal communication, June 4, 2009)

Transculturals have a unique view of the world and responses to quantitative questions may be limiting, as responses to quantitative studies can only be responses the researcher expects and provides as options. The question on the survey asking participants to identify a home country provides an illustration regarding unexpected responses. The choice of “other” was provided by the researcher, along with choices for each of the present-day countries. The rationale behind providing an “other” response was that the researcher was not able to provide the name of every country that ever existed, and the “other” response provided a way for

individuals to identify home countries that no longer exist. Indeed, even the directions instructed those for whom the country was not listed to enter the name of their home country. The researcher was surprised that 16 individuals chose “other” and wrote in that they had no home country. It is impossible to know what other responses would have been provided had the responses not been limited by quantitative data. A qualitative methodology would provide a richer understanding of transculturals.

Conclusion

This study presented a general demographic profile for a large sample of transculturals, a first in the field of counseling. This study also provided insight about the wellness of transculturals. Transculturals were found to have scored significantly higher than normative data on all wellness variables measured. These results are inconsistent with the limited existing research. The results of this study suggest that neither the developmental status of the home country, nor the number of host countries lived in affects wellness, with the exception of the Essential Self. The Essential Self subscale was affected by the number of countries. Transcultural participants who lived in one or two countries scored higher on the Essential subscale than those who lived in three or more.

It is hoped that this study will encourage other counselor educators to conduct research with this population, as the world is becoming more globalized and transculturals are becoming an increasingly key population that impacts global transactions. As evidenced by this study, transculturals appear to be skillfully navigating globalization with regard to wellness. We can look to transcultural individuals to learn how to prepare others for global mobility with regard to establishment and maintenance of wellness. The general population would benefit from

researchers being able to identify the assets /resources/advantages that facilitate wellness in transculturals.

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Appendix A

Five Factor Wellness Evaluation of Lifestyle

The Five Factor Wellness Evaluation of Lifestyle was created by Myers and Sweeney (2005b) and is published by Mind Garden, Inc.

Appendix B

Demographic Questionnaire

1. What is the primary cultural background with which you most closely identify? (Included in 5F-WEL)
 - a. Native American
 - b. Asian or Pacific Islander
 - c. African American
 - d. Caucasian
 - e. Hispanic/Latino/Latina
2. What is your marital status? (Included in 5F-WEL)
 - a. married/partnered
 - b. Separated
 - c. Single
 - d. Divorced
 - e. widowed
3. What is your biological sex? (Included in 5F-WEL)
 - a. male
 - b. female
4. Please select your sexual/affectional orientation. (Included in 5F-WEL)
 - a. gay
 - b. lesbian
 - c. bisexual
 - d. heterosexual

Appendix B cont.

5. Please select the highest level of education you have completed. (Included in 5F-WEL)
 - a. employed full time
 - b. employed part time
 - c. retired not working
 - d. retired working part time
 - e. not working
6. Please select your present age.
 - a. Drop down menu: 18-110 (increasing by increments of one)
7. Please select the reason you are transcultural (i.e. the occupation of your parent that resulted in travel abroad)
 - a. missionaries
 - b. military
 - c. international business
 - d. oil industry
 - e. other: write in
8. A home country is the country you call home. It may be the host country, the passport country, the country where the individual may have lived the longest, or the country in which the individual was born. Please indicate your primary home country from the drop down box. If your primary home country is not listed, please select “other” from the drop box and enter the country on the line provided.
 - a. Drop down menu with all countries. “other” was an option with a write in form)

Appendix B cont.

9. A passport country is the country of citizenship; it is the country that issued your passport. Please indicate your primary passport country. If your primary passport country is not listed, please select “other” from the drop box and enter the country on the line provided.
 - a. Drop down menu: all present day countries
10. Host countries are the country (or countries) in which you lived but did not hold citizenship while living in the country. Please indicate any and all host countries as well as the amount of time you stayed in each country.
 - a. 19 Drop down menus with all countries and “other” with write in form
 - b. 19 complimentary drop down boxes labeled < 1 year, a year and a half, two years, two and a half, increasing by six month blocks up to the highest response: > 30 years
 - c. A comment field was included at the end of the 19 rows. It read: If you have more than 19 host countries, please indicate additional country(ies) and length of time here.
11. Please indicate the number of times you have moved between cities since age 18.
 - a. Drop down menu: with options of 1- 40 (increasing by increments of one) and >40

Appendix C

Brief Social Desirability Scale

1. Would you smile at people every time you meet them?
2. Do you always practise what you preach to people?
3. If you say to people that you will do something, do you always keep your promise no matter how inconvenient it might be?
4. Would you ever lie to people?

Note. From “The Development of the Brief Social Desirability Scale” [Electronic version] by R. Haghghat, 2007, in *Journal of Psychology*. Retrieved January 15, 2008 from http://www.ejop.org/archives/2007/11/the_development.html. Reprinted with permission of the author.

Appendix D

Email to Participants

Hello! My name is K. Elizabeth McDonald and I am a doctoral candidate in Counselor Education at The Pennsylvania State University. I am currently conducting research that explores wellness in transcultural individuals. I am *looking for participants for a research study*. If you fit the following criteria, please consider participating in this study:

1. You have spent a significant part of your formative years (before age 18) outside of the country that issued your passport.
2. You intended/have intent to return to your passport country at some point in time.
3. You are 18-years-old or older.

If you agree to participate, you will respond to questionnaires that will take approximately 15-25 minutes to complete. Your participation in this study is completely voluntary and you are free to withdraw from the study at anytime. No personal identifying information is required, therefore you will not be linked to any publications or presentations from this study. Participants will be eligible to participate in a drawing for one of five \$25.00 gift certificates to Better World Books (an online bookstore that ships internationally for a flat fee).

Please click on the link below if you are eligible and interested in participating.

http://www.surveymonkey.com/s.aspx?sm=SLd1A1xFgCj9U7iSGW_2b1_2bQ_3d_3d

This study is voluntary and for research purposes. If you have any questions or comments, please contact me, K. Elizabeth McDonald (kem319@psu.edu) or my advisor, Dr. JoLynn Carney (jcarney@psu.edu).

If you know of someone who fits this criteria, please send this e-mail to them!

Please do not hit "reply" because that may reply to a list-serve.

Thank you very much for your help,

K. Elizabeth McDonald

Appendix E

Informed Consent

**Informed Consent Form for Social Science Research**
The Pennsylvania State University

Title of Project: Transcultural Wellness

Principal Investigator: **K. Elizabeth McDonald**
327 CEDAR Building
University Park, PA 16828
Kem319@psu.edu
574.849.8860

Advisor: **JoLynn Carney**
303 CEDAR Building
Penn State University
University Park, PA. 16823
jcarney@psu.edu
814.863.2404

1. **Purpose of the Study:** The purpose of this study is to explore how international mobility in childhood may influence wellness in adulthood.
2. **Procedures to be followed:** You will be asked to respond to 119 questions on an online survey.
3. **Duration/Time:** It will take about 15-25 minutes to complete the survey.
4. **Statement of Confidentiality:** Your confidentiality will be kept to the degree permitted by the technology used. No guarantees can be made regarding the interception of data sent via the Internet by any third parties. Your participation in this research is confidential. The data will be stored and secured in a password protected file. Your name/identity will not be connected with data in any way. Your data will be included in a data-set for the development of the Five Factor Wellness Evaluation of Lifestyle Inventory. Individual data will not be used in any form. In the event of a publication or presentation resulting from the research, no personally identifiable information will be shared.
5. **Right to Ask Questions:** Please contact K. Elizabeth McDonald at (574) 849.5560 with questions or concerns about this study.

Appendix E cont.

6. **Payment for participation:** Participants who complete the survey will be eligible to enter a drawing for one of five \$25.00 gift certificates to Better World Books. An e-mail address will be displayed at the completion of the survey. In order to participate in the drawing, please send your mailing address to the e-mail address provided. Prize winners will be selected randomly. This process will ensure your data will not be connected with your name/identity.
7. **Voluntary Participation:** Completion and submission of the survey implies your consent to participate in this research. Your decision to be in this research is voluntary. You can stop at any time. You do not have to answer any questions you do not want to answer. Refusal to take part in or withdrawing from this study will involve no penalty or loss of benefits you would receive otherwise.

Printing this page provides you with a copy of the informed consent form.

You must be 18 years of age or older to consent to take part in this research study. If you agree to take part in this research study and the information outlined above, please click “Continue”.

VITA
KATHARINE ELIZABETH MCDONALD

Education

Ph.D Counselor Education, The Pennsylvania State University, December, 2009.
M.A., Community Counseling (Addictions Emphasis), Indiana Wesleyan University,
December 2005.
B.A., Sociology with Minor in Psychology, Anderson University, May 2001.

Professional Experience

Editorial Board Member of The Journal of Counselor Preparation and Supervision,
2008-present
Mentorship and Support Network Coordinator, LGBTQA Student Resource Center, The
Pennsylvania State University, State College, PA., Aug. 2007-present.
Counselor, Counseling and Psychological Services, The Pennsylvania State University, State
College, PA. Aug. 2007-2008.
Counselor, Counseling Services, State College, PA., Sept. 2006 –Dec. 2006.
Counselor, Aldersgate Center, Indiana Wesleyan University, Marion, IN., Aug. 2005-
Dec. 2005.
Counselor, Grant County Jail, Marion, IN., May 2005 - July 2005.
Counselor, Family Services, Marion, IN., Jan. 2005 - April 2005.

National/International Presentations

Hutchison, B. & McDonald, K. E. (2009, October). *Developmental Classroom Work Groups: A
Framework for Counselor Educators*. Association of Counselor Educators and
Supervisors Conference, Sand Diego, CA.
McDonald, K. E. (2009, March). Third Culture Kids: Identifying the Invisible Minority.
American Counseling Association Conference, Charlotte, NC.
Carney, J., Hazler, R., Mellin, L., Oh, I., Karajic, A., Mattise, C., McDonald, K. E., Sterner, W.
(2007, October). *Faculty/Student teams to promote research and student professional
development*. Association for Counselor Education and Supervision Conference,
Columbus, OH.
Kepler, E. & McDonald, K. E. (2007, October). *Understanding self injurious behaviors: From
theory to counseling*. Association for Counselor Education and Supervision Convention,
Columbus, OH
Brislin, D., Hutchison, B., & McDonald, K. E. (2007, March). *Backpack to briefcase:
Organizing a workshop*. American Counseling Association Convention, Detroit, MI.
McDonald, K. E., Burroughs, C., Kent, A., & Beavers, K. (2006, April). *Play therapy*. American
Counseling Association Convention, Montréal, Québec, Canada.
McDonald, K. E., Beavers, K., Burroughs, C., Kent, A., Hess, J., Eckhart, R., & Nacy, C. (2005,
April). *Professional advocacy for Eastern European adoptions*. American Counseling
Association Convention, Atlanta, GA.
McDonald, K. E., Beavers, K., Burroughs, C., Castle, S., & Munk, J. (2004, April). *Human
trafficking*. American Counseling Association Convention, St. Louis, MO.

Publications

McDonald, K. E. (in press). Transculturals: Identifying the Invisible Minority. *Journal of
Multicultural Counseling and Development*.
McDonald, K. E. (2008, Spring). Improving Counselor Education. *Exemplar*.
McDonald, K. E. (2007, Spring). Wide Scope. *Exemplar*.
McDonald, K. E. (2007, October). Fighting for a Career Fit. *Counseling Today*.