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The well-being outcomes of career guidance

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The potential for career guidance to impact on well-being has received insufficient attention in the UK. There are both conceptual and empirical reasons to expect that the impacts may be positive, but a lack of evidence directly testing this proposition. Career guidance has commonalities with therapeutic counselling suggesting analogous effects, and it promotes positive engagement in work and learning, which may be associated with health benefits. There are implications for services in reconciling health and employment objectives. However, the promotion of well-being need not imply quasi-clinical ways of working. A call is made for more research and debate in the career guidance community as to the extent and implications of the potentially important relationship between career guidance and well-being.

Keywords: career guidance; career counselling; positive psychology; emotions

Introduction

Since the turn of the millennium there has been increasing interest in happiness and well-being. This is particularly evident in the work of positive psychologists (e.g. Diener & Seligman, 2004) and the economists and policy makers they have influenced (e.g. Halpern, 2010; Layard, 2005). In the UK, the health and well-being of the working age population has become a focus of concern for employment policy (e.g. Black, 2008) and in education there has been:

...an explosion of interest, policy debate, policy making, academic research and programme development around the concept of emotional well-being... (McLaughlin, 2008, p. 353)

In spite of these developments, the concept of well-being has been neglected by the UK guidance community, with rare exceptions, notably Kidd (2006, 2008) who focuses primarily on careers in organisations. There has been little attempt to systematically explore its implications. This article attempts to provide a foundation for such an exploration, and seeks to establish the topic as interesting, important and relevant to both career guidance practitioners and researchers.

A brief introduction to the concept of well-being is used to set the scene. This is followed by a discussion of the two main channels by which career guidance might lead to improvements in well-being. These are direct effects, comparable to those found in therapeutic counselling, and indirect effects via promotion of healthy

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participation in work, learning or alternative activities such as volunteering. This discussion includes an identification of potential conceptual links between career guidance and well-being, and an overview of a diverse empirical evidence base. Finally, some of the issues for practice are considered, with a view to making explicit assumptions that might underpin services adopting a health or well-being focus.

The concept of well-being

The meaning of the term well-being is a complex and contested area. For a full discussion of the issues of its definition and measurement, the reader is referred to Forgeard, Jayawickreme, Kern and Seligman (2011). Here we are primarily concerned with approaches to subjective well-being that are derived from positive psychology, a perspective that has been applied to careers in the American literature (e.g. Walsh, 2008). Three approaches can be identified in positive psychology. The first focuses on the experience of the emotion of happiness, often described as hedonia (e.g. Argyle, 2001; Kahneman, Diener, & Schwarz, 1999). The second recognises that sometimes expression of negative emotion is healthy, and that well-being has a cognitive as well as an affective dimension. This influential approach advocates the measurement of the balance of positive and negative affect, combined with measures of life satisfaction (e.g. Diener, 1984). A common feature of these approaches is the use of empirical research, and a claim that simple psychometrics designed to measure well-being can have robust technical properties. Finally, the third approach recognises that healthy functioning is not just a matter of individualistic experience of positive emotion. Engaging in meaningful activity, taking responsibility and the pursuit of personal growth go hand in hand with adopting productive roles in society. This elusive concept is labelled eudaimonia in contrast to the pleasure-focused concept of hedonia (e.g. Deci & Ryan, 2008; Ryff & Singer, 2008), and it has a clear resonance with the notion of career.

In any consideration of positive well-being it is difficult to avoid the converse notions of psychological distress or poor mental health. These experiences have been extensively researched, and positive psychology could be seen as a movement seeking to rebalance this dominant clinical focus. It is not necessarily the case that positive and negative experiences are opposites. Huppert and Whittington (2003) argue that well-being is at least partially independent of negative distress experiences. However, at the most broad brush level, positive well-being is associated with lower incidence of both mental and physical health conditions. It is possible to think of well-being as a continuum from positive to poor mental health in the population as a whole, whilst accepting that at a more detailed level of analysis it is possible to distinguish between the incidence of positive and negative experience, and between hedonia and eudaimonia. This is the kind of thinking advocated by Keyes (2002), and it is adopted here for two reasons: it allows us to consider a wide range of evidence without getting bogged down in narrow definitions; and because the positive career experiences are likely to involve eudaimonia (positive engagement) more often than hedonia (pleasure), so a narrow focus on happiness is undesirable.

Direct effects

This section explores the mechanisms by which the experience of participating in career guidance may have direct effects on the well-being of service users. To the

extent that career counselling resembles therapeutic counselling it may be reasonable to expect similar effects. The notion is not far-fetched. Several authors claim there is overlap between the concerns raised in career and therapeutic counselling (e.g. Herr, 1989; Lenz, Peterson, Reardon, & Saunders, 2010; Zunker, 2008); personal and health issues feature in both settings. This view is supported by surveys of the concerns clients report (e.g. Lucas, 1992; Niles, Anderson, & Cover, 2000). This is evidence of presenting problems, not of impact on well-being outcomes. Fortunately, there are accounts of case studies where career counselling interventions have positively resolved personal or psychological difficulties (e.g. Blustein, 1987; Imbibo, 1994; Lenz et al., 2010; Lucas, 1993; Super, 1993; Tolsma, 1993). This is not the most robust kind of evidence, as these are counsellors' own narrative accounts. However, what they lack in rigour, they partially make up for by being numerous and consistent in claiming positive effects.

The helping relationship in career guidance may be beneficial in itself, for the same reasons as it may be in therapeutic counselling. Receiving attention and emotional support, while sharing concerns in a safe and trusting environment, may be beneficial. If 'common factors' in the helping relationship are effective in counselling, they may transfer to a career guidance environment, although this area is under-researched (Bedi, 2004; Meara & Patton, 1994; Whiston, Lindeman, Rahardja, & Reed, 2005).

In the context of a supportive career guidance relationship, clients may be provided with emotional support and challenges to negative thinking that assist them in the management of distress. Unlike a therapeutic setting, managing emotions is not usually an agreed goal of the intervention, but emotional support is nonetheless a common element of the process. Hanisch (1999) draws a distinction between approaches that are problem focused as opposed to symptom focused. As career guidance is more likely to be the former than the latter, to the extent that career-related problems are the source of distress, then solving them may help to alleviate it. This does not mean that employment-related interventions cannot also directly address symptoms of distress. The clearest example of this is the use of cognitive-behavioural therapy (CBT) for personal development or condition management with unemployed adults. The evidence is mixed. Not all studies find CBT effective, and in particular there is a question mark about whether clinical efficacy translates into effectiveness in occupational settings (Rose & Harris, 2004). However, recent UK evidence is promising. Kellett et al. (2011) report a large study of a CBT-based group psycho-educational intervention for benefit claimants with health conditions. They found improvements across a range of psychological well-being measures for half the sample, which were maintained at follow up. Thus in career guidance or analogous employment support settings, well-being gains might be either a side effect of practical support or a consequence of managing emotions as a sub-goal of a helping process.

Powerlessness and lack of control are known to be associated with psychological distress. Career guidance seeks to empower clients to be proactive and believe in their ability to make things happen: it promotes a sense of agency. There are a range of psychological concepts dealing with the importance of agency (including learned helplessness, locus of control, and mastery). The most well developed of these approaches is Bandura's (1997, 2001) concept of self-efficacy. The evidence base for career interventions promoting self-efficacy is strong in terms of both quantity and quality (Betz, 2007; Gainor, 2006). Furthermore, self-efficacy is closely related to

well-being (Borgen & Betz, 2008; Borgen & Lindley, 2003; Schwarzer, 2008). Recent evidence suggests that belief in one's own employability can substantially limit the negative psychological effects of unemployment (Green, 2011). Recipients of career guidance often report their confidence has been boosted (e.g. Bimrose, Barnes, & Hughes, 2008; Joyce, Smith, Sullivan, & Bamba, 2010). Hughes and Gration (2009a) review the literature and conclude there is strong evidence that in-depth career guidance promotes confidence in job seeking. So competence beliefs are important determinants of well-being, and they are likely to be boosted by career-related interventions.

Career guidance may also encourage clients to be optimistic, set constructive external goals and focus on the future rather than ruminate on past or present problems. A bias towards future life planning is fundamental to career guidance. The counselling models typically adopted in career guidance settings in the UK are often goal and action oriented (e.g. Egan, 2010). Aside from any practical benefits resulting from goal achievement, the process of setting and pursuing goals is likely to be of intrinsic benefit. Optimism is a key characteristic of the mentally healthy, and the adoption of goals implies a willingness to entertain the possibility of positive outcomes. A more thorough rationale for this claim is provided by Lent and Brown (2008). Seeking to integrate positive and vocational psychology, they provide a social-cognitive model that identifies goals as a key factor influencing both job satisfaction (well-being in the work domain) and life satisfaction (global well-being).

Although largely future focused, where career guidance is retrospective, it seeks to encourage a positive reconstruction of the meaning of past experience. People often hold distorted interpretations of setbacks as failures (Cannon, 1997). With support, career and personal biography can be viewed as resource bank of skills, qualifications and experience; as assets to deploy to meet future challenges. Past events, even those with negative outcomes, can be redefined and become a source of learning. This process of reframing is a feature of many helping perspectives, but is particularly salient in narrative counselling, an approach that has been influential in recent thinking in career guidance (e.g. Reid, 2006). Hartung and Taber (2008) takes this rationale a stage further by claiming that a constructivist approach to career counselling promotes subjective well-being through supporting adjustment to developmental challenges and the implementation of a healthy social identity.

The construction of social identity is a core activity of careers work, because work and learning activities define vocational identity, an important component of social identity. Career guidance may encourage clients to redefine their vocational identity in a way that strengthens their self-esteem. There is good evidence that interventions can impact on vocational identity (Whiston & Rahardja, 2008), and this construct seems to have a strong inverse relationship to career anxiety (Holland, Daiger, & Power, 1980). It seems that a well-formed vocational identity may help to protect against distress. Career guidance may also move clients towards a wider social identity that avoids clashing with their value system. Osipow and Fitzgerald (1996) suggest career choice could be seen as a process of cognitive dissonance reduction.

Indirect effects

There is a vast literature linking unemployment with detriments to mental health, including some authoritative reviews (e.g. McKee-Ryan, Song, Wanbeg, & Kinicki,

2005; Paul & Moser, 2009). Even allowing for the possibility that poor health may increase the chances of unemployment, the weight of evidence makes it unambiguously clear that unemployment is a causal factor in poor mental health. Conversely, work tends on balance to promote mental health (Waddell & Burton, 2006), but only if it is good quality work. Unhealthy psycho-social environments and insecure or marginal work may offer negligible benefits or be harmful to health. This implies that to the extent that career guidance promotes good quality work, it seems likely it will tend to promote well-being.

There is an equivalent, but much smaller literature relating to participation in learning. This explores well-being outcomes alongside social outcomes, as one of a number of possible wider benefits resulting from engagement in learning. In general, health and well-being improve with more years spent in education (Centre for Research into the Wider Benefits of Learning, 2006; Hammond, 2004; Ross & Mirowsky, 1999), a relationship that reflects patterns of social inequality (Wilkinson & Pickett, 2010). It must be acknowledged that education may have some disbenefits, and the evidence in relation to some sectors is weak (further education), equivocal (higher education) or suggestive of only transient benefits (vocational training). However, Field (2009a, b) reviews the literature and suggests that on balance it indicates a positive effect of learning on well-being, particularly for the most disadvantaged groups in adult and community education. Similarly, studies of volunteering also point to positive health effects of participation (Casiday, Kinsman, Fisher, & Bambra, 2008; Corporation for National and Community Service, 2007), although the evidence base is somewhat weighted towards older or retired volunteers.

Work and learning often involve absorbing activities that give opportunities for use of skills, and a sense of control. Benefits may be enhanced to the extent that the activities are personally meaningful and well matched to individual interests, values and abilities. Csikszentmihalyi (2002) uses the concept of 'flow' to describe the healthy state of absorption in activity. Task engagement may also help to block negative thinking. Silva (2006) makes a persuasive case that interest is a transient emotional state associated with positive well-being, which over time can become a personality characteristic. This is a foundation for enduring eudaimonic well-being. Having vocational interests that are congruent with the work environment is associated with higher job satisfaction, although the relationship is not as strong as might be expected (Arnold, 2004; Furnham, 2001). Job satisfaction is related to health (Faragher, Cass, & Cooper, 2005) and to global life satisfaction (Erdogan, Bauer, Truxillo, & Mansfield, 2012). There is also some evidence that happiness may be a cause of career success rather than vice versa (Boehm & Lyubomirsky, 2008; Lyubomirsky, King, & Diener, 2005).

In addition to tasks and activities, there may be social benefits too. As career guidance aims to promote participation in work and learning, this means that clients may gain opportunities to belong to a social group, to forge friendships and avoid loneliness. This may enable them to build both the quality and quantity of their social ties, to make useful contacts that may support them in facing future career or personal challenges. This should promote mental well-being. A systematic review from De Silva, McKenzie, Harpham and Huttly (2005) concluded that there appears to be a negative association between an individual's social capital and their level of mental health symptoms.

The extrinsic benefits of participation must also be considered. Lack of money can have a corrosive effect on well-being. Financial pressures and debts lead to

anxiety, aggravated by housing insecurity. Lack of income makes it difficult to sustain relationships, give gifts or participate in social events, particularly for those cast in a breadwinner role. Lack of money undermines a sense of agency and leaves people feeling powerless (Fryer, 1992; Price, Friedland, & Vinokur, 1998). Career guidance may help to ameliorate these effects via provision of advice and support to students in relations to grants, awards or loans; and to the unemployed via welfare benefit advice. More importantly, career guidance may also support people to secure a sustainable income via promoting access to paid employment, or support with career advancement.

It seems that a strong case can be made that health and well-being are influenced by career experiences, and participation in good quality work, learning and other productive social roles tends to have positive effects. These benefits may be greater if the activities are well chosen, and lead to long-term career security, rather than short-term marginal employment. This is not intervention evidence; none of these observations constitutes evidence that career guidance impacts on well-being. But it is a small step of logic to suggest that any intervention which enables people to overcome social exclusion and access appropriate career roles may tend to have positive impacts on health. Clients may gain well-being benefits indirectly as a result of career guidance promoting engagement in work or learning. Participation in these opportunities may provide access to psycho-social benefits (Warr, 2007).

Research that considers the well-being outcomes of interventions to promote employment is hard to find. The work of the University of Michigan Prevention Research Center stands out. Price, Vinokur and Friedland (2002) provide an overview of two major research projects adopting randomised control designs, which explored the well-being outcomes of group-based job search training intervention to support unemployed adults. There have been successful international replications of this approach, notably in Finland (Vuori, Silvonon, Vinokur, & Price, 2002). They claim positive effects on both well-being and employment outcomes, while accepting that local labour market conditions are an important limiting factor. Reviews of the literature regarding the effects of active labour market interventions such as these on health and well-being are more cautious in their conclusions, pointing to the scant evidence base (Audhoe, Hoving, Sluiter, & Frings-Dresen, 2010; Coutts, 2010). There are similar, but isolated, examples of much smaller studies demonstrating positive mental health effects of career education interventions for school pupils or college students (Koivisto, Vuori, & Nyokyri, 2007; Peng, 2005; Vuori, Koivista, Mutanen, Jokisaari, & Salmela-Aro, 2008).

Issues for practice

From the preceding discussion it seems possible to postulate a number of causal mechanisms. Career guidance may directly benefit well-being via provision of a helping relationship, emotional support, building confidence or competence beliefs, promoting optimism via identifying future goals, and defining vocational identity. Indirect benefits may arise through promoting participation in employment or alternative activities that provide access to absorbing work with the opportunity to use skills and exercise control, social group membership, and income to address financial anxiety. Although scarce, the available research does imply that it is reasonable to expect that positive effects may be found, and further study is worthwhile. The evidence is still too limited to sustain firm conclusions or to act as a

basis of prescriptions for practice. As a result the following discussion is speculative, and goes some way beyond the evidence base. It seeks to make explicit some of the assumptions that might underpin practice in career-related services seeking to incorporate a health focus. These ideas may help to outline some of the issues and options for service delivery.

The goals of career services typically focus on promoting employment, lifelong learning or social equity. The outcomes that are used as measures in performance management and evaluation are, if anything, even more important than the stated goals, as this is how the work of a service is judged. Employment goals have dominated this arena, and the funding of employment support agencies is often linked to placement and retention in work. Well-being has tended to be absent or at best an implicit goal. This need not be the case. Zunker (2008) advocates a dual role for career counselling. As soon as services have dual health and employment objectives, their prioritisation needs to be addressed. If work is the prime objective then gains in relation to health are secondary – a desirable side effect, or perhaps a necessary problem to manage or overcome on the road to a job. A therapeutically oriented service might adopt the reverse rationale: work could be seen as desirable side effect of getting better, or as a step in the recovery process. Multiple objectives need to be reconciled.

Multiple objectives may also need to be sequenced, particularly where health needs are substantive. A distinction has been drawn between ‘work first’ and ‘human capital development’ initiatives to support unemployed adult job seekers from welfare into work. The former promote early placement into open employment; the latter focus on skills acquisition prior to job seeking. Work first approaches have tended to dominate (Lindsay, Mcquaid, & Dutton, 2007). Bambra (2011) suggests an alternative for those who are workless for reasons of sickness: a ‘health first’ approach, where health conditions among benefit claimants need to be managed before re-entering work. Thus services face choices as to what comes first: work, learning, health, or pursuing these goals in parallel. Brown (1985) seems to be the only career counselling source raising the issue of sequencing health and vocational support. With the proviso that careful assessment is needed, he advocates that where the relationship with work is a key source of distress, then early career counselling is appropriate even where emotional problems are severe.

Historically, career guidance services have been located in employment- or education-focused settings. Another perspective is introduced by considering health services as a potential location for career guidance; indeed some vocational rehabilitation services are located in clinical settings by choice (e.g. Bond et al., 2001; Sainsbury et al., 2008). If a work-focused service can have a health setting, then logically a health-promoting service can have an employment or educational setting. It does not follow that services require a quasi-clinical culture in order to deliver health benefits; on the contrary, the mainstream feel of the environment may be a beneficial ingredient (e.g. Perkins, Repper, Rinaldi, & Brown, 2012).

The career counselling literature points to the commonalities between career and therapeutic counselling, often advocating a fluid boundary between these activities (e.g. Richardson, 1996; Westergaard, 2012). In the UK attempts to define career guidance as a counselling activity have met with some resistance from policy makers (Jayasinghe, 2001); career guidance and therapy remain distinct. This need not be an obstacle; adopting individual psychotherapy as a model for practice is not the only way to promote well-being. Counselling is only one of the activities of career

guidance (Standing Conference of Associations for Guidance in Educational Settings [SCAGES], 1993); other more prosaic activities should not be ignored. A variety of mechanisms of impact may be at work, and there is reason to believe that even jobseeker support programmes with no counselling component may have a positive effect. Concerns about professional boundaries and staff competence arising from the integration of career and therapeutic counselling (e.g. Niles & Pate, 1989) are less salient if well-being is supported without adopting an explicitly curative role.

A key question here is whether a service should be seeking to promote positive health (salutogenic), or to remedy illness and distress. While the two are not necessarily mutually exclusive, the distinction is useful and can be found in the mental health (Provencher & Keyes, 2011) and even in the career counselling literature (Super, 1993). For career guidance services a salutogenic approach has much to commend it. It does not require a clinical style of delivery, which may be inappropriate in occupational settings. It is consistent with an asset- rather than a deficit-based approach. It may be appropriate to the whole population, not just to a clinical target group. This is a crucial point: the promotion of positive well-being may be viable in mainstream service settings, not just specialist rehabilitation agencies. It is possible for a career guidance service to be concerned with health promotion without necessarily casting itself in a therapeutic role for a special population.

A final note of caution is required. The career guidance evaluation literature rarely acknowledges the possibility of harm resulting from interventions, which at best is mentioned only in passing (e.g. Oliver, 1979). The more general notion of perverse consequences of interventions is accepted by Hughes and Gration (2009b). The tendency is to assume benign ineffectiveness, where positive impacts are not detected. Any claims to health impacts should take the possibility of iatrogenic effects seriously. The most obvious risk is through the harmful consequences of raising career expectations that cannot be fulfilled. Considerable caution is needed before making claims for career guidance services that cannot be sustained by research evidence. Impact evaluation evidence is needed to assess these risks.

Conclusions

It is possible to propose a number of plausible causal mechanisms through which career guidance interventions might have a direct impact on well-being comparable to therapeutic counselling, or an indirect impact, via promoting participation in healthy work and learning. Although there is a lack of unambiguous evidence demonstrating well-being outcomes of career guidance, there is a sound rationale, and enough evidence to suggest that it is reasonable to expect these impacts might be positive. There remains a pressing need for research to directly evaluate the well-being outcomes of career guidance with a view to informing our understanding of the ways in which practice can contribute to the promotion of health and well-being.

This article has made explicit a number of fundamental considerations facing a 'health aware' career guidance service. In the case of a service working with those with substantive health conditions, there are issues to address in terms of how to reconcile and combine dual health and employment objectives. However, it is not just specialist rehabilitation services that could adopt health objectives. The promotion of positive well-being in the clients of career guidance services need not require a quasi-clinical approach. It may be relevant to the needs of mainstream service users in educational and occupational settings.

Although the evidence base is at an early stage of development, it is clear that the career guidance community needs to consider the potential well-being effects of its services. It is time to call for practitioners and researchers to discuss the appropriate extent and nature of the profession's involvement in the promotion of health and well-being.

Notes on contributor

Peter Robertson trained as a career adviser at Bristol Polytechnic, before working in Hertfordshire and North London, specialising in supporting young people with disabilities. He became a training manager after studying occupational psychology at the University of East London. A chartered psychologist, he currently leads the career guidance programmes at Edinburgh Napier University.

References

- Argyle, M. (2001). *The psychology of happiness* (2nd ed.). New York: Routledge.
- Arnold, J. (2004). The congruence problem in John Holland's theory of vocational decisions. *Journal of Occupational and Organisational Psychology*, 77, 95–113.
- Audhoe, S. S., Hoving, J. L., Sluiter, J. K., & Frings-Dresen, M. H. W. (2010). Vocational interventions for unemployed: Effects on work participation and mental distress: A systematic review. *Journal of Occupational Rehabilitation*, 20, 1–13.
- Bambra, C. (2011). *Work, worklessness and the political economy of health*. Oxford: Oxford University Press.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: Freeman.
- Bandura, A. (2001). Social cognitive theory: An agentic perspective. *Annual Review of Psychology*, 52, 1–26.
- Bedi, R. B. (2004). The therapeutic alliance and the interface of career counselling and personal counselling. *Journal of Employment Counselling*, 41, 126–135.
- Betz, N. E. (2007). Career self-efficacy: Exemplary recent research and emerging directions. *Journal of Career Assessment*, 15, 403–422.
- Bimrose, J., Barnes, S. A., & Hughes, D. (2008). *Adult career progression and advancement: A five year study of the effectiveness of guidance*. Coventry: Warwick Institute for Employment Research/Department for Innovation, Universities and Skills.
- Black, C. (2008). *Working for a healthier tomorrow: Dame Carol Black's review of the health of Britain's working age population*. London: TSO.
- Blustein, D. L. (1987). Integrating career counselling and psychotherapy: A comprehensive treatment strategy. *Psychotherapy, Research, Practice, Training*, 24, 794–799.
- Boehm, J. K., & Lyubomirsky, S. (2008). Does happiness promote career success? *Journal of Career Assessment*, 16, 101–116.
- Bond, G., Becker, D., Drake, R., Rapp, C., Meisler, N., Lehman, A., Bell, M., & Blyer, C. (2001). Implementing supported employment as an evidence based practice. *Psychiatric Services*, 52, 313–322.
- Borgen, F. H., & Betz, N. E. (2008). Career self-efficacy and personality: Linking career confidence and the healthy personality. *Journal of Career Assessment*, 16, 22–43.
- Borgen, F. H., & Lindley, L. D. (2003). Individuality and optimal human functioning: Interests, self-efficacy, and personality. In W. B. Walsh (Ed.), *Counselling psychology and optimal human functioning* (pp. 55–92). Mahwah, NJ: Lawrence Erlbaum.
- Brown, D. (1985). Career counseling: Before, during, after, or instead of personal counseling? *Vocational Guidance Quarterly*, 33, 197–201.
- Cannon, D. (1997). New career, old problem: Learning from 'things gone wrong'. *British Journal of Guidance & Counselling*, 24(4), 491–505.
- Casiday, R., Kinsman, E., Fisher, C., & Bambra, C. (2008). *Volunteering and health: What impact does it really have?* Report to Volunteering England. Retrieved from <http://www.ncvo-vol.org.uk>.

- Centre for Research into the Wider Benefits of Learning. (2006). *The wider benefits of earning: A synthesis of findings from the Centre for Research on the Wider Benefits of Learning 1999–2006*. London: Department for Education & Skills, DfES Research Brief RCB05-06.
- Corporation for National and Community Service. (2007). *The health benefits of volunteering: A review of recent research*. Washington, DC: CNCS.
- Coutts, A. P. (2010). *Active labour market programmes (ALMPs) and health: An evidence base*. Review prepared for the strategic review of health inequalities in England post 2010 (Marmot review). London: University College London Institute of Health Equity. Retrieved from <http://www.instituteofhealthequity.org/Content/FileManager/pdf/economic-active-labour-market-full-report.pdf>.
- Csikszentmihalyi, M. (2002). *Flow*. London: Rider.
- Deci, E. L., & Ryan, R. M. (2008). Hedonia, eudaimonia, and well-being: An introduction. *Journal of Happiness Studies*, 9, 1–11.
- De Silva, M. J., McKenzie, K., Harpham, T., & Huttly, S. R. A. (2005). Social capital and mental illness: A systematic review. *Journal of Epidemiology and Community Health*, 59, 619–627.
- Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, 95, 542–575.
- Diener, E., & Seligman, M. E. P. (2004). Beyond money: Toward an economy of well-being. *Psychological Science in the Public Interest*, 5, 1–31.
- Egan, G. (2010). *The skilled helper: A problem management and opportunity development approach to helping* (9th ed.). Belmont, CA: Brooks Cole.
- Erdogan, B., Bauer, T. N., Truxillo, D. M., & Mansfield, L. R. (2012). Whistle while you work: A review of the life satisfaction literature. *Journal of Management*, 38, 1038–1083.
- Faragher, E. B., Cass, M., & Cooper, C. L. (2005). The relationship between job satisfaction and health: A meta-analysis. *Occupational and Environmental Medicine*, 62, 105–112.
- Field, J. (2009a). Good for your soul? Adult learning and mental well-being. *International Journal of Lifelong Education*, 28, 175–191.
- Field, J. (2009b). *Well-being and happiness*. Inquiry into the future of lifelong learning. ILF Thematic paper no. 4. Leicester: National Institute of Adult and Continuing Education.
- Forgeard, M. J. C., Jayawickreme, E., Kern, M., & Seligman, M. E. P. (2011). Doing the right thing: Measuring wellbeing for public policy. *International Journal of Wellbeing*, 1, 79–106.
- Fryer, D. (1992). Psychological or material deprivation: Why does unemployment have mental health consequences? In E. McLaughlin (Ed.), *Understanding unemployment: New perspectives on active labour market policies* (pp. 103–120). London: Routledge.
- Furnham, A. (2001). Vocational preference and P-O fit: Reflections on Holland's theory of vocational choice. *Applied Psychology*, 50, 5–29.
- Gainor, K. A. (2006). Twenty-five years of self-efficacy in career assessment and practice. *Journal of Career Assessment*, 14, 161–178.
- Green, F. (2011). Unpacking the misery multiplier: How unemployment modifies the impacts of unemployment and job insecurity on life satisfaction and mental health. *Journal of Health Economics*, 30, 265–276.
- Halpern, D. (2010). *The hidden wealth of nations*. Cambridge: Polity Press.
- Hammond, C. (2004). The impacts of learning on well-being, mental health and effective coping. In T. Schuller, J. Preston, C. Hammond, & A. Brassett-Grundy (Eds.), *The benefits of learning: The impact of education on health, family life and social capital* (pp. 37–56). London: RoutledgeFalmer.
- Hanisch, K. A. (1999). Job loss and unemployment research from 1994 to 1998: A review and recommendations for research and intervention. *Journal of Vocational Behaviour*, 55, 188–220.
- Hartung, P. J., & Taber, B. J. (2008). Career construction and subjective well-being. *Journal of Career Assessment*, 16, 75–85.
- Herr, E. L. (1989). Career development and mental health. *Journal of Career Development*, 16, 5–18.
- Holland, J. L., Daiger, D. C., & Power, P. G. (1980). Some diagnostic scales for research in decision making and personality: Identity, information and barriers. *Journal of Personality and Social Psychology*, 39, 1191–1200.
- Hughes, D. M. & Gratton, G. (2009a). *Literature review of research on the impact of careers and guidance-related interventions*. CfBT Education Trust/DMH Associates. Retrieved from

- http://www.cfbt.com/evidenceforeducation/our_research/evidence_for_youth/advice_and_guidance/careers_and_guidance.aspx.
- Hughes, D. M. & Gration, G. (2009b). *Evidence and impact: Careers and guidance-related interventions*. CfBT Education Trust/DMH Associates. Retrieved from: [http://www.eep.ac.uk/DNN2/Portals/0/IAG/E&I\(Synthesis\)_FINAL\(W\).pdf](http://www.eep.ac.uk/DNN2/Portals/0/IAG/E&I(Synthesis)_FINAL(W).pdf).
- Huppert, F. A., & Whittington, J. E. (2003). Evidence for the independence of positive and negative well-being: Implications for quality of life assessment. *British Journal of Health Psychology*, 8, 107–122.
- Imbibo, P. (1994). Integrating personal and career counselling: A challenge for counsellors. *Journal of Employment Counselling*, 31, 50–59.
- Jayasinghe, M. (2001). *Counselling in career guidance*. Buckingham: Open University Press.
- Joyce, K. E., Smith, K. E., Sullivan, C., & Bamba, C. (2010). 'Most of industry's shutting down up here...': Employability initiatives to tackle worklessness in areas of low labour market demand. *Social Policy and Society*, 9, 337–353.
- Kahneman, D., Diener, E., & Schwarz, N. (1999). Preface. In D. Kahneman, E. Diener, & N. Schwarz (Eds.), *Well being: The foundations of hedonic psychology* (pp. ix–xii). New York: Russell Sage Foundation.
- Kellett, S., Bickerstaffe, D., Purdie, F., Dyke, A., Filer, S., Lomax, V., & Tomlinson, H. (2011). The clinical and occupational effectiveness of condition management programmes for Incapacity Benefit recipients. *British Journal of Clinical Psychology*, 50, 164–177.
- Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43, 207–222.
- Kidd, J. M. (2006). Exploring career well-being in two cultures: The John Killeen memorial lecture. *Career Research and Development: The NICEC Journal*, October, 5–9.
- Kidd, J. M. (2008). *Mental capital and well-being. Making the most of ourselves in the 21st century. State of science review SR-C10: Careers at work*. Contribution to the Foresight Mental Capital and Wellbeing Project. London: Government Office for Science.
- Koivisto, P., Vuori, J., & Nyokyri, E. (2007). Effects of the school-to-work group method among young people. *Journal of Vocational Behaviour*, 70, 277–296.
- Layard, R. (2005). *Happiness: Lessons from a new science*. London: Penguin.
- Lent, R. W., & Brown, S. D. (2008). Social cognitive career theory and subjective well-being in the context of work. *Journal of Career Assessment*, 16, 6–21.
- Lenz, J. G., Peterson, G. W., Reardon, R. C., & Saunders, D. E. (2010). *Connecting career and mental health counselling: Integrating theory and practice*. Retrieved from http://www.counselingoutfitters.com/vistas/vistas10/Article_01.pdf.
- Lindsay, C., McQuaid, R. W., & Dutton, M. (2007). New approaches to employability in the UK: Combining 'human capital development and 'work first' strategies. *Journal of Social Policy*, 36, 539–560.
- Lucas, M. S. (1992). Problems expressed by career and non-career help seekers: A comparison. *Journal of Counselling and Development*, 70, 417–420.
- Lucas, M. S. (1993). Personal aspects of career counselling: Three examples. *The Career Development Quarterly*, 42, 161–166.
- Lyubomirsky, S., King, L., & Diener, E. (2005). The benefits of frequent positive affect: Does happiness lead to success? *Psychological Bulletin*, 131, 803–855.
- McKee-Ryan, F. M., Song, Z., Wanbeg, C. R., & Kinicki, A. J. (2005). Psychological and physical well being during unemployment: A meta-analytic study. *Journal of Applied Psychology*, 90, 53–76.
- McLaughlin, C. (2008). Emotional well-being and its relationship to schools and classrooms: A critical reflection. *British Journal of Guidance & Counselling*, 36, 353–366.
- Meara, N. M., & Patton, M. L. (1994). Contributions of the working alliance in the practice of career counselling. *The Career Development Quarterly*, 43, 161–177.
- Niles, S. G., Anderson, W. P., & Cover, S. (2000). Comparing intake concerns and goals with career counseling concerns. *The Career Development Quarterly*, 49, 135–145.
- Niles, S. G., & Pate, R. N. (1989). Competency and training issues related to the integration of career counselling and mental health counselling. *Journal of Career Development*, 16, 63–72.
- Oliver, L. W. (1979). Outcome measurement in career counselling research. *Journal of Counselling Psychology*, 6, 217–226.

- Osipow, S. H., & Fitzgerald, L. F. (1996). *Theories of career development* (4th ed.). Boston, MA: Allyn & Bacon.
- Paul, K. I., & Moser, K. (2009). Unemployment impairs mental health: Meta-analyses. *Journal of Vocational Behaviour*, 74, 264–282.
- Peng, H. (2005). Reduction in state anxiety scores of freshman through a course in career decision. *International Journal for Educational and Vocational Guidance*, 5, 293–302.
- Perkins, R., Repper, J., Rinaldi, M., & Brown, H. (2012). *Recovery colleges*. Briefing paper 1: Implementing recovery through organisational change series. London: Centre for Mental Health.
- Price, R. H., Friedland, D. S., & Vinokur, A. D. (1998). Job loss: Hard times and eroded identity. In J. Harvey (Ed.), *Perspectives on loss: A source book* (pp. 303–316). Philadelphia, PA: Taylor & Francis.
- Price, R. H., Vinokur, A. D., & Friedland, D. S. (2002). The job seeker role as resource in achieving reemployment and enhancing mental health new directions. In A. Maney & J. Ramos (Eds.), *Socioeconomic conditions, stress and mental health disorders: Toward a new synthesis of research and public policy*. Washington, DC: NIMH. Retrieved from <http://www.isr.umich.edu/src/seh/mprc/PDFs/The%20Job%20Seeker%20Role%20as%20Resource.pdf>.
- Provencher, H. L., & Keyes, C. L. M. (2011). Complete mental health recovery: Bridging mental illness with positive mental health. *Journal of Public Mental Health*, 10, 57–69.
- Reid, H. (2006). Usefulness and truthfulness: Outlining the limitations and upholding the benefits of constructivist approaches for career counselling. In M. McMahon & W. Patton (Eds.), *Career counselling: Constructivist approaches* (pp. 30–41). London: Routledge.
- Richardson, M. S. (1996). From career counselling to counselling/psychotherapy for work, jobs and career. In M. L. Savickas & B. W. Walsh (Eds.), *Career counselling theory and practice* (pp. 347–360). Palo Alto, CA: Davies-Black.
- Rose, V., & Harris, E. (2004). From efficacy to effectiveness: Case studies in unemployment research. *Journal of Public Health*, 26, 297–302.
- Ross, C. E., & Mirowsky, J. (1999). Refining the association between education and health: The effects of quantity, credential and selectivity. *Demography*, 36, 445–460.
- Ryff, C. D., & Singer, B. H. (2008). Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of Happiness Studies*, 9, 13–39.
- Sainsbury, R., Nice, K., Nevill, C., Wood, M., Dixon, J., & Mitchell, M. (2008). *The Pathways Advisory Service: Placing employment advisers in GP surgeries*. Research summary. London: Department for Work and Pensions.
- Schwarzer, R. (2008). Modeling health behavior change: How to predict and modify the adoption and maintenance of health behaviors. *Applied Psychology: An International Review*, 57, 1–29.
- Silva, P. J. (2006). *Exploring the psychology of interest*. Oxford: Oxford University Press.
- Standing Conference of Associations for Guidance in Educational Settings (SCAGES). (1993). Statement of principles and definitions. In C. Ball (Ed.), *Guidance matters: Developing a national strategy for guidance in learning and work* (pp. 24–30). London: RSA.
- Super, D. E. (1993). The two faces of counselling: Or is it three? *The Career Development Quarterly*, 42, 132–136.
- Tolsma, R. (1993). ‘Career or noncareer?’ That is the issue: Case examples. *The Career Development Quarterly*, 42, 167–173.
- Vuori, J., Koivista, P., Mutanen, P., Jokisaari, M., & Salmela-Aro, K. (2008). Towards working life: Effects of an intervention on mental health and transition to post-basic education. *Journal of Vocational Behavior*, 72, 67–80.
- Vuori, J., Silvonen, J., Vinokur, A. D., & Price, R. H. (2002). The Työhön job search program in Finland: Benefits for the unemployed with risk of depression or discouragement. *Journal of Occupational Health Psychology*, 7, 5–19.
- Waddell, G., & Burton, A. K. (2006). *Is work good for your health and well-being?* London: Department for Work and Pensions.
- Walsh, W. B. (2008). Introduction: Special issue on career theory, assessment and subjective well-being. *Journal of Career Assessment*, 16, 3–5.
- Warr, P. B. (2007). *Work, happiness and unhappiness*. Mahwah, NJ: Erlbaum.
- Westergaard, J. (2012). Career guidance and therapeutic counselling: Sharing ‘what works’ in practice with young people. *British Journal of Guidance and Counselling*, 40, 327–339.

- Whiston, S. C., Lindeman, D., Rahardja, D., & Reed, J. H. (2005). Career counselling process: A qualitative analysis of experts' cases. *Journal of Career Assessment*, 13, 169–187.
- Whiston, S. C., & Rahardja, D. (2008). Vocational counselling process and outcome. In S. D. Brown & R. W. Lent (Eds.), *Handbook of counselling psychology* (pp. 444–461). Hoboken, NJ: John Wiley.
- Wilkinson, R., & Pickett, K. (2010). *The spirit level: Why equality is better for everyone* (2nd ed.). London: Penguin.
- Zunker, V. (2008). *Career, work and mental health: Integrating career and personal counseling*. London: Sage.