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Exploring Meaning in Life and Crisis Experiences With Graduate Counseling Students

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Abstract

In this study, the authors explored graduate counseling students' meaning in life and their crisis experiences across age groups. The theoretical framework was based on Frankl's theory of logotherapy. Today, we can find many parallels to Frankl's descriptions of suffering in the disasters experienced by graduate counseling students. Discoveries of graduate counseling students' meaning in life with crisis experiences are outlined with suggestions for future training.

Viktor Frankl (1984) proposed that individuals can find meaning in their lives through their suffering. In 1946, *Man's Search for Meaning* documented Frankl's observations of Jewish prisoners and how they transcended their suffering in the concentration camps. He wrote specifically about two prisoners who were suicidal and how finding purpose aided their survival of the suffering surrounding them. Frankl believed that suffering is part of living and that finding meaning in life through suffering is critical for healing (Frankl, 1984; Lantz, 1992).

Frankl's (1984) description of logotherapy indicated that his theory focused on the future and meanings to be fulfilled by an individual. *Logos* is a Greek word which is defined as "meaning." Frankl's focus was on the meaning of existence and the search for meaning. He spoke of the will to meaning in contrast to the pleasure principle or the will to power, concepts of his forefathers, Freud and Adler. Frankl believed the search for meaning was the primary motivation of life. As a result, searching for meaning provides us motivation for the future regardless of suffering.

Frankl's descriptions of the horrific suffering of concentration camp prisoners can inform survivors' descriptions of suffering through contemporary disasters. Major disasters include the 1999 shooting at Columbine; the 2001 terrorists attacks in New York; the 2005 hurricane and levee failure in Louisiana; the 2011 earthquake, tsunami, and nuclear power failure in Japan; and the 2013 tornados in Oklahoma. The impact of the disasters that have occurred in the last 15 years mark a mental health challenge for survivors who have experienced disasters and the professionals who provide crisis

counseling to them (Dufrene & Dinkel, 2009). Whether an individual has a counseling background or not, research has indicated that survivors can experience trauma and suffer because of their crisis experiences (Dass-Brailsford, 2010; Quarantelli & Dynes, 1972).

Disasters are defined as catastrophic events of sudden misfortune for individuals or communities with permanent loss of life or property (Halpern & Tramontin, 2007). The resulting crisis is defined as an individual's crisis experience, which can involve serious injury or actual or threatened death for self or others (American Psychiatric Association, 2000). Intensity of exposure to disasters can impact the level of survivors' trauma and suffering. North and Westerhaus (2003) described intensity of exposure as expanding circles around the center of the impact of disasters. Survivors who directly experience disasters, for example at the epicenter of the impact, have the strongest intensity experience (Flynn & Norwood, 2004; Rao, 2006). Intensity can also be described as the types of suffering and number of traumatic stressors experienced by survivors (Norris et al., 2002) which might include; injury to self or family, loss or threat to life, separation from family, loss of property or finances, and relocation of residence (Fullerton, Ursano, Norwood, & Holloway, 2003; Norwood, Ursano, & Fullerton, 2000). Additionally, mediating factors such as social support, biological makeup, coping skills, and developmental history can impact the degree of intensity experience perceived by survivors (Myers & Wee, 2005; Norris et al., 2002). As a result, some survivors experience less intensity during a crisis.

Survivors' age can also be an indicator about how they might respond to disasters (Molasso, 2006; Reker & Cousins, 1979). According to Thompson, Norris, and Hanacek (1993), lack of warning of impending disasters places elderly adults (60+ years) at higher risk of exposure to disasters and more vulnerable to health concerns (Cherry, Allen, & Galea, 2010). Myers and Wee (2005) and Thompson et al. found that middle-aged survivors (40-64) who are part of family units (i.e., units that include adults, children, and extended family members) are a vulnerable age group with complicated crisis experiences due to more responsibilities than younger survivors. Younger survivors (18-39 years) may not be equipped to handle crisis experiences because of a lack of previous crisis experience, which can result in this age group being more fearful (Cherry et al., 2011).

Recently, a focus on positive post-traumatic growth and resiliency in the field of disaster mental health and crisis counseling has refocused attention from the negative pathology of disaster and crisis experiences. Survivors' growth after a disaster is described as a process of adaptation to significant adversity, trauma, and suffering, which arises from individuals' resiliency and instincts (Cryder, Kilmer, Tedeschi, & Calhoun, 2006; Shakespeare-Finch & Enders, 2008). Current research indicates that post-traumatic growth for survivors is tangible and can be observed in survivors (Courtois & Gold, 2009; Shakespeare-Finch & Enders, 2008). Frankl (1986) believed that growth occurs because of survivors' abilities to self-transcend and find meaning in their life. Others have agreed that part of the process of healing from trauma is to find meaning in life in spite of the adversity experienced after disasters (Gerrity & Steinglass, 2003; Raphael, 2003).

As we have seen after disasters like 9/11 and Katrina, survivors of disasters include individuals, families, businesses, organizations, and counselors themselves. The crisis intervention field has grown out of a need to assist survivors who have experienced

such disasters. However, there is limited research regarding counseling students' crisis experiences (Dinkel, 2011; Esping, 2010). The purpose of this research was to explore differences between age groups for graduate counseling students' meaning in life and their crisis experiences. Our research questions were the following:

Research question 1: Are there group differences between graduate counseling students' *Purpose in Life* (PIL, Crumbaugh & Maholick, 1964) scores and age?

Research question 2: Are there group differences between graduate counseling students' intensity of their crisis experiences and age?

Research question 3: Are there group differences between graduate counseling students' intensity of specific crisis experiences and age?

Method

Participants

A convenience sample of 633 counseling students from across the United States completed the study. Of the 633 students, 484 (76.5%) were master's level, 37 (5.8%) post-master's, and 111 (17.5%) doctoral level students. Females represented 86.3% ($n = 546$), males 13.6% ($n = 86$), and one student did not respond. The two largest groups of students were in the 26-30 age group ($n = 193$, 30.5%) and under 25 age group ($n = 189$, 29.9%). The remaining age groups included: 31-35 ($n = 82$, 13.0%); 36-40 ($n = 42$, 6.6%); 41-45 ($n = 47$, 7.4%); 46-50 ($n = 37$, 5.8%); and 51 and older ($n = 43$, 6.8%).

Procedure

The researchers, after Institutional Review Board approval, recruited students through an email notice containing information and a link to the online study. The notice was posted on three listservs; American College Counselors Association—Listsers (ACCA-L), Counselor Education Students Nationwide listserv (COUNSGRAD), and Counselor Education and Supervision Network listserv (CESNET). Additionally, an email link was sent to counseling program coordinators of 415 universities across the United States. In the email, graduate counseling students were informed that completing the online study would indicate consent for participation in the study. To be included in the final sample, graduate counseling students had to complete the study.

For the study, two instruments were used. The first was the *Graduate Counseling Student Crisis Experience Questionnaire (GCSCEQ, see Appendix)*, a researcher-designed 8-item self-report questionnaire. The first section of the *GCSCEQ* included the following demographics: age, sex, ethnicity, and current student status. The second section included counseling students' ratings using a Likert-type scale (1 = *No impact*, 2 = *Minimal*, 3 = *Moderate*, 4 = *Strong*, 5 = *Destructive*, 6 = *Disastrous*, 7 = *Catastrophic*). The Likert-type scale was based on the Modified Mercalli Intensity Scale, from the 12-point Mercalli Scale ranging from nothing felt to total damage (The Modified Mercalli Intensity Scale, 2013). The Modified Mercalli Intensity Scale assisted with an idea of how to qualify levels of experience in a disaster. The 12 crisis experiences were selected based on a representation of a variety of disaster types identified in one of two disaster categories: (a) naturally caused or (b) human induced (Herman, 1992; Janoff-Bulman, 1992). In addition, certain crises were selected to be timely to the study, location of the University, and crises that were happening in the United States at the time of the study

(i.e., economic downturn, levee failure, oil spill). Naturally caused disasters included five crisis experiences: 1) death of a significant person by a natural cause or serious illness, 2) earthquake, 3) flood, 4) hurricane, and 5) wildfire. Human induced included seven crisis experiences: 1) acts of terrorism, 2) death of a significant person at the hands of a human, 3) economic downturn, 4) levee failure, 5) oil spill, 6) personal (i.e., partner violence, child abuse, and/or neglect), and 7) school/work shooting.

The second instrument used was the *Purpose in Life (PIL)* (Crumbaugh & Maholick, 1964) test to assess counseling students' existential vacuum based on Viktor Frankl's logotherapy. Frankl (1984) referred to the existential vacuum as an experience of inner emptiness, a lack of meaning. The *PIL* is divided into three sections: A, B, and C. Section A includes 20 self-report Likert-type items (1 = *low purpose* to 7 = *high purpose*) and is the only section that is objectively scored (Crumbaugh & Maholick, 1964, 1981). Response choices extend from one extreme feeling to its opposite kind of feeling. All 20 items have different Likert option points based on each individual item. For example, item 1 asks students to rate their responses as "I am usually . . ." with 1 = *Completely bored*, 4 = *Neutral*, and 7 = *Exuberant, enthusiastic*. Scores can range from 20 to 140 and include three categories: (a) 113 and above indicate definite purpose and meaning in life, (b) between 92 and 112 indicate indefinite purpose and meaning in life, and (c) 91 and below indicate a lack of purpose and meaning in life.

The *PIL* has been used in over 200 doctoral dissertations, master's theses, and empirical research studies (Guttman, 1996; Molasso, 2006). Crumbaugh and Maholick (1964) established concurrent validity of the *PIL* by distinguishing differences in gender for patient and non-patient populations ($r = .27$). Additionally, concurrent validity was established by Crumbaugh (1968), with therapists' ratings of outpatients' scores ($r = .38$) and ministers' ratings of their parishioners on the *Ministers Rating Scale* ($r = .47$) and Reker (1977) with the *Life at Present* ($r = .40$) and the *Life in the Future* ($r = .54$). Meier and Edwards (1974) found criterion validity ($r = .56$) using the *Frankl Questionnaire*. Reliability coefficients were established ranging from .68 to .92 (Crumbaugh, 1968; Crumbaugh & Maholick, 1964), with coefficient alphas in the .80s (Melton & Schulenberg, 2008; Schulenberg, 2004). Internal consistency and temporal stability reliabilities were .76 to .94 (Crumbaugh & Maholick, 1981; Zika & Chamberlain, 1992).

Results

For research question one, the ANOVA results indicated a statistically significant difference between graduate counseling students' *PIL* scores and age groups, $F(6, 626) = 4.62, p = .000, \eta^2 = .042$. Levene's test for homogeneity of variance was not significant. Least Significant Difference (LSD) post hoc test indicated significant differences in six of the seven age groups, with $p < .01$. The 31-35 year old group ($M = 110.38, SD = 13.29, n = 82$) was the only age group not significantly different from the other six age groups (see Table 1).

For research question two, two ANOVAs were conducted for counseling students' ratings of overall intensity by the seven age groups and intensity levels of two or less crisis experiences by the seven age groups. The first ANOVA results indicated a

Table 1

Age Groups' *PIL* Scores: Means and Standard Deviations

Age Groups	<i>M</i>	<i>SD</i>	<i>n</i>
under 25	106.92	14.01	189
26-30	108.73	13.23	193
31-35	110.38	13.29	82
36-40	105.36	12.34	42
41-45	113.34	15.09	47
46-50	115.73	12.40	37
51 and older	113.74	12.60	43

significant difference between overall intensity and the seven age groups, $F(6, 571) = 4.18, p = .000, \eta^2 = .042$. LSD post hoc tests indicated significant differences between the age groups (see Table 2). The 26-30 year old group and 36-40 year old group were not significantly different from any of the age groups.

Table 2

Age Groups' Intensity Levels: Means and Standard Deviations

Age Groups	<i>M^a</i>	<i>SD</i>	<i>n</i>
under 25	3.66	1.45	166
26-30	3.90	1.37	174
31-35	3.72	1.37	72
36-40	4.26	1.13	42
41-45	4.38	1.19	45
46-50	4.47	1.42	36
51 and older	4.40	1.62	43

Note. ^a1 = no impact; 2 = minimal intensity impact; 3 = moderate intensity impact; 4 = strong intensity impact; 5 = destructive intensity impact; 6 = disastrous intensity impact; 7 = catastrophic intensity impact.

The second ANOVA results for intensity levels of two or less experiences were examined to maintain accuracy of the strength of the intensity level by eliminating the amount of experiences interfering and artificially inflating the level. The results indicated a statistically significant difference between intensity levels of two or less crisis experiences and the seven age groups, $F(6, 626) = 6.32, p = .000, \eta^2 = .057$. LSD post hoc tests indicated significant differences between the age groups (see Table 3). The 36-40 year old group ($M = 8.19, SD = 2.94, n = 42$) was not significantly different than the other age groups.

For research question three, the ANOVA results indicated significant differences for 4 of the 12 crisis experiences: (a) death of a significant person/ natural cause, (b) earthquake, (c) economic downturn, and (d) personal (i.e., partner violence, child abuse and/or neglect). Of the total sample, 499 (79%) counseling students rated death of a significant person/natural caused crisis experience, with significant differences between the seven age groups, $F(6, 492) = 3.24, p = .004, \eta^2 = .038$. LSD post hoc tests indicated

significant differences in the 51 and older age group, the under 25 age group, and the 31-35 age group (see Table 4). For an earthquake, 200 (32%) students rated their crisis, with Table 3

Age Groups' Two or Less Intensity Levels: Means and Standard Deviations

Age Groups	<i>M^a</i>	<i>SD</i>	<i>n</i>
under 25	7.23	2.95	189
26-30	7.21	3.28	193
31-35	7.23	3.12	82
36-40	8.19	2.94	42
41-45	8.98	2.84	47
46-50	9.11	2.40	37
51 and older	9.09	2.85	43

Note. ^a7 = moderate intensity impact; 8 = strong intensity impact; 9 = destructive intensity impact.

significant differences between the age groups, $F(6, 193) = 3.51, p = .003, \eta^2 = .098$. LSD post hoc tests indicated significant differences in the age groups of 46-50 and the other six age groups (see Table 4). For an economic downturn, 378 (60%) students rated their crisis, with significant differences, $F(6, 371) = 5.04, p = .000, \eta^2 = .075$. LSD post hoc tests in the age groups of 31-35, 36-40, 41-45, and 51 and older were significantly different than the under 25 age group and the age group 41-45 was also significantly different than the 26-30 age group (see Table 4). For a personal crisis, 344 (54%) students rated their experiences, with significant differences, $F(6, 337) = 2.58, p = .019, \eta^2 = .044$. LSD post hoc tests indicated significant differences between the age group of 46-50 and the under 25 age group for personal experiences (see Table 4).

Discussion

The purpose of this research was to explore differences between age groups for graduate counseling students' meaning in life and crisis experiences. Although there is limited research regarding counseling students' crisis experiences, the crisis intervention field is growing as more disasters seem to be witnessed first-hand or publicized through the media. Overall, the findings of this national study indicated group differences across age groups in regards to counseling students' meaning in life and crisis experiences.

We explored the intensity of students' crisis experiences across age groups. Average intensity ratings of students' crisis experiences were moderate to strong. For the age groups of 36 and older, average intensity ratings were strong to destructive, whereas ratings of 35 and younger were moderate to strong. Students' ratings of intensity were stronger when they rated two or less crisis experiences. Students 36 and older indicated the average intensity of their crisis experiences, two or less, were strong to destructive, while students 35 and younger indicated strong intensity of experiences. According to Thompson et al. (1993) and Myers and Wee (2005) middle aged survivors are more likely to be burdened with more familial responsibilities than younger survivors, possibly

Table 4

Graduate Counseling Students' 12 Crisis Experiences by Age Groups - Means and Standard Deviations (N = 633)

Age Groups	Act of Terrorism Human Induced			Death of a Significant Person Human Induced			Death of a Significant Person Natural Caused			Earthquake Natural Caused			Economic Downturn Human Induced			Flood Natural Caused		
	M ^a	SD	n	M ^a	SD	n	M ^a	SD	n	M ^a	SD	n	M ^a	SD	n	M ^a	SD	n
<25	1.70	.99	82	2.77	1.70	82	3.47	1.33	160	1.40	.97	67	2.83	1.21	109	1.40	.84	57
26-30	1.90	1.34	60	2.78	1.83	73	3.79	1.39	143	1.43	.74	56	3.01	1.28	108	1.75	1.45	48
31-35	1.82	1.28	28	2.76	1.75	33	3.37	1.17	59	1.31	1.01	26	3.43	1.10	49	1.84	1.25	25
36-40	1.92	1.24	12	2.88	2.09	16	3.41	1.35	29	1.17	.39	12	3.58	1.21	31	1.40	.97	10
41-45	1.87	1.25	15	3.07	1.49	14	4.03	1.19	37	1.60	.83	15	3.85	1.44	33	2.57	2.07	14
46-50	3.33	2.25	6	3.86	1.70	14	3.86	1.09	35	2.58	1.44	12	3.45	1.15	20	3.17	2.04	6
51 & >	1.86	1.22	7	3.35	2.03	17	4.25	1.44	36	1.50	.67	12	3.68	1.39	28	2.20	1.99	10
Total n			210			249			499			200			378			170

Age Groups	Hurricane Natural Caused			Levee Failure Human Induced			Oil Spill Human Induced			Personal (partner violence, child abuse and/or neglect, etc.) Human Induced			Shooting Human Induced			Wildfire Natural Caused		
	M ^a	SD	n	M ^a	SD	n	M ^a	SD	n	M ^a	SD	n	M ^a	SD	n	M ^a	SD	n
<25	2.05	1.49	64	1.49	1.28	49	1.42	.64	52	3.41	1.76	101	1.89	1.58	55	1.19	.64	48
26-30	2.42	1.81	60	1.63	1.45	43	1.39	.81	44	3.58	1.68	98	1.57	1.47	44	1.22	.56	45
31-35	2.34	1.60	32	1.65	1.27	23	1.83	1.52	24	3.61	1.78	49	1.45	1.14	22	1.05	.22	21
36-40	2.27	1.91	15	1.45	.82	11	1.60	1.27	10	4.38	1.60	26	1.25	.71	8	1.00	.00	8
41-45	2.87	2.10	15	2.64	2.38	11	1.40	.70	10	3.97	1.78	29	1.40	.84	10	1.30	.68	10
46-50	3.90	1.73	10	2.80	1.79	5	1.50	1.00	4	4.61	1.85	18	3.67	1.53	3	2.40	1.14	5
51 & >	3.00	1.95	11	2.33	2.06	9	2.40	1.78	10	4.26	1.79	23	1.71	1.89	7	1.71	1.50	7
Total n			208			151			154			344			149			144

Note. ^a 1 = no impact; 2 = minimal intensity impact; 3 = moderate intensity impact; 4 = strong intensity impact; 5 = destructive intensity impact; 6 = disastrous intensity impact; 7 = catastrophic intensity impact.

contributing to more intense ratings of the experiences. The results of our research revealed that students 36 and older had more intense crisis experiences.

Aligning with the current trend of moving from a sense of negative pathology toward a more positive post-trauma growth and resiliency perspective, we explored meaning in life. Counseling students' meaning in life was another factor that indicated

differences according to age groups. In the present study, students 41 and older had definite meaning in life compared to students 40 and younger. According to Frankl (1984) and Starck (1978), growth experiences caused by suffering from crisis experiences could explain the differences in older students' meaning in life in the present study. Meaning in life for younger students was indefinite, possibly because students were experiencing an existential vacuum due to the fast-paced society in which students were raised (Melton & Schulenberg, 2008; Frankl, 1986). As the 21st century continues to be fast-paced, younger students may be negatively impacted by a heightened awareness of conditions of global anxiety, economic crisis, joblessness, climate change, and pollution with an increase in addiction, depression, and aggression (Dreyfuss, 2011; Krasko, 2007; Van Pelt, 2010).

An additional unique finding of this research was counseling students' ratings of four specific crisis experiences. For the two human induced experiences, economic downturn and personal crises, students indicated their intensity as strong to destructive with minimal variability. In comparison, students rated the two naturally caused crises, death of a significant person/natural cause and earthquake, as moderate to destructive with more variability. According to McBride and Johnson (2005), the specific crisis of death of a significant person/natural cause is a common experience. Students who were older than 50, had intensity ratings of strong to destructive. Students 25 and younger and students in their early 30s had average intensity ratings of moderate to strong. According to Yalom (1980), an individual's struggle with finiteness, as related to the loss of a significant person could result in denial and a struggle with existential anxiety. In this study, students older than 50 may have had more intense experiences resulting in denial and anxiety than did younger students.

According to Halpern and Tramontin (2007) earthquakes can be one of the most destructive natural disasters and are the only natural disasters that regularly produce secondary disasters (i.e., floods, fires, collapsing buildings) as well as personal anxiety or terror due to the aftershocks. In contrast from the literature, in our study, students' ratings of intensity were overall lower for earthquakes than other types of disasters. While, only 32% of the students in this study experienced an earthquake, there were differences in students' indications of intensity to earthquakes. Students in their upper 40s' indicated a minimal to moderate intensity experience, in comparison to students younger than 46 and older than 50, where ratings ranged from no impact to minimal.

For the economic downturn, students older than 30 rated their average intensity as moderate to strong in comparison to students 25 and younger who rated their average intensity as minimal to moderate. Jayson (2009) stated that young adults have responded to the economic recession somewhat optimistically, while rethinking the concept of consumption, realizing they have more time for recovery. Taylor and Morin (2009) believed that loss of jobs, loss of retirement savings, loss of purchasing power, and/or loss of paid services impacted adults. Students in this study appear to align with both of these perspectives in which adults older than 30 are being impacted more intensely by the recession than adults 25 and younger.

Starting in 2000 (Tjaden & Thoennes), researchers, through literature, began to indicate that intimate partner violence, child abuse, and sexual abuse were becoming a national crisis and a significant public health concern in the United States with women reporting more intimate partner violence than men (Gratz, Paulson, Jakupcak, & Tull,

2009; Townsend, 2008). In this study, 86% of students were female. In regard to personal crisis experiences, students in their upper 40s revealed intensity ratings on average that ranged from strong to destructive. The 25 and younger group's intensity ratings were on average moderate to strong. A possible reflection from the literature seems to support that the findings indicate that students who are younger are able to report their experiences, thus defusing some of the intensity; whereas, older students might have been unable to report their personal crisis experience thus resulting in stronger intensity ratings compared to the younger students in this study.

Limitations

As with all research, this study has limitations. One limitation is that counseling students may have rated their crisis experiences on the *GCSCEQ* based on social desirability: Participants may have over- or understated intensity levels based on social norms that certain crisis experiences are expected to mirror. In addition, age was arbitrarily collected in divisions of five years, preventing the possibility of analysis with age as a continuous variable. Another limitation was that the online format of data collection required access to the Internet (Granello, 2007; Slavin, 1992). Also, the question regarding crisis experiences required students to rate a crisis experience that they actually survived. Students may have been confused and rated an experience they viewed through the media or a vicarious experience of helping or hearing recollections from survivors. Lastly, a limitation includes the possibility of Type I errors due to the number of ANOVAs that were conducted.

Implications

Mental health curricula are urgently needed to inform graduate counseling students about disasters and crises (Courtois & Gold, 2009). Counseling curricula should address crisis experiences from a developmental perspective inclusive of age, types of disasters, and crisis experiences (CACREP, 2009; Courtois & Gold, 2009). The results of this study corroborate the need for awareness of a developmental perspective.

Another implication from the present study with regards to younger graduate counseling students with indefinite meaning in life is that students would benefit from enhancing their preparation by studying logotherapy and spiritual issues (Estes, 1997; Kelly, 1994). According to the results of this study, younger graduate counseling students might benefit from more experience with existential theory study to raise awareness of the importance of meaning in life. In addition, students would benefit from recognizing the Association for Spiritual, Ethical, Religious Values in Counseling (ASERVIC) spiritual competencies (ASERVIC, 2009) that confirm spiritual issues such as meaning in life are important to counselors in assisting survivors as well as their own awareness.

Furthermore, graduate counseling students need to monitor their own trauma experiences and attend to self-care when providing crisis intervention (Dass-Brailsford, 2010; Dufrene & Dinkel, 2009). According to Dufrene and Dinkel (2009), emotions are extreme when responding to crisis situations and can result in countertransference or misinterpretation of events for crisis intervention workers with unresolved crisis experiences. Counseling students who may one day be crisis intervention workers need

to be knowledgeable of the impact that their own crisis experiences can have on their ability to counsel people in crisis.

Conclusions

Awareness of the pervasive damage that crises can have on people is growing. As we witness first hand and vicariously more natural and human induced crises publicized across the media, chances are increasing that students impacted by crisis experiences are in classrooms that prepare them to be future counselors. Graduate counseling students need to be self-aware of the impact that their own developmental experiences can have on their ability to help others in crisis situations. The literature reinforces the need for counselors who are more aware of the impact of crises and disasters. Future research exploring and identifying conditions that facilitate transcending a crisis experience would be beneficial. Although this study asked specifically about direct disaster and crisis experiences, more research is needed in the area of the impact of vicarious experiencing of disasters and crises, particularly as it relates to effective counseling.

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Appendix A

Graduate Counseling Student Crisis Experience Questionnaire (GCSCEQ)

Survey Section I: Demographic Information

1) Age

- under 25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-55
- 56-60
- 61-65
- 66-70
- 71+

2) Sex

- Female
- Male

3) Race/Ethnicity

- African American/Black
- Asian/Asian American
- European American/White
- Hispanic/Latino/a
- Middle Eastern
- Native American
- Pacific Islander
- Bi/Multiethnic
- Other

If you selected "Other", please specify your ethnicity

4) Current Student Status

- Master's level
- Post-master's level (not doctoral)
- Doctoral level

Survey Section II: Crisis Experience(s)

5) If you have personally experienced a major crisis or crises (not through media or vicariously), please rate the level of your experience(s) using the scale provided.

No impact Minimal Moderate Strong Destructive Disastrous
Catastrophic

6) If you personally experienced any of the following specific crises, please rate the level of your experience at the time of the crisis using the scale provided. Rate only the items you experienced. If you have **not** experienced a crisis listed in an item, skip to the next item. When considering each item, “personally experiencing a crisis” does not include viewing the crisis through media outlets, vicariously experiencing a crisis through helping, or hearing recollections from survivors of a crisis.

	No impact	Minimal	Moderate	Strong	Destructive	Disastrous	Catastrophic
Acts of Terrorism (Ex: 9/11, embassy attacks, Oklahoma City bombing)							
Death of a Significant Person at the hands of a human (Ex: suicide, homicide, crime victim)							
Death of a Significant Person by a natural cause or serious illness (Ex: terminal/ life-threatening illness, old age)							
Earthquake(s) (Ex: CA, American Samoa, HI)							
Economic Downturn (Ex: loss of job, loss of property, financial impact on decisions)							

Flood(s) (Ex: TN, AR, WV, SD)							
Hurricane(s) (Ex: Katrina, Rita, Gustav, Ike)							
Levee Failure (Ex: water damage, house flood, business flood)							
Oil Spill (Ex: Gulf Coast/BP, AK/Exxon Valdez, FL/Bouchard, TX/Megaborg)							
Personal (Ex: partner violence, child abuse and/or neglect)							
School/Work Shooting(s) (Ex: Columbine, VT, NIU, MN, OR, Tucson)							
Wildfire(s) (Ex: AZ, HI, CA)							

7) If you have personally experienced a crisis not listed, please describe.

8) Please rate the level of the crisis you described in the previous question.

No impact Minimal Moderate Strong Destructive Disastrous Catastrophic