

The Language of Time: Exploring Stress, Hope, and Well-Being Outcomes

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Abstract

The current study sought to explore how language use pertaining to time and well-being practices could be an indicator of perceptions of stress, hope, and well-being outcomes. Using social media as a sampling platform, this mixed-method study involved 323 participants in the general population answering a time-orientation prompt concerning wellness and well-being practices. Participants were categorized into Finders, Makers, and Takers based on self-selected language use, and a qualitative content analysis of findings was conducted. Quantitatively, Finders reported higher perceptions of stress, lower levels of hope (pathway thinking), and all groups scored similarly on well-being outcomes. Results support that self-selected language use for time conveys different outcomes for participants, including perception of stress and hope levels. Implications involve exploration of language use for well-being outcomes in both clinical and general populations.

Keywords: language use, self-talk, hope, well-being, perception of stress

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Words are discrete ideas that when stranded together convey a thought and experience. Those thoughts and experiences become the framework by which an individual perceives him or herself as well as the greater world around him or herself. With this understanding, then, individuals must take close care and caution to the words in which they use, which may positively or negatively impact the perception of an event, outcome, or even him or herself (Witmer, 1985). Rogers (1980) conveyed the relevance of word use as he noted that

I hear the words, the thoughts, the feeling tones, the personal meaning, even the meaning that is below the conscious intent of the speaker. Sometimes too, in a message which superficially is not very important, I hear a deep human cry that lies buried and unknown far below the surface of the person (p. 8).

What Rogers (1980) understood was the power behind word(s) and that words are the vessel by which communication occurs; layered within and between the spoken words are the depth of the human experience.

Relatedly, one word may hold two distinctly different meanings for two different people, based on their experience or relationship with the word. Pipher (2009) explored this principle when sharing that "...I realized that time can be conceptualized in different ways and that it can be stopped and expanded into something grander" (p. 212). She furthers the discussion by detailing the nuances between *kronos*, the Greek understanding of literal, chronological time, and *kairos*, the Greek notion of sacred time. Both express the concept of time, though the discernment between the two distinguish the *actual* versus the *felt-sense*. This dissection and clarification of word use demonstrates the complexity of language, including contrasting interpretations of a single word depending on the individual's lived experience.

Given the impact of words and language on individual experiences, it becomes important, then, to understand how language can be used to promote healthy or sometimes even suboptimal functioning. Of particular interest are the nuances in which seemingly similar words can in actuality articulate different experiences. The current study sought to investigate said language trends for use of time in regard to stress, hope, and well-being outcomes.

The Role of Language

Self-selected language or self-talk (ST) is often defined as a dialogue through which the individual "interprets feelings and perceptions, regulates and changes evaluations and convictions, and gives him or herself instructions and reinforcements" (Hackfort & Schwenkmezger, 1993, p. 355). This form of language is also frequently used as a strategy to manage affect, influence thoughts, and potentially impact outcomes. Others have identified ST as being the statements a person says about himself or herself when faced with problems, difficulties, or challenges (Joseph & Roopa, 2007) and very possibly creates a link between what one says to him or herself and how he or she behaves (Chauhan & Rai, 2013).

Within athlete performance literature, Zinsser, Bunker, and Williams (1998) focused on instructional or motivational ST related to attention focus, tactical choices, confidence building, and positive moods. Hardy, Jones, and Gould (1996) suggested that the effectiveness of ST might be related to increases in confidence and anxiety control while others have contended that ST facilitates performance through the reduction of interfering and distractive thoughts (Gould, Eklund, & Jackson, 1992; Hatzigeorgiadis, & Biddle, 2000, 2001; Hatzigeorgiadis, Theodorakis, & Zourbanos, 2004). In each study, the intersectionality of thoughts, affect, and behaviors or outcomes continues to be supported. It is important to note, however, that according to Hardy, Hall, and Alexander (2001), research on ST has primarily focused on how positive and negative self-talk affects the performance of athletes (Highlen & Bennett, 1983; Mahoney & Avenier, 1977; Van Raalte et al., 1995; Weinberg, 1988), thus leaving much room for research to explore ST with other more general populations.

Language and Individual States

While many studies have focused on self-talk and behavioral outcomes, far fewer studies have investigated the impact of ST on individual affective states (Hardy et al., 2001; Landin, & Herbert, 1999; Zinsser et al., 1998). The literature that does exist has been described by some as “anecdotal” (Hardy et al., 2001, p. 470), though findings have supported a partial positive relationship between affect and ST in athletes (Zinsser et al., 1998). Others have suggested that negative self-talk can contribute to the experience of symptoms related to depression and anxiety (Schafer, 2004). Kross et al. (2014) demonstrated through multiple studies that using non-first-person pronouns and one’s own name during introspection enhances self-distancing behavior and positively impacts the appraisal of future stressors. Each of these studies echo comments by wellness researcher Witmer (1985) who noted that “... most feelings come from thoughts and images in interpreting events or situations. Private logic, this is personal meaning given to the event, creates emotional arousal” (p. 107). Simply put, the way in which we talk to ourselves about an event can impact the arousal or affective state we experience tied to that event.

It is in the quest to understand the role of language in cognitive, affective, and behavioral outcomes that the current study was conceptualized. Materializing from discoveries about language in a study by Keller-Dupree et al. (2017), language choice tied to time became a focal point of interest. In the aforementioned study, self-care, professional quality of life, and stress reactions were explored in helpers-in-training who completed an eight-week experiential wellness and well-being seminar. In the experiential component of the seminar, participants were asked to target their wellness or well-being in an intentional way and then respond to journal prompts concerning their experience. The authors to the study found in the qualitative analysis that 96% of the participants ($n = 62$ of 65) used “...the word ‘find’, ‘make’, or ‘take’ (or some derivation of these three words) to describe their Application Experiences of wellness and well-being (for example, ‘I have to find time to meditate’ or ‘even when life is busy, I have to take time for exercising’)” (p. 22). The authors recommended future research to explore the subtleties of language use and well-being outcomes, thus the aim of the current study.

Purpose of the Study

The purpose of the study was twofold: (a) to understand participant nuances based on language use of “find”, “make” and “take” as self-selected verbs for well-being practices, and (b) to understand if differences exist between these three categorical groups (self-selected language use of “find”, “make”, and “take”) on perception of stress, hope, and well-being outcomes.

Method

Participants

Participants included 323 individuals in the general population, with 53 (16%) being male, 269 (83%) being female, and 1 participant not reporting gender information.

The majority of participants were Caucasian ($n = 250$; 77%), with the next three largest subgroups being American Indian ($n = 24$; 7.4%), African American ($n = 12$; 3.7%), and Hispanic/Latino ($n = 8$; 2.5%). Age was classified into decade-based increments (e.g., 20-29, 30-39, etc.). The largest represented age group was 30-39 ($n = 102$; 31.6%), with the next three largest subgroups being 20-29 ($n = 91$; 28.2%), 40-49 ($n = 59$; 18.3%), and 50-59 ($n = 40$; 12.4%). Lastly, when considering relationship status, 181 (56%) reported being married, 95 (29.4%) reported being single, 31 (9.6%) reported being divorced, 7 (2.2%) reported being engaged, 5 (1.5%) reported being widowed, and 4 participants (1.2%) did not provide relationship-status information.

Instrumentation

Three assessments were used in this study, with each assessing a different dependent variable of interest. The Perceived Stress Scale (PSS; Cohen, Karmack, & Mermelstein, 1983) is a 10-item survey used to assess the perception and self-appraisal of life's events as stressful. Sample items include "In the last month, how often have you been upset because of something that happened unexpectedly" and "In the last month, how often have you found that you could not cope with all the things that you had to do." Each item is rated on a 4 point Likert-type scale with 0 indicating "never" and 4 indicating "very often." Psychometric support for this instrument has been established with alpha levels ranging from .84 to .86 (Cohen et al, 1983).

The Hope Scale (Snyder et al., 1991) is a 12-item assessment designed to measure the construct of hope and two of its factors—agency thinking and pathway thinking. Agency thinking involves sense of ownership, accountability, and motivation to move toward a goal whereas pathway thinking involves understanding the route to achieve a goal. The assessment included four items to measure each of these factors along with four other items serving as "filler" items. Sample items include "I can think of many ways to get out of a jam" (pathway thinking) and "My past experiences have prepared me well for my life" (agency thinking). Each item is measured on an 8-point Likert-type scale with 1 indicating "definitely false" and 8 indicating "definitely true." Psychometric properties of the assessment have shown alpha levels ranging from .74 to .84 (Snyder et al., 1991).

The PERMA Profiler (Butler & Kern, 2015) is a 23-item assessment used to measure the five primary well-being factors including positive affect, engagement, positive relationships, meaning, and achievement as well as subscales of negative emotion, health, and loneliness. Sample items include "To what extent do you receive help and support from others when you need it?" and "How often do you achieve the important goals you set for yourself." Each item is measured on a 10-point scale, with 0 being "never" or "not at all" and 10 being "always" or "completely", depending on the item. Psychometric properties of the PERMA assessment have been established with alpha levels being recognized at .89, .72, .84, .91, .78, .94, .75, and .92 for the 5 well-being scales and 3 subscales, respectively (Butler & Kern, 2015).

Participants also completed a short answer vignette designed by the principal investigator in which participants answered the following prompt: "Imagine that you

targeted your wellness or well-being in the morning (e.g., went for a walk, journaled, meditated, ate a healthy breakfast, etc.). Did you find time, make time, or take time? And why?" If participants had a different answer than the three provided (find, make, or take), there was also a fill-in-the-blank option for providing a word of choice and subsequent explanation of word choice. Lastly, participants completed a demographic questionnaire assessing age, marital status, race, and gender variables.

Procedure

Participants included the general population who were notified about the purpose of the study through a digital link provided on a social media platform. Individuals were informed that the purpose of the study was to explore language use, perception of stress, hope, and well-being outcomes. The principal researcher and research team posted on their social media platform a link to the study documents, including informed consent, demographic questionnaire, vignette item with short item response, as well as the Perception of Stress, Hope, and PERMA Profiler instruments. Participants were invited to then repost the digital link to the study on their social media account following completion of the study, thereby producing a snowball or chain referral methodology for participant retrieval. Two weeks following the original post on social media by the research team, the same invitation to participate was posted. One month following the request for participation, the survey link was made inaccessible to the general public via social media.

After data was collected, the data analysis process commenced in two discrete phases. Phase One of the study involved first aggregating the qualitative responses from participants and organizing them into three groups based on their self-selected language use in the well-being vignette. Participants were categorized into a "find", "make", or "take" group. Next, a qualitative content analysis was conducted to extrapolate themes within responses for each group of participants. This process "...reduces the volume of text collected, identifies and groups categories together, and seeks some understanding of it" (Bengtsson, 2016, p. 8). Within content analysis, both manifest and latent content can be valuable analyses to conduct, with manifest content offering an understanding of the literal written word and with latent content offering the underlying intent within the content. Given that the purpose of this study was to explore possible subtleties and nuances in individuals based on self-selected language use, both manifest and latent content analyses were performed to derive a richer, more salient understanding of the themes within the three categorical groups of participants.

Prior to beginning the content analysis, several research protocols were adhered to in order to improve trustworthiness and reliability of findings. First, the principal investigator invited two graduate counseling and one undergraduate psychology research team members to participate in the data coding and analysis process. Each research team member was first trained on the scope and purpose of content analysis as a qualitative methodology, including a discussion of manifest and latent content (Bengtsson, 2016). The training involved a discussion of the four phases of content analysis, including the following: (a) Decontextualization, in which the researcher reviews all text to get an understanding of "what is going on" (p. 11) in the data through

the use of open codes (manifest content); (b) Recontextualization, in which meaningful units or trends are identified; (c) Categorization, in which latent content themes, categories, and subcategories become revealed, with all outcomes being "...rooted in the data from which they arise" (p. 12); and (d) Compilation, in which the researchers analyze and write up their findings as they "... immerse him/herself to some extent in the data in order to identify hidden meanings in the text" (p. 12). Each of these stages within the data coding process allows for the final codes, themes, and findings to be an extension and richer understanding of the original text provided by the research participants.

Throughout the coding process, all research team members were asked to maintain a research journal. The journals allowed for an individual catalog of reflective commentary of opinions, biases, and observations within the coding process, which could then be discussed within the subsequent team meetings, serving as peer debriefing (Creswell & Miller, 2000; Shenton, 2004). During the research team data coding and analysis meeting, research team members shared their experiences of manifest analyses for each categorical group (find, make, and take categories, respectively), moving through the four stages of analysis (Bengtsson, 2016), and ultimately identifying final themes that reflected the essence of the data within each categorical group. Next, an external auditor, not present during data collection, coding, or analysis, was sent the final themes per categorical group as well as the original aggregated data in order to confirm the final themes. Each research protocol, including research member training, reflective commentary, peer debriefing, and external auditing of final themes, serves as measures for trustworthiness of findings (Creswell & Miller, 2000; Shenton, 2004).

After the qualitative content analysis was conducted, Phase Two of the study began, which involved completing an analysis of variance (ANOVA) for each of the three quantitative research questions: Do differences exist in perception of stress (Research Question 1), hope (Research Question 2), and well-being (Research Question 3) between the three categorical groups based on self-selected language use (find, make, and take)? Results from both qualitative and quantitative analyses are offered in the following section.

Results

Phase One

Phase One of the research project was guided by the research question "What can be learned about people's well-being practices based on their self-selected language use tied to time for wellness and well-being practices?" To answer this question, participants completed the author-designed short answer question in which participants selected the word "find", "make", or "take" to indicate how they orient their time to wellness or well-being practice and then further explained why they selected their chosen word. Participants could also insert a different word into the open-ended response. Responses were disaggregated into the three categorical codes, with 87 participants (27%) self-selecting the word "find", 148 participants (46%) self-selecting

the word “make”, and 89 participants (27%) self-selecting the word “take.” Fourteen participants (.04%) self-selected the word “have” as their preference, though in their explanation of “why”, all 14 participants (100%) used the word “find” in their explanation (for example, “I don’t readily have the time so I have to go and find it.”). Thus, these participants were categorically placed into the “find” category for further analysis. Results from the manifest and latent content analysis explored both *what* and *how* participants explained their self-selected language use of time. Findings revealed thematic distinctions and similarities within and across the three groups; the following section explores the outcomes of each group.

Finders. “Finders” (subsequently capitalized to indicate a grouping variable) are the participants in the current study who noted in the hypothetical vignette that when targeting their wellness or well-being in the morning, they “find” time to pursue this experience. The research team coined the phrase “commitment-bound doers” to indicate the lived experiences of “finders”, as their obligations often were to others first and the self, second. Finders discussed targeting their wellness and well-being only after other roles and responsibilities were managed, including work and caring for family. Their other-centered language was present in reflections such as “I get overwhelmed easily and try to look for or find time for anything that benefits me. I spend my time making sure my family is happy first and seem to always put myself last. I look for time...I literally try to find it.” They experienced time as irrecoverable, often using phrases like “there isn’t enough time” or “there isn’t any time for...” Their way of speaking about wellness and well-being experiences involved a passive posturing, meaning that participants discussed “luck” or “if an opportunity presents itself” or “if, not when” when exploring their relationship with time.

Finders also offered a burdened tone and tenor for how they talked about time and well-being with many participants using words like desperate, frustrated, overwhelmed, and chaotic. For example, one participant noted that “My day is consumed with figuring out how to pay the next bill or rent or food. When I find time, I feel desperate. My life is more chaotic now than it ever has been” while another noted that “I feel overloaded with responsibilities at this time, so it is difficult to find time for myself.” These individuals understood wellness and well-being to be important, but they voiced a struggle in their daily experience to make wellness and well-being fit into an already busy schedule.

Makers. “Makers” (subsequently capitalized to indicate a grouping variable) are the participants in the current study who noted in the hypothetical vignette that when targeting their wellness or well-being in the morning, they “make” time to pursue this experience. Also known as “architects of time” by the research team, Makers discussed self-responsibility, choice, and used “I” language to explore their wellness and well-being practices (as compared to the other-oriented language of the Finders). For example, one Maker noted that “My schedule is mine to create so therefore I make the time and the effort to do the things I want to do” while another noted that “I chose the word make because I am in control of my time.” Makers believe that time is available to each person, and they used words like scheduling, planning, prioritizing, managing,

creating, and reorganizing to discuss how they crafted time for wellness and well-being. One participant shared that “I usually have to move things around, plan ahead, and/or shorten/move/eliminate other plans to make time” while another voiced that “I moved things around to make it happen.”

As a group, Makers further offered a balanced tone and tenor to the discussion by exploring the demands of life alongside conversations of volition to target wellness and well-being. One participant shared that “Life is busy and well-being practices don't fit into my schedule unless I carve out the time for them. Hence, ‘make’.” Another shared that “I make time for wellness or well-being because I know my limits. I know that if I have too much going on at once, it stresses me out, so I manage my schedule...I also make most plans in advance so that I have time to prepare and plan.” The overarching experiences of Makers is that life is busy, but time is “theirs for the making”, thus how one spends their time to target wellness and well-being is within their control and choice.

Takers. “Takers” (subsequently capitalized to indicate a grouping variable) are the participants in the current study who noted in the hypothetical vignette that when targeting their wellness or well-being in the morning, they “take” time to pursue this experience. Also regarded as “tenacious pursuers”, Takers held a “no matter what” attitude about time when exploring their wellness and well-being practices. For example, one Taker shared that

...if something is important to me and I set my mind to it, I plan on how to execute it and then do it. If something moves to top priority, then I take the time to execute my plan. ‘Take time’ means it is a high priority for me.

As a group, Takers believed that time was attainable for all people to use. Unlike the Makers who view time management like a puzzle to solve or a Tetris game to be played (meaning that everything can fit with enough organization), Takers voiced wellness and well-being as sometimes choosing something *over* something else. One participant voiced that “Sometimes something doesn't get done because I have to get something else done. No matter what, it's on me to do what I need to do. I have to take the time to implement my wellness plan. There is no one to blame but me.” Another shared that “I may not do something else in order to take the time for my wellness. For example, I will play with my bird no matter what. I take that time every day.”

For Takers, throughout their reflections they demonstrated an emboldened tone and tenor, meaning that their processing reflected a no-nonsense approach to targeting wellness and well-being. One participant, for example, shared that “It's a choice and not an obligation or compulsion, and take is the best word to indicate choice...” while another stated that “My life, my itinerary. My decision to take the time for wellness.” As with the Makers, the Takers did not refute the obligations or responsibilities in one's life, though their language was largely internally focused (on choice, responsibility, etc.) as opposed to external factors (as found in the Finder's reflections). Figure 1 offers a guided chart to explore the nuances in manifest and latent themes across the three categorical groups.

Figure 1. Manifest and Latent Themes for Content Analysis

Group	Manifest Content		Latent Content Analysis			
	N/%	Example Codes (<i>What</i>)	Also Known As	View Time As ____	Tone and Tenor (<i>How</i>)	Example:
Finders	87 (27%)	not prioritized, hard, consumed, busy, overwhelmed, responsibilities, home, family, work, kids, overloaded, lucky enough to find time, isn't enough, over-scheduled, struggle	Commitment-Bound Doers	Scarce (Absent)	Burdened	"I have a full-time job, commute children to school, have four kids, all active in sports, parents with health conditions, etc. [There are] not enough hours in the day."
Makers	148 (46%)	move things around, everyone can, carve, manage my time, setting aside time, deliberate, intentional, important, choose, busy schedule, organization, allocating time, "I", creative, prioritize	Architects of Time	Achievable	Balanced	"I make time for wellness or well-being because I know my limits. I know that if I have too much going on at once it stresses me out, so I manage my schedule by making it so I rarely have multiple things going on at a time. I also make most plans in advance so that I have time to prepare and plan. "
Takers	89 (27%)	need to, utmost importance, bartering, no matter what, responsibility, choice, decide, on purpose, important, top priority, it's on me	Tenacious Pursuers	Attainable	Emboldened	"Time makes us all equals, [so] what you choose to do in that time is up to you. I choose to take the time I've been given and fill it with moments that help me be well."

Phase Two

Phase Two of the research project led to a quantitative understanding of possible group differences between self-selected Finders, Makers, and Takers in regard to perception of stress, (Research Question 1), hope (Research Question 2), and well-being (Research Question 3). To answer each individual research question, a one-way analysis of variance (ANOVA) for each was conducted.

Research Question 1 sought to answer if differences existed between self-selected Finders, Makers, and Takers in regard to perception of stress using the Perceived Stress Scale (PSS; Cohen et al., 1983). Results supported a statistically significant difference between groups on self-reported perceptions of stress $F(2, 320) = 9.80, p < .001$. A Bonferroni's post-hoc analysis was then conducted to see where differences existed between the groups, and results indicated a statistically significant difference in perception of stress between the self-selected Finders and Makers, ($p = .012$), Makers and Takers ($p = .016$), and Finders and Takers ($p < .001$). Results from this analysis support that individuals who self-select the word "find" when considering their wellness and well-being practices report a statistically significantly higher perception of stress than do individuals who self-select the word "make" or "take", and furthermore that individuals who self-select the word "make" report statistically higher levels of perceived stress than do individuals who self-select the word "take."

Research Question 2 sought to answer if differences existed between self-selected Finders, Makers, and Takers in regard to levels of hope. Results supported a statistically significant difference between groups on self-reported levels of hope $F(2, 320) = 3.78, p < .024$. Next, agency thinking and pathway thinking subscales were analyzed, with a statistically significant difference found between groups for pathway thinking [$F(2, 320) = 14.10, p < .001$] but not for agency thinking [$F(2, 320) = .518, p < .60$]. To further explain the trend in results for pathway thinking, Bonferroni's post-hoc analysis was conducted to assess where differences existed between the three self-selected groups. Results showed statistically significant differences between Finders and Makers ($p < .001$) and between Finders and Takers ($p < .001$). Findings from this analysis support that the individuals who self-select the word "find" when considering their wellness and well-being practices report lower levels of hope – specifically, pathway thinking – when compared to individuals who self-select the words "make" or "take."

Lastly, Question 3 sought to answer if differences existed between self-selected Finders, Makers, and Takers in regard to self-reported well-being levels. Results indicated non-statistically significant differences between the groups $F(2, 320) = 1.40, p < .25$. Table 1 offers a presentation of quantitative findings for all three outcome measures.

Table 1.
Outcomes for Assessments by Self-Selected Group

Dependent Variables	Find		Make		Take	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Perception of Stress Scale	29.51	6.00***	27.34	6.42 *	25.29	6.43 ***
The Hope Scale	48.61	6.17***	51.25	7.72	51.19	8.59 ***
Agency Thinking	25.10	4.17	25.60	4.61	25.02	5.43
Pathway Thinking	23.51	2.98***	25.65	3.70	26.17	3.92 ***
PERMA Profiler	6.93	1.24	7.15	1.23	7.24	1.32
Affect	6.59	1.70	7.10	1.80	7.21	1.77
Engagement	7.44	1.39	7.34	1.52	7.52	1.61
Relationship	6.86	2.26	7.07	1.93	7.34	1.98
Meaning	7.47	1.85	7.80	1.74	7.70	1.92
Achievement	7.38	1.64	7.60	1.63	7.66	1.74
Health	5.90	2.28 **	6.66	2.03	6.81	2.17
Negative Emotion	5.18	1.92 **	4.63	2.04	4.21	2.22
Loneliness	4.70	2.97	3.98	2.85	3.78	2.98

* Indicates the result is significant at $p < .05$.

** Indicates the results is significant at $p < .01$

.01

*** Indicates the results is significant at $p < .001$

.001

Discussion

The aim of the study was to understand language use for individuals in the general population who self-selected the word “find”, “make” and “take” when describing their orientation to time for well-being practices and then to further understand if differences existed between these three categorical groups on perception of stress, hope, and well-being outcomes. Using a mixed-method design, Phase One of the project first entailed identifying qualitative manifest and latent content codes based on participant explanations for why they selected the specific word of choice (find, make, or take). Next, Phase Two of the study explored the quantitative outcomes of perception of stress, hope, and well-being between the Finders, Makers, and Takers categorical groups. The following paragraphs offer a discussion of each group based on findings in the mixed-method study.

Finders

Results from the qualitative analysis indicated that individuals who self-selected the word “find” when considering their wellness and well-being practices tended to view time as scarce and irrecoverable, often focused on their commitments before the self,

and were prone to feeling burdened in the way in which they spoke about their lifestyle overall. Quantitative findings further supported these outcomes as Finders had the highest perception of stress scores (as compared to Makers and Takers) as well as the lowest hope scores. When more specifically seeking to understand hope outcomes, Finders did not differ in agency thinking (i.e., the motivation to make and meet a goal) though they did statistically significantly differ in their pathway thinking (i.e., understanding the route or method by which they can attain their goal). Finders did not indicate a statistically significant difference in their overall well-being outcomes.

Makers

Results from the qualitative content analysis indicated that individuals who self-selected the word “make” to reflect the way in which they use time to participate in wellness and well-being practices tended to view time as achievable. They offered a balanced tone and tenor to the discussion of wellness and well-being practices, articulating the stresses and struggles of daily living but also exploring the creative, innovative, and original ways to shift time to meet their individual goals and needs. Makers were regarded as the architects of time as they overwhelmingly spoke to the creative management needed in order to fit wellness and well-being practices into their life. Quantitatively, Makers reported statistically lower perception of stress than Finders but statistically higher perceptions of stress than Takers. Makers scored statistically significantly higher in hope than Finders, particularly tied to pathway thinking; they scored nearly identically on hope to Takers. Lastly, Makers did not score statistically differently on levels of well-being when compared to the other groups.

Takers

Results from the qualitative analysis for individuals who self-selected the word “take” when considering their orientation to time for wellness and well-being practices indicated that these individuals showed tenacity in their well-being pursuit. They would often prioritize wellness and well-being practices above other commitments, in order to guarantee their desired outcome. They were emboldened in their spoken manner of wellness and well-being and they believed that time was attainable for all people. They often noted actionable words like “decide”, “choose”, and “no matter what” when reflecting on their daily efforts toward wellness and well-being. Quantitatively, Takers scored the lowest in perception of stress and roughly equivalent to Makers in hope, which was statistically significantly higher than Finders on pathway thinking. As previously noted, all groups scored similarly on overall well-being outcomes.

Implications

Helping professionals work alongside clients to promote intra- and interpersonal growth and betterment. As Hockaday, Purkey, and Davis (2001) explored, “language is an important part of intentionality, because it gives structure and meaning to the thinking process” (p. 220). When clinicians help clients garner a better understanding of their language use, and more importantly, *why* they select the words they use, clients may begin to create a better congruence and intentionality between the goal and the actionable steps chosen to meet those goals.

While hope has received much attention as a therapeutic construct, colloquially, the word “hope” is complex and instills variable meaning based on its user and its use (Larsen, Stege, Edey, & Ewasiw, 2014). Feudtner (2009) explains that hope can feel “alluring but vague” (p. 2306), which in many cases can also feel fleeting and untenable for clients. When helping professionals expand clinical conversations of hope to include a range of possible outcomes while also deconstructing hope to involve multiple opportunities for small developments along the way, the construct shifts to a more approachable and actionable experience (Feudtner, 2009). Clinicians who appreciate the complexity (and utility) of hope can assist client navigation from hopeless to hopeful.

When considering the importance of well-being practices to overall health and fully functioning, this topic becomes even more relevant. For all individuals seeking life improvements – both clinically or independently of therapy—wellness and well-being practices are daily choices. If language use tied to time has an impact on those practices and outcomes, it becomes important, then, to understand the subtleties of our own self-talk—our own internally guided language that facilitates our individual affect and decision making. For counselors who are charged with the ethical imperatives of wellness and well-being and for the profession which promotes it, even within its core mission statement, this topic is timely and informative to clinical, educational, and personal applications.

Limitations

One notable limitation to the current study is the snowball or chain-referral methodology used to gather data. Given the access to internet being the key source of data gathering, a skewed sample of participants was likely gained (individuals with access to internet, individuals on social media, etc.). More extensive sampling methodologies could be considered in future studies to gather a deeper, more representative sample of participants.

Another limitation to the current study was the lack of demographic disaggregation used in both qualitative and quantitative analyses. While data was gathered for gender, race, age, and marital status, none of these variables were considered in analysis. Future studies may benefit from considering how demographic variables influence overall outcomes of interest.

Directions for Further Research

To further the discussion from the final limitation offered, a future study investigating language use based on lifestyle or demographic variables may glean valuable results and findings for a general or clinical population. For example, exploring marital status, number of dependents, employment status, or other reported “life stressors” (as coined by several participants in the current study) may add to the literature in a more elaborate way.

While well-being scores did not reflect a significant difference between the groups, one additional finding worth noting was the statistically significant lower scores in Finders (as compared to Makers and Takers) on the individual outcomes for both

“health” and “negative emotion” on the PERMA Profiler (Butler & Kern, 2015). Watson and Pennebaker (1989) have previously explored the relationship between negative affect, health complaints, and stress and noted that negative affect is correlated with current health complaints though may be less accurate or predictive as a long-term health measure. Given the “burdened tone and tenor” qualitative code for Finders, further studies may seek to more deeply understand the relationship and impact of negative emotion on wellness and well-being practices based on language use.

Perception of stress was an important point of exploration in the current study, and both qualitative and quantitative findings supported its presence in the lives of participants. Witmer (1985) voiced that “what appears to account for a major portion of our ability to cope with stress are aspects of the self-concept” (p. 58). It may be worthwhile for future research to explore the possible influence of self-concept, self-esteem or perhaps self-efficacy as alternative dependent variables to the categorical self-selected language use of time for well-being.

Hope is a construct worthy of more time and attention in future studies, particularly tied to language use of time. Given the statistically significant differences between groups on this variable—especially pathway thinking—future studies could assess the specific pathways utilized by Makers and Takers (or those who score higher in hope outcomes) as a means to offer suggestions and support for clients or individuals who score lower on this variable.

Lastly, Dweck (2006) has promoted research and developed a theory concerning growth versus fixed mindset. The fundamental assertion behind mindset theory is that the way we think about our abilities, strengths, and talents can influence our experiences of success toward goals and outcomes. Given the internal dialogue that accompanies fixed or growth mindset, related research may benefit from understanding if participants differ on mindset based on self-selected word choice for well-being practices (find, make, or take time). Each direction for further research invites a deeper understanding into language, self-talk, and/or nuances in well-being outcomes.

Conclusion

The topic of language use toward time and well-being practices bolsters an important conversation for the counseling profession. “...Human beings have the mistaken notion that emotions are caused and controlled by events and forces outside themselves. As long as this mistaken belief is held, individuals will continue to give power away in the sense that they take little responsibility for their own emotional well-being” (Witmer, 1985, p. 77). This statement captures the essence of both the aim and outcome of the current study. Language can be a powerful variable that influences cognitive, affective, and behavioral outcomes. The ways in which we talk to ourselves about our life, our experiences, our stressors, and our personal responsibilities can impact the motivation, commitment, and possible outcomes of our personal goals. Findings from this study revealed that specific language concerning how we use time for well-being (whether we find it, make it, or take it) has trending consequences in how we

view time as scarce, achievable, or attainable, and it impacts the burdened, balanced, or emboldened tone that we use to describe our life experiences. Furthermore, our language use can also be an indicator of our individual perception of stress and hope pathways. The complex interplay of these variables are meaningful for considering the human experience—individually and collectively—and how we continue to flourish in our daily living.

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