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Enhancing Self-Esteem of Sixth Grade Girls: A Group Counseling Approach

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Acknowledgements

Well, here it is…the final piece. I can hardly believe that my journey has come to an end. There were so many times that I questioned whether I'd ever be done, but I made it! I want to take the opportunity to thank all of you who supported me through these years. I have achieved my goal and I am truly grateful for everyone who has helped me along the way.

I need to say a special thank you to my good friends Jess, Lindsay and Robin. You girls have been my biggest cheerleaders throughout this program. Through our years as roommates to our friendship today, I always knew I could lean on you. To my best friend, Jeff, without your love and support I don't know where I would be today. Thank you for boosting my confidence during the rough times and listening when I needed to vent. I am so proud of both of us for all we have accomplished. Thank you to my parents and family for believing in me and supporting all of my decisions. I also need to send my warmest appreciation to those professors in the Counselor Education program. I feel fortunate to have met and learned from all of you. Your dedication to the field and to the students is incredible. I especially want to thank Leslie for your kind words, encouragement, and helping me to believe in myself. My experience in group will stay with me forever and for that I am truly grateful. To those of you at Johanna Perrin , especially Paul, Marykaren, and Betsy I want to thank you for the opportunity to have learned from you. You are all amazing counselors and work so hard. I want to acknowledge your dedication to your students, because as I remember you they will too. I am fortunate to have worked in such a welcoming and caring environment over the past year and will cherish these memories as I venture out into the field. Thank you.

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Abstract

In a time where adolescent females are under internal and external scrutiny, this writer created and implemented a school-based program for middle school age girls. The program was designed to address and enhance the self-esteem among adolescent females. The curriculum focused on building self-esteem through establishing an acceptable body image, developing a positive self-concept, and forming healthy peer relationships. A review of the literature regarding the definition and societal impact on self-esteem among adolescent females was studied and incorporated into the characteristics of this program. An evaluation of this 10-week, 12 member psycho educational group was performed using the testing instrument known as the Piers-Harris Children's Self-Concept Scale. The assessment tool was given as a pretest and posttest to evaluate the overall level of self-concept, as well as specific domains such as physical appearance, intellectual status, happiness and satisfaction, behavioral adjustment, anxiety, and popularity. The results of this assessment indicated that the ten week psycho educational group had a positive influence on student's self-esteem.

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Literature Review

Adolescence, and certainly early adolescence, is a period of multiple, rapid, and profound changes and transitions (LeCroy, 2004). Over the past decade LeCroy (2004) suggested that there has been a growing concern among researchers, clinicians, and policy makers about the overall health status and well-being of adolescents.

Adolescents are coming of age in a more dangerous, sexualized, and media-saturated culture (LeCroy, 2004). Compared to prior adolescent generations, today's youth seem to encounter far greater health risks and participate in more unhealthy behaviors than those of the past (Takanishi, 1993). The significant difference between today's youth and those from earlier generations is the fact that today's youth are exposed to unhealthy behaviors at a much earlier age (LeCroy & Daley, 2001).

Adolescents are frequently faced with stressors that cause emotional, behavioral, and academic difficulties. Today's youth encounter incredible internal and external pressures such as violence, gang related crime, death, parental divorce, remarriage, child abuse, suicide, and developmental and educational transitions (Kendall, 1998). As a result of these personal and societal stressors, some adolescents engage in substance abuse and unhealthy sexual behaviors, while others may suffer from mental illness and an overall low appraisal of self-esteem.

For example, many youth begin experimenting with substances such as drugs, alcohol, and nicotine before they enter high school (Gans & Blyth, 1990). According to Pipher (1995), alcohol is the drug of choice of most teens because it is cheap, powerful, and easily attainable. LeCroy (2004) suggested that substance use patterns typically

originate during adolescence. Research has also suggested that chemical use can be extremely appealing to adolescents, especially females. Pipher (1995) stated that girls tend to use chemicals to escape from feelings of depression, anxiety, and confusion that accompany the period of adolescence. The experimentation and continued use of substances tend to have a negative affect on adolescent academic performance, peer and parent relations, and overall perception of self-esteem (Dryfoos, 1998).

LeCroy (2004) reported that exploration of sexuality also begins in early adolescence. At this developmental stage, adolescents experience hormonal changes and begin to identify as sexual beings (LeCroy, 2004). As a result of these hormonal shifts, adolescents face mood swings, emotional instability, and feelings of confusion (LeCroy & Daley, 2001). Pipher (1995) indicated that during this period of time adolescents have numerous questions and many misconceptions about sex. For example, research conducted by Pipher (1995) noted that some adolescent females believed they could not get pregnant if it was their first time engaging in sexual intercourse. Further research by Pipher (1995) indicated that some females believed that the withdrawal method was an adequate form of birth control and that oral sex posed little health risks.

Pipher (1995) also contended that adults and especially parents of adolescents have a difficult time talking openly about sex with their teenagers. Therefore, Pipher (1995) posed questions such as, Where are our adolescents receiving sex education and Are adolescents hearing a healthy message about sexuality? According to Pipher (1995), research has indicated that most adolescents obtain sexual information through their peers and the media. LeCroy and Daley (2001) also indicated that the primary source of sex education for adolescents was acquired through other peers.

Pipher (1995) suggested that girls are taught two kinds of sex education; one within the classroom walls and one among their peers in the school hallways. Classroom education tends to focus on biological functions, whereas school hallways pressure girls to lose their virginity and become sexual objects (Pipher, 1995). An article in the Washington Post (1999) found that students as young as eleven and twelve years old had engaged in oral sex. This article also revealed that middle school students have adopted a casual attitude about oral sex because there is no risk of pregnancy. According to this article, students have engaged in oral sex at school, on the school bus, at local parks, and at each other's houses for parties. In addition to students engaging in oral sex, students are also wearing colored jelly bracelets, known as "sex bracelets" to advertise their willingness to engage in various sex acts or to indicate their sexual achievements. These bracelets have been around for years and have been worn in the past as fashion statements, however today's adolescents wear these colored bracelets to distinguish different types of sex acts. For example, a yellow bracelet is related to hugging, a purple bracelet represents kissing, a red bracelet represents a lap dance, a blue bracelet indicates engagement in oral sex, and a black bracelet is indicative of participation in sexual intercourse (www.snopes.com/risque/school/bracelet.asp).

LeCroy (2004) reported that many females desperate for peer approval and acceptance succumb to this pressure and as a result experience unwanted sexual intercourse, unwanted pregnancy, or sexually transmitted diseases. Moore (1994) indicated that more of today's teens engage in unhealthy sexual behaviors and more than 87% of teen pregnancies are unintended. In addition to unwanted pregnancy, reports show an increase in sexually transmitted diseases among adolescents (Moore, 1994). The

Centers for Disease Control and Prevention (2005) reported one in seven adolescents has had a sexually transmitted disease. Wallace and Williams (1997) reported 11,820 new cases of gonorrhea among adolescents aged 10-14. Wallace et al. (1997) also found 25% of Hispanic American girls, 39% of African American girls, and 26% of Caucasian girls reported having sex prior to age 15. According to LeCroy (2004) the experience of an unwanted pregnancy or sexually transmitted disease can be detrimental to an adolescent's self-esteem and has the potential to have a long-term impact.

In addition to physical risk health factors, adolescents also encounter emotional challenges (LeCroy & Daley, 2001). The Centers for Disease Control and Prevention (2005) reported as many as 3 million young people may have serious emotional disturbances that impair their ability to function appropriately. Peterson, Kennedey, & Sullivan (1991) also reported that mental disorders are on the rise among today's teens and some estimates suggested more than 30% of adolescents suffer from these illnesses. In particular, female rates of depression compared to males are significantly higher (Peterson et al., 1991). Nolen-Hoeksema (1990) reported that one study found girls twice as likely as boys to become depressed. Some explanations to this phenomenon include the idea that girls are more likely to attribute negative events internally, which tended to lead to a more negative mood state (Compass, Orosan, & Grant, 1993). Further research concluded that because females tend to enter puberty before males, females have a higher risk of developing a negative body image, which often times perpetuates symptoms of depression (LeCroy & Daley, 2001). Nolen- Hoeksema (1991) also suggested that the onset of puberty can often lead to hormonal changes and feelings of inadequacy, which can trigger depressive symptoms and exacerbate low self-esteem.

In addition to the high statistics surrounding emotional illnesses accompanied with low self-esteem, the rates of suicide among this age group are staggering (LeCroy & Daley, 2001). According to The Centers for Disease Control and Prevention (2005), suicide is the third leading cause of death among people ages 15-24. Maples, Packman, Abney, Daugherty, Casey, & Pirtle (2005), stated that factors which accompany suicidal ideations are dramatically different among adolescents and adults. For example, Maples et al. (2005) reported that, "the years spent in middle school represent a remarkable time of change for children: They face new schools, new teachers, often new friends (and enemies), new academic challenges, and emotional turmoil brought on by puberty" (p. 399). Maples et al. (2005) also stated that during this developmental stage known as adolescence, the importance of connecting with peers and maintaining friendships becomes a major task. The stress of maintaining healthy peer relationships can be taxing on teenagers and can also carry the risk of undermining the already fragile sense of stability and emotional comfort of these adolescents (Maples et al., 2005). For some, suicide appears to be the answer to the challenges characteristic of adolescence.

In addition to the popular mental health illnesses surrounding teenagers such as depression, anxiety, and suicidal ideations or attempts, self-mutilation or "cutting" is also becoming an increasingly popular diagnosis among this age group. Pipher (1995), reported that self-mutilation of females is on the rise. Pipher (1995) contended that some girls deal with their pain by picking their skin, burning themselves, or cutting themselves with razors, glass, or knives. This trend known as cutting can be described as, "psychic pain turned inward in the most physical way" (Pipher, 1995, p.158). Pipher (1995)

stated, behaviors that arise independently and spontaneously in large numbers of people often suggest enormous cultural processes at work.

According to LeCroy and Daley (2001), there are increasing concerns directed toward adolescent girls in regards to these physical and emotional challenges. LeCroy and Daley (2001) also contended that the statistics for high risk females will continue to grow unless gender specific programs are implemented. Chubb, Fertman, & Ross (1997) also support the idea that there is an overwhelming need for programs which focus on the needs of adolescent females. Given the significant relationship between self-esteem, and physical and mental health (Polce-Lynch, Meyers, Kliewer, & Kilmartin, 2001), it seems important that school counselors address adolescent girl's self-esteem.

The research has shown that girls, especially during early adolescence, reported lower perceptions of self-esteem compared to boys (Polce-Lynch, Myers, Kliewer, & Kilmartin, 2001). Girls tended to have lower perceptions of academic ability, lower perceptions of body image, and reported more distress within peer relationships compared to adolescent males (LeCroy & Daley, 2001). The purpose of this study is to evaluate the effectiveness of a psycho educational group, which emphasized increasing self-esteem through acceptance of physical appearance and the maintenance of healthy peer relationships.

Definition of self-esteem

Various definitions of self-esteem exist. For example James (1983) defined self-esteem as a summary evaluation that reflects a ratio of our "pretensions" divided by our "successes" (p. 310). Rogers (1951) referred to self-esteem as the extent to which a person likes, values, and accepts himself or herself. White (1963) described self-esteem

as a process of developing from two sources: an internal source of a sense of

accomplishment and an external source of affirmation from others. Maslow (1968)

defined self-esteem as the "desire for strength, for achievement, for adequacy, for

mastery and competence…and for independence and freedom" (p. 45). According to

Coopersmith (1981), self-esteem referred to an evaluation a person makes, and

customarily maintains of him or herself. In addition, self-esteem is an expression of

approval or disapproval, indicating the extent to which a person believes he or she is

competent, successful, significant, and worthy. Harter (1990a) defined self-esteem as

"how much a person likes, accepts, and respects one's self overall as a person."

Rosenberg (1979) viewed self-esteem as a "positive or negative evaluation of the self" (p.

31). Rosenberg (1965) further stated, "when we speak of high self esteem we simply

mean that individuals respect themselves and consider themselves worthy…on the other

hand low self-esteem, implies self-rejection, self-dissatisfaction, and self-contempt" (p.

31).

Although the previous definitions of self-esteem are only a small sample of what

is available, most definitions share a common theme of self-evaluation, and indeed many

researchers defined self-esteem as evaluative beliefs about one's self (Gecas, 1971; 1972;

Kawash, Kerr, & Clewes, 1985; Openshaw, Thomas, & Rollins, 1981). For the purpose

of this paper, self-esteem is defined as a positive or negative evaluation of the self. More

specifically for the purpose of this paper, high self-esteem will correlate with a positive

evaluation of the self in terms of an accepting body image and healthy peer relationships.

Characteristics of high self-esteem

According to Harter (1990b), high-self-esteem has been associated with productive coping strategies, enhanced motivation, and a positive emotional state. Quatman and Watson (2001) also reported that individuals with high self-esteem experience a substantial improvement in one's quality of life. Blyth and Traegar (1988) further contended that there is a correlation between high self-esteem and perceived intimacy with parents and peers. Harter (1989) suggested that peer influence such as social acceptance, peer relationships (Moran & Eckenrode, 1991), and peer popularity (Harter, 1989; Miller, 1990) contributed to an individual's high self-esteem. High self-esteem has also been correlated with academic success in school (O'Malley & Bachman, 1979). In addition, the research reported that acceptance of physical appearance consistently correlated with adolescent high self-esteem (Abell & Richards, 1996; Harter, 1983; Peterson et al., 1984). Thus, high self-esteem correlated with positive self-appraisals across many domains.

Characteristics of low self-esteem

Harter (1990b) suggested that low self-esteem puts individuals at higher risks for many emotional and behavioral disorders such as anxiety, lack of motivation, suicidal behavior, eating disorders, delinquency, conduct disorders, and depression. According to Rosenberg (1985), low self-esteem has also been correlated with low life satisfaction, lonliness, anxiety, resentment, irritability, and depression. LeCroy and Daley (2001) reported that depression and anxiety, as well as many other socioemotional issues surface during early adolescence and therefore have a negative impact on adolescent self-esteem.

Adolescence and self-esteem

The transition from adolescence to adulthood seems to be more challenging than ever (LeCroy & Daley, 2001). Developmental theorists often note that adolescence is a time in which youth experience substantial changes in their physical, mental, and social identities (Graber, Brooks-Gunn, & Peterson, 1996; McCandless, 1970; Santrock, 1986; Sprintall & Collins, 1984). According to Eccles, Midgley, Wigfield, Buchanan, Reuman, Flanagan, & MacIver (1993) adolescence is a time when self-esteem fluctuates. Quatman and Watson (2001) also suggested that as children enter the adolescent years, self-esteem appears to undergo a process of change.

Some of the changes that adolescents experience during this period of time include an increased differentiation in self-concept, increased cognitive capacity for objectivity, increased desire for autonomy, concern with peer relationships, concern about sexual identity and intimate relationships, and a deeper ability for self-reflection (Harter, 1990b; Baer, 1999). Santrock (1986) further stated that during adolescence there is an increase in self-consciousness, which leads to adolescents beginning to develop an understanding of themselves. As a result of shifting perspectives, adolescent self-concepts begin to change (Santrock, 1986). According to Wigfield and Eccles (1994), as a result of changes in self-concept, self- esteem is often disrupted during adolescence.

Although there are numerous variables that may affect self-esteem during adolescence, evidence has shown that during adolescence levels of stress increase, (Hoffman, Levy-Shiff, Sohlber, & Zarizki, 1992; Peterson, Kennedy, & Sullivan, 1991), gender becomes a more significant feature of identity (Hill & Lynch, 1983), and families play an important role in adolescent's well-being (Blaske, Borduin, Henggler, & Mann,

1989). In addition to these newly salient issues, adolescents enter puberty; they experience bodily changes, and also deal with an increased awareness of gender role expectations (Hill & Lynch, 1983). A collaboration of changes during this time creates significant challenges to a young person's self-esteem. Although the period of adolescence appears to be a tumultuous time for individuals, researchers have noted that the challenges for females are far greater compared to males (LeCroy & Daley, 2001).

Girls and self-esteem

The challenges of psychological, social, biological, and cognitive development are difficult for both males and females, but because the onset of puberty tends to occur generally earlier in girls than in boys, significant gender differences and maturation levels develop (Baer, 1999). Harter (1983) suggested that pubertal timing and the degree of change bring about a heightened potential for problems that are reflected in the data on adolescents. For example, adolescents have the highest arrest rate of any age group, they engage in relatively large amounts of alcohol and drug use, and school dropout rates increase as much as 30% for some ethnic groups (Eccles, Lord, & Buchanan, 1996). Furthermore, studies found a decline in academic motivation and performance, lack of interest in learning, and pooper self-concepts among adolescents (Eccles et al., 1993).

Studies have typically found that females reported lower self-esteem than males, especially during early adolescence (Block & Robins, 1993; Bolognini, Plancheral, Bettschart, & Halfon, 1996; Chubb et al., 1997; Harper & Marshall, 1991; Simmons & Rosenberg, 1975; Zimmerman, Copeland, Shape, & Dielman, 1997). The American Association of University Women (1991) noted that from elementary school to high school, girl's self-esteem falls on average 31%. The AAUW research specifically found

that 23% of Caucasian girls, 7% of African American girls, and 38% of Hispanic girls

self-esteem decreases during this time. Ling et al. (1999) also found that the average

gender difference in self-esteem was greatest during adolescence. Longitudinal studies of

female adolescent self-esteem revealed a decline in self-esteem at age 11, a low between

ages 12 and 13, and then a gradual, systematic increase in self-esteem through Grade 12

(Demo & Savin-Williams, 1983; Eccles et al., 1993; McCarthy & Hoge, 1982;

Rosenberg, 1986). Another study by Rosner and Rierdan (1994) showed differences in

self-esteem between boys and girls at ages 8 to 9 and ages 16 to 17. When self-esteem

was assessed at ages 8 to 9, 60% of the girls reported positive feelings about themselves,

compared to 67% of the boys (Rosner et al., 1994). However, by ages 16 to 17 only 29%

of the girls reported positive feelings about themselves, compared to 46% of the boys.

Research also suggested that the disproportionate drop in self-esteem for

adolescent girls correlated with a decline in academics, a narrowing of future dreams due

to sexism and discrimination in our society, and the loss of one's voice

(www.eqtoday.com/archive/jpcgirls2.html). The loss of one's voice occurs when young

girls who were once confident and assertive are molded to fit the societal gender-role

expectations of compliance and passivity. LeCroy and Daley (2001) also suggested that

as females enter early adolescence, there is an increased awareness of gender-role

identification.

Gender-role identification

LeCroy and Daley (2001) stated, "Girls are cooperative, sensitive, and patient

while boys are boisterous, physically active, and competitive" (p. 9). These statements

reflect gender-role stereotypes common to our culture. According to LeCroy and Daley

(2001), "a gender-role is a set of expectations about how females or males should think, act, and feel" (p. 9). While it is important to acknowledge that both girls and boys are limited by acceptance of stereotypical feminine and masculine roles, (LeCroy & Daley 2001), this paper will specifically focus on gender-role messages and stereotypes that appear to negatively affect the development of early adolescent girls.

LeCroy and Daley (2001) suggested that one develops his or her gender-role identity during early adolescence. Lynch (1991) stated that the differences between adolescent girls and boys become more apparent because of increased socialization pressures to conform to traditional masculine and feminine roles during puberty. According to Belansky and Clements (1992), this period of time is particularly significant for girls because societal pressures begin to surface and girls become more aware of society's expectations.

LeCroy and Daley (2001) stated, "At the onset of puberty, girls sense others expectations that they should behave in an increasingly "feminine" way" (p. 5). By early adolescence, Richmond-Abbott (1992) suggested that individuals have already been exposed to vast amounts of gender-role stereotypes through language, toys, parents, peers, and television. Stice and Whitenton (2002) also suggested that the media is one of the biggest contributing factors in encouraging females to desire stereotypical feminine characteristics. Houston and Alvarez (1990) contended that studies have found early adolescence to be a heightened period of sensitivity towards television messages and gender roles. As a result of the media's portrayal of stereotypical female gender roles, girls experience a disadvantage in their gender development (Condry, 1989). For

example, girls have a higher risk of developing a poor self-image, low self-esteem, depression, and eating disorders (LeCroy & Daley, 2001).

In addition to the media's stereotypes of gender roles, girls are also bombarded with unrealistic standards of beauty (Stice & Whitenton, 2002). The media uses gaunt models in television programs, commercials, and magazine advertisements, which perpetuates the Western ideal that "thin is good" (Morrison & Kalin, 2004). As girls learn that thin equals beautiful, they begin to obsess with their physical appearance (Striegel-Moore & Cachelin, 1999). For example, one study found that 78% of teenage girls ages 13 to 19 are dissatisfied with their weight (Eisele et al., 1986). Another study estimated that as many as 80% of early-adolescent girls are dieting at any given time (Berg, 1992).

On top of countless hours of television programs and commercials, magazine articles and their accompanying advertisements also target girls through the use of stereotypical female portrayals (Downs & Harrison, 1985). LeCroy and Daley (2001) found that the majority of popular teen magazines such as *Seventeen, Miss Young, and Sassy* focused on beauty, fashion, food, decorating, and relationships with the opposite sex. They also found that 50% of the advertisements included in teen magazines were directed toward physical appearance. A culmination of stereotypes, pressures to be beautiful, and the cultural ideal of thinness has been found to cause significant damage to a developing girl's self-esteem (LeCroy & Daley, 2001).

Gender-role expectations and affects on female self-esteem

According to LeCroy and Daley (2001), there is abundant evidence to support the idea that gender-role traits and behaviors are mediated by cultural dictates. As a result of

cultural influences, the mold that society has constructed to shape girls' identities has been found to damage their emerging selves (LeCroy & Daley, 2001). The cultural reality of growing up as a girl carries significant burdens not present for boys. For example, Brown and Gilligan (1993) stated that as girls enter adolescence they become increasingly more interested in relationships and intimacy, yet at the same time they also realize that society undervalues these types of emotional qualities.

In Western society, feminine behavior is perceived as being expressive, nurturing, and emotional, while masculinity is perceived as being instrumental, competitive, and rational (Chodorow, 1978). Chodorow (1978) stated, society defines gender difference based on women's traditional responsibilities in nurturing and raising families. Chodorow (1978) also suggested that women have developed the capacity for intimacy and strong relationships because generations of women have been responsible for child rearing and nurturing, while men have developed the capacity for independence and instrumentality. LeCroy and Daley (2001) stated, "the perception of women as "nurturers" leads to social inequity for women because such "feminine traits" are considered less valuable or even inferior to alleged "masculine traits" (p. 12). Erikson's (1950) developmental theory also suggested that females experience significantly more stress as they transition into adolescence because the major roles girls are prepared for are less valued by their male counter-parts. Hanes, Prawat, and Grimmsom (1979) also stated, "as the adolescent girl comes to realize that her gender role ideal is relatively inferior to prestige and status to that of a male," (p. 851) her own evaluation of the self tends to suffer.

Group Counseling Intervention

According to Vars (1989), if there is any time during an individual's life when guidance and support is needed, it is during the turbulent teenage years. Gumaer (1986) stated that because people are born in groups, live in groups, and work in groups, it only makes sense to treat people in groups. May and Housely (1996) suggested that this statement is particularly applicable to adolescents because they place such a strong emphasis on learning with peers. Wood (2003) reported that adolescents are social creatures, in the midst of learning social skills, and often more trusting of others their own age than of adults. As the peer group assumes a greater level of importance in the life of the adolescent, so does the school environment (May & Housely, 1996). As children participate in school, they use their peer group as a reference group for making comparisons regarding academic achievements as well as personal and social accomplishments (May & Housely, 1996).

Leader (1991) stated that group therapy for adolescents provides the therapeutic environment where they can work through interpersonal problems and examine the four basic identity questions: Who am I? With whom do I identify? What do I believe in? and Where am I going? Group therapy also provides increased exposure in working with others and learned cooperation. In addition groups allow adolescents to view and compare their thoughts and behaviors to those of their peers (Leader, 1991).

Although group therapy seems to be an ideal arena for therapeutic growth, not all adolescents jump at the chance to engage in group counseling. Wood (2003) reported that adolescents are often reluctant to attend group for several reasons. Adolescents are often suspicious of anything recommended by their parents or other adults.   They are

also often fearful that if they enter group therapy they will be labeled or stigmatized. Therefore, it is essential that counselors make every attempt to remain cognizant of these issues as they begin to work with adolescent clients.

According to Wood (2003), prior to beginning a group with adolescents, the group leader must clarify expectations, educate members on group processes, stress the importance of confidentiality, and address issues of engagement. These tasks are very important because many members will enter the group with differing expectations and varying beliefs about the group leader. It is during these initial meetings that group members must be made aware of the focus on the here and now, rather than on past history, and that the agent of change is provided by the group not the counselor. Group members must understand that through the process of self-disclosure and feedback, a greater level of self understanding and self worth will emerge. Wood (2003) suggested that in order for group members to connect with one another, the group leader must foster a positive climate for the group. According to Wood (2003), this is achieved by modeling positive behaviors. For example, the leader must demonstrate an appropriate level of openness and self-disclosure, they must be careful not to threaten the adolescents who are naturally cautious of adults when entering group therapy, and they must be willing to take risks within the group.

Leader (1991) also noted some of the behaviors and challenges in working with adolescent groups. For example, adolescents are prone to outbursts of threatening to leave the group, especially during the initial stage of the group. It is the role of the leader to model non-defensive communication patterns in order to facilitate growth within the

group. According to Wood (2003), if the leader allows the group to be overcome with anxiety and guilt, the group will enter a long period of stagnation.

Leader (1991) also suggested that competition is a naturally occurring phenomenon which occurs in all groups. A pecking order or hierarchy becomes a central focus with members competing for attention from the leader. It is again the role of the leader to model behaviors such as confronting or blocking to those who attempt to monopolize the group.

School counselors are becoming more adept in group counseling approaches due to the large population of students who are in need of prevention education. Schools are able to work within a limited amount of time and reach more students in a group setting compared to working with students individually. Research has also suggested that a group approach tends to work better for certain situations and students. For example, Wood (2003) reported that students who lack social skills tended to have better outcome results after engagement in group therapy compared to individual therapy. Overall, the use of group therapy in schools appears to be advantageous for both students and staff.

<div align="center">Method</div>

Participants

The group was compiled of twelve sixth grade girls who were chosen through teacher and counselor recommendations. Sixth grade teachers were asked to compile a small number of female students who they thought would benefit from a self-esteem group experience. The reason for the homogeneity of the group is due to the nature and topic of the group, female self-esteem. It was determined that a variety of personalities would be inclusive in order to be more reflective of the general population. Seven of the

girls in the group were 12 years old and five of the girls were 11 years old. All of the girls were in the same regular education track and two of the girls had previously been diagnosed with Attention Deficit Disorder. The twelve group members were Caucasian. This lack of diversity is reflective of the geographic location of the school, which is in a primarily white dominated area.

Once the faculty made their student recommendations this writer spoke with each student individually. This writer explained the nature of the group and what the expectations would be as a member of this group. Each student who was interested in the group was given a parental permission form to bring home (Appendix A). The girls returned the form and the group began the following week. The duration of the group was ten weeks, beginning April 8th and terminating June 15th.

Setting

The district in which this research was conducted is located 12 miles southeast of the City of Rochester in a suburban western New York village. This particular area is classified as a middle to upper class neighborhood, with the median household income averaging $75,000 and the average median home costing $159,000. The population of this area is approximately 40,000 people; however the population of the village alone is considerably less (www.money.cnn.com/best/bplive/snapshots/35935.html). The size of this district is approximately 26 square miles and consists of 8 schools, which include 4 elementary buildings, 2 middle school buildings, 1 ninth grade building, and 1 high school that accommodates 10th through 12th grade. The total enrollment of the district is approximately 7,251 students, which also includes BOCES. The graduation rate of this

district is 97% and has a 90% college attendance rate. The specific school in which the

research was conducted has a total enrollment of 795 students (www.fairport.org).

The group met in an enclosed room, which is used for faculty conferences,

various meetings, and group counseling sessions. The meeting room was large enough

for the group and contained an oversized conference table, which the group conferred

around. The author served as the group leader and the seventh grade school counselor

served as a co-facilitator in the group. The group met each week for 40 minutes on a

rotating period schedule. A rotating schedule was chosen in order to allow each school

subject to be missed only one time. Therefore, during week one the group met during

first period, during the second week the group met during second period and so on.

Procedure

During the first twenty minutes of the group, the girls discussed any events,

feelings, or concerns from the previous week. The girls were also given a folder which

contained a small journal. The journals were used for goal setting. Each week the girls

chose a goal and wrote it down in the journal. The following week the girls were

encouraged to share their goal, whether they achieved it, and what helped or deterred

them from achieving the goal.

Each week a different activity was planned that correlated with one of the group's

goals. These topics included promoting self-esteem, increasing acceptance of physical

appearance, and improving and maintaining healthy relationships.

Week #1. In the first group meeting, this author explained the nature and purpose

of the group. This author reintroduced herself as well as the co-facilitator. The members

of the group also gave a brief introduction, which included their name, some family information, and what they did for fun. Each twelve girls were present.

At this time the author handed out blank manila folders to each student. The folders contained a group guidelines agreement form (Appendix B), a small journal, and some activity sheets. The group proceeded with a discussion of the group rules and guidelines. The rules of the group included: confidentiality, respecting others, having the right to pass, refraining from put-downs or other inappropriate behavior, and being responsible for missed class work. After a discussion of the expectations and rules, each student signed the group guidelines agreement and this pledge was kept in their folder.

The author then administered the Piers-Harris Children's Self Concept Scale, which was used as the pretest to measure the group's effectiveness from beginning to end. The girls sat at the conference table to take the test and it took about 30 minutes to complete. Once they were done, the girls were given directions to create a colorful name sign with colored pencils that could be used the following week. The purpose of these signs was to help acquaint the group and learn everyone's names. The group concluded with a homework assignment, which included bringing magazines to our next session.

Week #2.   During the second meeting all but one girl was present. It was later found that this student never received her pass during homeroom and thus forgot about the meeting time. Each girl including the facilitators shared something positive that had happened to them during the week. Some examples included: passing a test, winning an athletic game, and spending time with family and friends. The author then explained why the group was asked to bring in any magazines. The activity that was planned for this meeting was to make a collage using the front and back of the manila folders. The group

was given a variety of magazines, glue, scissors, and colored pencils to decorate their

folders. The author encouraged the girls to use pictures or words that had special

meaning. The group spent about 20-25 minutes on the collage activity. Once the girls

were done, the facilitators asked each student to share with the group why they chose

certain pictures for their newly decorated folders.

The remaining ten minutes was used to explain the purpose of the journals, which

were found inside the folders. The group was told that each week they would be asked to

choose a goal for the week and write it in the journal. The following week the group

would then discuss the progress or lack of progress in achieving the goal. Each student

wrote down their goal for next week and the group was dismissed.

Week #3. As the girls entered the group room for the third meeting they were

directed to sit next to someone they did not know very well. All twelve girls were

present for this meeting. This particular meeting resumed after the school's scheduled

spring break. Therefore, it seemed important to discuss any issues, which may have

occurred over the previous two weeks. Most girls shared some exciting activities such as

birthday parties and gymnastic competitions, while others shared about vacations to

Florida. The girls were then asked to partner up with their neighbor. The activity that

was planned was called the "Get Acquainted Exercise" (Appendix C). The group was

given fifteen minutes to complete the exercise. Once the girls finished, the group

reconvened and discussed what they learned about one another. The group discussion led

into what qualities are valued when choosing friendships. Some of these qualities

included: someone you can trust, someone who can make you laugh, who will cheer you

up, someone you can talk to, and someone you can have fun with and share similar

interests with. In addition to those qualities that are looked for in a friends the girls

talked about what it is like to be in conflict with friends. Some of the girls disclosed

personal experiences with losing friendships due to moving, attending a new school,

getting into fights, bullying, gossiping and spreading rumors, and also just growing apart.

The girls focused on bullying situations, especially via the internet when talking about

friendship issues. The group discussed what types of feelings they experienced during

these times. One particular student revealed that during times of fighting with friends

and being ganged up on via the internet she felt upset, betrayed, hurt, alone, angry, left

out, and wanted to cry. Some girls shared that they could relate to these feelings or had

friends who experienced a similar situation. The group discussed ways to handle internet

bullying. Some suggestions that were made included: telling parents right away when a

situation arises, informing school counselors or teachers, keeping passwords confidential,

blocking certain screen names, or logging off the computer when targeted. The group

concluded as the girls wrote their goals in the journals.

     Week #4. All group members were present during our fourth meeting. Group

began as each girl shared one positive experience she encountered during the week. The

girls were also encouraged to talk about whether they had achieved their goal during the

week. The group discussed some successes and some ideas to help accomplish their

weekly goals. One girl disclosed that her goal was to be on time for school for four days

in a row, but only made it three days on time. This author attempted to focus the group

on the three days of success, rather than the one day of failure. Another student shared

that she wished to get all of her homework completed on time. She shared that she

accomplished this by having friends remind her to write down assignments in her agenda

notebook. This author then handed out a "Goal Setting" work sheet (Appendix D) and a

"Tips for Achieving Your Goals" worksheet (Appendix E), which was used to help the

girls think of different types of goals for each week. Some of these ideas included

personal goals such as grades and athletics, family goals such as helping out around the

house more, school goals such as joining a club, and community goals such as making

new friends. The group was given time to create a new goal for the upcoming week.

The remainder of the group focused on self-concept. The girls were given the

"Concepts of Me Experience Sheet" (Appendix F) and the "How I See Myself" activity

sheet (Appendix G). The girls completed both activities and this author asked for

volunteers to share some of their responses. One student shared that she believed she was

unique, but felt others perceived her as weird. This student disclosed that she wished

others had a different concept of her. Another student shared that she wished she was

more popular and outgoing so she would have more friends. Each member chose one

character trait from the list provided on the activity sheet that she wished to possess more

of. The most frequent responses included attractiveness, popularity, and confidence.

Week #5. During the fourth session of the group, each member shared one goal

from last week. The girls were encouraged to share why or why not they were able to

achieve this particular goal. The topic of self-concept was re-introduced and a brief

review of the ideas discussed during the last session was addressed. The girls were asked

to complete the second half of the assignment, which they started during week four. The

worksheet was titled, "Processing the 30 Characteristics" (Appendix H). Each student

was asked to share her thoughts about questions number 3 and 4.

The group also participated in a second activity. Each member was given a marker and a blank sheet of paper, which was taped to her back. The purpose of the activity was to go around to each girl and write a positive statement on the sheet taped to her back. Once the girls made it around to every member they were asked to reconvene around the group table. The girls were asked to read over their papers and to share any remarks with the group. The group processed how it felt to hear so many positive statements about themselves. The group also talked about how people tend to focus on the negative aspects of themselves, rather than seeing the positive qualities. The girls also processed why it is important to hear and accept compliments from others. All of the girls responded "yes" when asked if they thought they would keep their sheet. All of the girls were present for the session.

Week #6. The group's sixth session began as each member shared one thing they would not change about themselves. Some examples included personality characteristics, talents, physical attributes, and academic abilities. The groups focus then led into a discussion about body image. This writer explained and defined the term body image for the group. Once the girls understood and felt comfortable with the term, they brought up related topics such as the difference between female and male body image, the affects on self-esteem, and where society receives these messages. The girls shared that see and hear messages from the television, magazines, and music lyrics. This writer facilitated a discussion about the unhealthy affects of a negative body image, which included topics such as eating disorders, depression, and self-mutilation.

For this weeks group activity each member received a magazine ad that depicted a female in a negative tone. Each student was asked to share their ad and point out the

negative message. The group processed what the ad attempted to sell, the message it

sent, and how the ad affected our thoughts about ourselves. The girls then discussed their

feelings as they looked at one another's advertisements. Some of the girls shared that

they felt pressure to be beautiful, thin, have perfect hair, and to wear certain clothes. The

group then discussed how models used in television and magazines are not always

depicted in realistic ways.   The group talked about how make-up artists, computer

retouching, and air brushing all aid in portraying an unrealistic image.

At the end of the session, the girls were assigned a small homework assignment. For the

following week the girls were asked to pay attention to T.V. commercials,

advertisements, and programs and report back to group what they noticed.   All members

but one was present for the group's session. This writer was later informed that the

student missed the group due to a scheduled music lesson.

Week # 7. Today's session met on the auditorium stage due to a faculty meeting

being held in our usual group room. The group started out as each member was asked to

share one thing they were proud of. Some responses included: handing in homework on

time, winning a soccer game, having neater handwriting, placing second in a gymnastics

competition, and receiving principle's recognition. The group then talked about our goals

from the previous week.

This writer reviewed some ideas about body image that were addressed during

week six and asked for volunteers to share their thoughts about the homework

assignment. One girl expressed that she did not realize how many commercials use

women to sell products in an inappropriate and demeaning way. The girls laughed at

how household products were marketed with sex appeal to grab the consumer's attention.

The group also talked about how they felt bombarded with media pressure to look a certain way. The girls seemed frustrated with their new found awareness and brainstormed some female celebrities who have not conformed to the Hollywood ideal. Our group also discussed eating disorders unhealthy behaviors such as bulimia, anorexia, distorted body image, and excessive exercising. This writer provided definitions for each and shared information about the symptoms and dangers of these types of behaviors. Some of the girls also shared stories of people they knew who suffered from some of these disorders.

Although all members were present during this group, two girls asked to leave half way through in order to study for an upcoming test. One of these girls also missed the previous group due to a music lesson. The facilitator reminded the group that this had been our seventh session out of a total of ten.

Week #8. Today's session started out talking about the upcoming weekend. Most of the girls shared that they were going to Canal Days with family and friends. The group briefly talked about our goals from last week. Some of them shared that they had met a new friend, passed a social studies test, got better grades, and scored points during a soccer game.

The focus of this session was bullying. The girls watched a twenty minute movie titled, "Bullying You Don't Have to Take it Anymore." The group then talked about some scenes and situations from the movie. The facilitator also prompted a discussion in whether the girls related to either the bully or the victim as they were portrayed in the movie. All of the girls, when asked if they had been involved in, or a witness to a bullying situation, responded "yes." The girls brought up the issue of cyber bullying. The

girls shared that this is a very popular way in which students target their victims. Some

of the girls shared personal experiences with bullying through emails and IMing.   The

group was given a packet of information, which included worksheets questionnaires,

true/false questions, and role play scenarios that dealt with the issue of bullying. The

girls answered and discussed some of the questions.

Towards the end of our session the group talked about termination. This writer

reminded the girls that the group's last session was two weeks from now. The girls were

encouraged to come up with some ideas for the group's last session. Three group

members were absent from this meeting. One student had an early dismissal time of

2:00pm and the other two were the same students who requested to leave half way

through during the previous meeting.

Week #9. During the ninth meeting the group talked about some goals that were

achieved throughout the week. They also discussed plans for termination. The girls

talked about having a pizza or ice cream party. The girls also suggested that we watch a

movie and make popcorn. This writer suggested we watch a movie that related to some

of the topics discussed in the group. The girls decided on "Mean Girls." The facilitator

suggested that the group meet for two periods in a row in order to view the entire film.

The girls were in favor and decided on ice cream as their treat. The facilitator also

informed the girls that a permission slip would have to be signed by a parent or guardian

since the movie was rated PG-13.

The girls talked about their experience in the group and shared what they enjoyed

and what they disliked. The majority of girls shared that they had fun and wished to be a

part of the group in the fall. Some of the girls also shared that they knew of other girls

who wanted to be a part of the group.

During the last thirty minutes, the facilitator administered the Piers-Harris as the

posttest evaluation. The group was quiet while they completed the assessment. The

same two girls who were absent the previous week were also absent this week.

Week #10. During our final meeting we watched the movie, "Mean Girls." Our

group met for 80 minutes instead of the usual 40 in order to view the entire film. All of

the girl's teachers were informed that the girls would be missing a second period for the

day. During the group the girls were also given ice cream as their end of the group treat.

After watching the movie, the group discussed some scenarios, thoughts,

reactions, and feelings about the topics presented. Towards the end of our session the

group processed what it was like to be a part of the group. The girls were also given a

satisfaction survey to complete (Appendix I). The survey was a brief questionnaire in

order to receive written feedback of what the girls liked and disliked about the sessions.

At the very end of group the girls were allowed to exchange and sign one another's

yearbooks.

Measure

The Piers-Harris was designed in 1964 and is used to measure one's self-concept.

Self-concept is defined as, "a relatively stable set of self-attitudes reflecting both a

description and an evaluation of one's own behavior and attributes" (Piers-Harris, 1996,

p.1). For the purposes of this research, the Piers-Harris Children's Self-Concept Scale

was used to measure the effectiveness of the group. The Piers-Harris is also known as

"The Way I feel About Myself" (Piers-Harris, 1996).

The instrument is a brief 80-item, self-report, which attempts to measure how children and adolescents (ages 8-18) view themselves. Included in the 80 "yes" or "no" questions are six cluster scales. These cluster areas include behavior (BEH), intellectual and school status (INT), physical appearance and attributes (PHY), anxiety (ANX), popularity (POP), and happiness and satisfaction (HAP) (Piers-Harris, 1996). In addition to these six cluster scales there are two other measures known as the Response Bias Index and the Inconsistency Index. According to Piers-Harris (1996), the Response Bias Index measures the degree to which the test-taker responded independently to the individual items or was swayed by a need to either agree or disagree with the items as written. The Inconsistency Index, therefore measures the extent to which the child's responses are internally consistent across the individual items.

The Piers-Harris can be administered via paper and pencil or through a computerized version. For the purpose of this research, students were assessed using the written form of the test. The test is also designed to be administered on an individual basis or within a group setting and generally takes about thirty to forty minutes to administer and score. The questions are stated in a declarative manner and written at the third grade level. Each question requires an answer of either "yes" or "no." Test takers are instructed to choose the response that best fits how they feel most of the time.

The test is then hand or computer scored depending on which version was administered. The instrument assesses both general and specific dimensions of self-concept. An overall assessment of self-concept is reflected in three summary scores: a total raw score, a percentile score, and an overall stanine score. The scores sheets also provide conversions to normalized T-scores (Piers-Harris, 1996).

The Piers-Harris test kit includes a test booklet (Appendix J), a test manual, and scoring templates (Appendix K). The test manual also provides a general description of the instrument, administration instructions, reliability and validity considerations, cluster definitions, and detailed test result interpretations.

Subscales

As previously stated, the Piers-Harris attempts to measure ones self-concept. However, the instrument takes into account that test-taker's may feel more positively or negatively about themselves in one particular area. For this reason, the instrument utilizes six subscales. These areas include:

1. Behavior (BEH): This 16-item cluster reflects the extent to which the child admits or denies problematic behaviors (Piers-Harris, 1996).

2. Intellectual and School Status (INT): This 17-item cluster reflects the child's self-assessment of his or her abilities with respect to intellectual and academic tasks, including general satisfaction with school and future expectations (Piers-Harris, 1996).

3. Physical Appearance and Attributes (PHY): This 13-item cluster reflects the child's attitudes concerning his or her physical characteristics, as well as attributes such as leadership and the ability to express ideas (Piers-Harris, 1996).

4. Anxiety (ANX): This 14-item cluster reflects general emotional disturbance and dysphoric mood. Items capture a variety of emotions such as worry, nervousness, shyness, sadness, fear, and a general feeling of being left out of things (Piers-Harris, 1996).

5. Popularity (POP): This 12-item cluster reflects the child's evaluation of his or her popularity with classmates, being chosen for games, and ability to make friends (Piers-Harris, 1996).

6. Happiness and Satisfaction (HAP): This 10-item cluster assesses the general feeling of being a happy person and easy to get along with, and feeling generally satisfied with life (Piers-Harris, 1996).

Reliability

   Test-retest reliability

   Piers-Harris (1996) defined test-retest reliability as, "the extent to which scores for a single individual are consistent over time and across settings" (p. 55). According to Piers-Harris (1996), several studies have examined the test-retest stability with both normal and special samples. For the purpose of this research, the test-retest reliability within general populations will be noted.

   One investigation reported that the reliability coefficients ranged from .42 (with an interval 8 months) to .96 (with an interval of 3 to 4 weeks). The median test-retest reliability was .73 (Piers-Harris, 1996). In a prior study, the Piers-Harris (1964), which used a 95-item version of the test (with an interval of 4 months), reported coefficients of .72, .71, and .72. However, in the revised 80-item scale, reliability coefficients increased to .77 (Wing, 1966). Another study conducted by McLaughlin (1970) reported coefficients (with an interval of 5 months) that ranged from .71 to .75. In a more recent study by Shavelson and Bolus (1982), reliability coefficients were found to be as high as .81 while using a 5 month interval.

Internal consistency

Piers-Harris defined internal consistency as, "a measure of the average correlation among the items within a test" (p. 55). According to Piers-Harris (1996) numerous studies have been conducted and have investigated the internal consistency of the Piers-Harris.

In a study by Piers (1973) the Kudor Richardson formula (KR-20) was used to calculate internal consistency coefficients. The results of this study reported reliability estimates for the total score that ranged from .88 to .93. Several other studies such as Yonker, Blixt, and Dinero (1974) reported an overall alpha coefficient for the total score of .90 and Franklin, Duley, Roussea, and Sabers (1981) reported an internal consistency coefficient of .92. In addition to internal consistency reports using the total score, reliability coefficients have been found within the six cluster scales. According to Piers-Harris (1996), alpha coefficients for the cluster scores range from .68 to .84.

Validity

The Piers-Harris (1996) noted four significant factors, which affect the validity of the instrument. These four areas include: faking, acquiescence and negative response set, random responding, and special populations and moderator variables.

Faking

Faking is defined as a test takers attempt to distort his or her answers in order to produce positively or negatively skewed results (Piers-Harris, 1996). Therefore, faking good is the tendency to distort answers in a positive direction, and faking bad is the tendency to distort answers in a negative direction. Piers-Harris (1996) also noted that children may not intentionally distort their responses, but may experience confusion

while deciding between how they truly feel about themselves and how they have been told they should feel about themselves. Piers-Harris (1996) stated that as a general rule, total scores of 65T or more (Raw Score of 70+) should be interpreted cautiously.

Acquiescence and negative response bias

Acquiescence is defined as the tendency to say "yes" to all or almost all of the test items. Its opposite, which is termed a negative response bias, is the tendency to disagree with the items regardless of their content (Piers-Harris, 1996). As the Piers-Harris demonstrates, a way to minimize these biases is to balance the number of positively and negatively worded items. However, because the cluster scales are empirically derived subsets of the original 80 items, the number of positively and negatively worded items on each cluster are not equal (Piers-Harris, 1996). Therefore, when a test-taker answers "yes" to all of the items it yields a very low score for three cluster scales (BEH, ANX, POP), average scores for two cluster scales (INT, HAP), and a high score for the remaining scale (PHY). The opposite pattern is also found when a test-taker answers "no" to all of the items (Piers-Harris, 1996).

Random responses

Piers-Harris (1996) defined random responses as, "a record containing a number of responses which do not usually go together or which are logically inconsistent" (p. 36). According to Piers-Harris (1996) random responses occur due to a lack of rapport or motivation, failure to understand particular items, or miscoding of the responses. Scores which reflect this type of pattern seriously affect the validity of the scale and may even need to be thrown out or labeled invalid.

The scale titled, The Inconsistency Index, helps test scorers to detect random responses. The index consists of 25 pairs of item response options, each of which either is logically inconsistent or has been identified as occurring infrequently. Piers-Harris (1996) suggested that a raw score of 6 or more on this index illustrates an individual who responded randomly to at least some of the items.

Special populations and moderator variables

According to Piers-Harris (1996), the current normative data may not be appropriate for all subgroups of children. For example, children who differ in ethnicity or socioeconomic background from the normative sample, or who live in institutional settings, may respond differently to the instrument. Other factors such as one's reading level and academic achievement may also affect the results.

Scoring

In order to score the Piers-Harris one should tear off the perforated strip along the right side of the autoscore form and discard the carbon tissue inside. The test-taker's responses on the outer booklet are transferred to the inside scoring pages via the carbon sheet. Piers-Harris (1996) suggested that the scorer should first determine the validity scores, which include the Response Bias Index and the Inconsistency Index. The Response Bias Index is determined by counting the number of circles that have been marked "yes." This number is then written in the raw score space under the Response Bias Index. In order to calculate the Inconsistency Index, the scorer should review all of the conditions described in the Inconsistency Index column on each scoring page, and make a check mark beside each condition that is applicable. After all conditions are

evaluated, the numbers of checks are tallied and this number is entered as the raw score under the Inconsistency Index (Piers-Harris, 1996).

The total raw score is then figured. The raw score is the total number of items that indicate a positive self-concept, and is determined by counting the number of "1" responses circled on each scoring page. This number is entered in the raw score space for the total score. Finally, the cluster scores are established. A check mark is made in any box that appears in the same row as each item where a "1" has been circled. Then, for each cluster, the check marks that correspond to that cluster are added and entered as the raw score for each cluster on the Profile Form (Piers-Harris, 1996).

Once all of the scores are entered as raw scores, the percentiles and T scores are obtained directly from the Profile Form. The results can also be graphed by connecting the raw scores. According to Piers-Harris (1996), because T scores are standard scores with a mean of 50 and a standard deviation of 10, typical scores will fall between 40T and 60T.

Norms

The Piers-Harris (1996) reported that for the total score, the normative sample consisted of 1,183 school children (grades 4 through 12) from a public school system in a small town in Pennsylvania. The results found no consistent sex or grade differences and therefore were pooled for normative purposes. The following measures were determined: mean 51.84, standard deviation 13.87, and median 53.43 (Piers-Harris, 1996). Piers-Harris (1996) noted that these norms were based on data from one small school in the 1960's and may have limited generalizability to other populations.

Results

Pretest

The test was given to each member of the group in order to measure any changes in self-concept.   The pretest was administered during the group's first session and the posttest followed eight weeks later during the group's ninth session.   Although the group consisted of 12 girls, only 10 evaluations were used in the research data. Due to several missed sessions by two students and absences during the administration of the posttest, their records were incomplete and their data was excluded from the research.

The Piers-Harris measures an individual's self-evaluative attitudes and behaviors which have a bearing on self-concept (Piers-Harris, 1996).   The test manual suggested that scores tend to fall between 40T and 60T, which are one standard deviation above the mean and one standard deviation below the mean.

The Piers-Harris utilizes a six tier model to describe one's total self-concept score. Measuring the total (TOT) overall self-concept, scores of 29T or below are considered a very low measure of self-concept. Scores, which range between 30T and 39T, are typical of an individual with a low self-concept. The range between 40T and 44T are considered a low average score and scores of 45T-55T are indicative of an individual with an average self-concept. Scores of 56T to 60T tend to describe individuals with a slightly above average measure of self-concept.   T scores of 61T-65T are considered above average, 66T-70T are much above average, and scores greater than 70T are considered very much above average.

Student 5 scored in the below average TOT range. See Table 1 for results. Students who fall below the average range report a considerably low level of self-

concept. Students 4 and 6 scored in the low average TOT range. These scores tend to

represent individuals with a low self-concept. Students 1, 3, and 9 scored in the average

TOT range. Students who fall in the average range report a level of general self-esteem

that is similar to that of most of the students in the standardized sample. This range

indicates a self-report of both positive and negative aspects of self. Students 7 and 10

had scores in the above average TOT range, which indicated that they reported a strong

positive self-appraisal. In this range individuals are typically confident in their abilities

across many domains. These students with above average TOT scores are often

accustomed to success and may approach difficult goals with a high level of motivation.

They also view themselves as likeable, valued by others, and as having good

relationships with family members and peers. Student 2 reported a TOT score of 69T,

which is considered a much above average measure of self-concept. This can be

interpreted as an individual with a very high level of self-concept or may be indicative of

the tendency to exaggerate responses in a positive direction. Student 8 reported a TOT

score of 79T, which falls in the highest range. Scores this high tend to represent students

who responded yes to all or almost all of the items. Although scores of 70T or more may

accurately represent a student's positive self-evaluation, they may also reflect a need to

appear supremely self-confident or a lack of critical self-evaluation. Interpreting scale

scores at this elevated level requires careful examination. Interpretations of these scores

can be found in the Piers-Harris test manual.

Table 1

Pretest Results

	Inconsistency Index	Response Bias	BEH	INT	PHY	ANX	POP	HAP	TOT
Student #1	68T	32T	45T	43T	34T	59T	43T	47T	48T
Student #2	48T	51T	66T	59T	64T	63T	55T	63T	69T
Student #3	57T	59T	43T	47T	53T	52T	51T	47T	53T
Student #4	57T	73T	43T	43T	49T	31T	34T	36T	40T
Student #5	64T	58T	41T	37T	37T	41T	34T	36T	38T
Student #6	61T	20T	33T	27T	29T	24T	23T	24T	42T
Student #7	53T	51T	47T	63T	60T	63T	62T	63T	62T
Student #8	48T	54T	59T	70T	69T	69T	61T	63T	79T
Student #9	53T	57T	59T	50T	60T	55T	51T	56T	54T
Student #10	48T	59T	59T	55T	69T	55T	61T	63T	65T

Since the cluster scales are based on a smaller number of items, the Piers-Harris uses a five-tiered model to describe the general level of self-esteem in each area. The T-score cutoff points (65T or more, 56T-65T, 45T-55T, 35T-44T, and less than 35T) are the same across all six scales.

In the BEH scale students 3, 4, 5, and 6 scored below average. This suggested that students 3, 4, 5, and 6 tend to have considerable difficulty behaving in various situations. Students 1 and 7 scored within the average range. An average score indicated that these students evaluated themselves as well behaved, but do acknowledge a few difficulties with their conduct. Students 2, 8, 9, and 10 scored in the above average range (56T or above). According to Piers-Harris (1996), these students seem to feel positive about themselves in regards to interpersonal relationships and behavior at school and home.

In the INT scale students 1, 4, 5, and 6 scored below average. A below average score suggested that these students have a low perception of their intellectual achievements and abilities. Students 3, 9, and 10 scored within the average range. An

average score tends to indicate that students perceive some positive intellectual attributes, but do acknowledge some deficits in this area. Students 2, 7, and 8 scored in the above average range. These responses suggested that these students feel very positive about themselves in regard to performance on intellectual and academic tasks. In general, these students typically feel equal to or superior to peers and believe that they are important members at school.

In the PHY scale students 1, 5, and 6 scored below average. A below average score suggested that these students typically feel unattractive. Students 3 and 4 scored in the average range, which reflected some positive self-perceptions in regards to physical appearance, leadership ability, and the tendency to express ideas. Students 2, 7, 8, 9, and 10 scored in the above average range. These students generally appear to feel positive about their physical appearance and strength.

In the ANX scale students 4, 5, and 6 scored below average. A below average score suggested that these students may experience some emotional disturbances or dysphoric mood. Low scores on this scale may suggest the need for further psychological evaluation or referral. Students 3, 9, and 10 scored within the average range. An average score indicated some possible emotional deficits. A variety of emotions including worry, nervousness, shyness, fear, and isolation are all assessed and reflected in the score. Students 1, 2, 7, and 8 scored in the above average range. These responses suggested that these students generally feel very content with themselves and the way that they feel. There are no major signs of emotional problems which would suggest the need for further psychological evaluation. However, it should be noted that scores above 56T may reflect a desire to conceal or deny feelings.

In the POP scale students 1, 4, 5, and 6 scored below average. Below average scores may reflect shyness, lack of interpersonal skills, or other personality traits which tend to result in isolation. Students 2, 3, and 9 scored within the average range. An average score reflected some ability to interact with peers and feel somewhat part of the group. Students 7, 8, and 10 scored in the above average range. Students who fall within this range tend to feel included in peer activities and experience positive peer relations.

In the HAP scale students 4, 5, and 6 scored below average. Low scores on this scale are associated with general dissatisfaction, feelings of negative self-worth, and a longing for things to be different. According to Piers-Harris (1996) although not all problems require intervention, individuals who score below average may be asking for help and may require additional psychological support. Students 1 and 3 scored within the average range. An average score reflected some satisfaction with life and feeling happy. Students 2, 7, 8, 9, and 10 scored in the above average range. These student's responses suggested that they generally feel satisfied with themselves as a person, view themselves as cheerful and easy to get along with, and do not feel any strong desire to change. These student's scores indicated a moderately high level of satisfaction relative to other students.

Pretest and Posttest Comparison

Table 2

Posttest Results

	Inconsist. Index	Response Bias	BEH	INT	PHY	ANX	POP	HAP	TOT
Student#1	48T	39T	58T	47T	46T	59T	47T	63T	60T
Student#2	48T	49T	66T	63T	64T	63T	59T	63T	77T
Student#3	61T	55T	50T	47T	60T	52T	55T	52T	53T
Student#4	53T	55T	50T	47T	43T	41T	32T	32T	43T
Student#5	48T	62T	47T	43T	46T	44T	39T	52T	48T

Student#6	74T	42T	35T	43T	37T	31T	32T	30T	46T
Student#7	48T	49T	54T	70T	64T	63T	61T	63T	67T
Student#8	48T	53T	59T	70T	69T	69T	61T	63T	77T
Student#9	48T	46T	59T	47T	56T	59T	55T	52T	53T
Student#10	48T	58T	66T	59T	69T	59T	55T	63T	68T

The posttest scores are viewed in Table 2. A comparison between pretest and posttest of the TOT scale indicated that students 1, 2, 4, 5, 6, 7, and 10 scores increased. Students 8 and 9's scores decreased and student 3's scores remained the same. An interpretation of the scores can be found in the Piers-Harris test manual.

Student #1 increased her TOT scale from 48T to 60T. This student also increased her scores on 5 out of the 6 subscales. Student #1 increased her scores on the BEH scale from 45T to 58T, the INT scale from 43T to 47T, and the PHY scale from 34T to 46T. Student #1 also increased her scores on the POP scale from 43T to 47T and the HAP scale from 47T to 63T. On the ANX scale student #1 scored 59T for both the pretest and posttest. No scores decreased for student #1. See table 3 for student 1's test scores.

Table 3

Student #1's Pretest and Posttest Scores

	Inconsist.	Response	BEH	INT	PHY	ANX	POP	HAP	TOT
Student #1 Pretest	68T	32T	45T	43T	34T	59T	43T	47T	48T
Student #1 Posttest	48T	39T	58T	47T	46T	59T	47T	63T	60T

Student #2 increased her TOT scale from 69T to 77T. These scores moderately increased and reflect a more positive self-appraisal. Student #2 increased her scores on the INT scale from 59T to 63T and the POP scale from 55T to 59T. Scores for BEH (66T), PHY (64T), ANX (63T), and HAP (63T) remained the same for both the pre and posttest. No scores for student #2 decreased. See table 4 for student 2's test scores.

Table 4

Student 2's Pretest and Posttest Scores

	Inconsist.	Response	BEH	INT	PHY	ANX	POP	HAP	TOT
Student #2 Pretest	48T	51T	66T	59T	64T	63T	55T	63T	69T
Student #2 Posttest	48T	49T	66T	63T	64T	63T	59T	63T	77T

Student #3's TOT scale remained the same at 53T for both the pre and posttest.

Although student #3 had no change in TOT scale, there were increases in the BEH scale

from 43T to 50T, the PHY scale from 53T to 60T, the POP scale from 51T to 55T, and

the HAP scale from 47T to 52T. Student #3's scores in the INT scale (47T) and the ANX

scale (52T) remained the same. No scores for student #3 decreased. See Table 5 for

Student 3's test scores

Table 5

Student 3's Pretest and Posttest Scores

	Inconsist.	Response	BEH	INT	PHY	ANX	POP	HAP	TOT
Student #3 Pretest	57T	59T	43T	47T	53T	52T	51T	47T	53T
Student #3 Posttest	61T	55T	50T	47T	60T	52T	55T	52T	53T

Student # 4's TOT scale increased from 40T to 43T. This elevated measure

suggested that there was a slight increase in this student's self-concept. Student # 4

increased her scores on the BEH scale from 43T to 50T, the INT scale from 43T to 47T,

and the ANX scale from 31T to 41T. Student # 4 also decreased her scores in several

areas. Scores on the PHY scale dropped from 34T to 32T, and the HAP scale from 36T

to 32T. No scores for student # 4 remained the same. See Table 6 for student 4's test

scores.

Table 6

Student 4's Pretest and Posttest Scores

	Inconsist.	Response	BEH	INT	PHY	ANX	POP	HAP	TOT
Student #4 Pretest	57T	73T	43T	43T	49T	31T	34T	36T	40T
Student #4 Posttest	53T	55T	50T	47T	43T	41T	32T	32T	43T

Student # 5 increased her TOT scale from 38T to 48T.   These scores increased

significantly and reflect a more positive self-concept. Student # 5 increased her scores on

all measures. Scores on the BEH scale increased from 41T to 47T and scores on the INT

also increased from 37T to 43T. The following increases were also found in the PHY

scale (37T to 46T), the ANX scale (41T to 44T), the POP scale (34T to 39T), and the

HAP scale (36T to 52T). No scores for student # 5 decreased or remained the same. See

Table 7 for student 5's test scores.

Table 7

Student 5's Pretest and Posttest Scores

	Inconsist.	Response	BEH	INT	PHY	ANX	POP	HAP	TOT
Student #5 Pretest	64T	58T	41T	37T	37T	41T	34T	36T	38T
Student#5 Posttest	48T	62T	47T	43T	46T	44T	39T	52T	48T

Student #6 increased her TOT scale from 42T to 46T. These scores increased

slightly, which suggested a small elevation of self-concept. Student #6 had higher scores

for all measures. Scores on the BEH scale increased from 33T to 35T and scores on the

INT scale increased from 27T to 43T. The following increases were also found in the

PHY scale (29T to 37T), the ANX scale (24T to 31T), the POP scale (23T to 32T), and

the HAP scale (24T to 30T). No scores for student # 6 decreased or remained the same.

See Table 8 for student 6's test scores.

Table 8

Student 6's Pretest and Posttest Scores

	Inconsist.	Response	BEH	INT	PHY	ANX	POP	HAP	TOT
Student #6 Pretest	61T	20T	33T	27T	29T	24T	23T	24T	42T
Student #6 Posttest	74T	42T	35T	43T	37T	31T	32T	30T	46T

Student # 7 increased her TOT scale from 62T to 67T. These scores displayed a moderate increase and reflected this student's move towards a more positive self-concept. Student # 7 increased her score on the BEH scale from 49T to 54T, on the INT scale from 63T to 70T, and on the POP scale from 61T to 62T. Scores on the ANX scale (63T) and on the HAP scale (63T) remained the same for both assessments. No scores for student # 7 decreased. See Table 9 for student 7's test scores.

Table 9

Student 7's Pretest and Posttest Scores

	Inconsist.	Response	BEH	INT	PHY	ANX	POP	HAP	TOT
Student #7 Pretest	53T	51T	47T	63T	60T	63T	62T	63T	62T
Student #7 Posttest	48T	49T	54T	70T	64T	63T	61T	63T	67T

Student #8 decreased her TOT scale from 77T to 79T. This reflected a slight decrease in self-concept. However, it must be noted that the T-scores of 77 and 79 are very high measures of self-concept. Student 8's scores remained the same for all of the scales (BEH 59T, INT 70T, PHY 69T, POP 61T, and HAP 63T). See Table 10 for student 8's test scores.

Table 10

Student 8's Pretest and Posttest Scores

	Inconsist.	Response	BEH	INT	PHY	ANX	POP	HAP	TOT
Student #8 Pretest	48T	54T	59T	70T	69T	69T	61T	63T	79T
Student #8 Posttest	48T	53T	59T	70T	69T	69T	61T	63T	77T

Student # 9 decreased her TOT scale from 54T to 53T. This reflected a very

slight decrease in this student's self-concept. Student # 9 increased her scores on the

ANX scale from 55T to 59T and on the POP scale from 51T to 55T. Student # 9 also

decreased her scores on the INT scale from 50T to 47T, on the PHY scale from 60T to

56T, and on the HAP scale from 56T to 52T. Student 9's scores on the BEH scale

remained the same at 59T. See Table 11 for student 9's test scores.

Table 11

Student 9's Pretest and Posttest Scores

	Inconsist.	Response	BEH	INT	PHY	ANX	POP	HAP	TOT
Student #9 Pretest	53T	57T	59T	50T	60T	55T	51T	56T	54T
Student #9 Posttest	48T	46T	59T	47T	56T	59T	55T	52T	53T

Student # 10 increased her TOT scale from 65T to 68T. This reflected a slight

increase in student 10's self-concept. Student # 10 increased her scores on the BEH scale

from 59T to 66T, on the INT scale from 55T to 59T, and on the ANX scale from 55T to

59T. Student # 10 also decreased her scores on the POP scale (61T to 55T). Both the

PHY scale (69T) and the HAP scale (63T) remained the same. See table 12 for student

10's test scores.

Table 12

Student 10's Pretest and Posttest Scores

	Inconsist.	Response	BEH	INT	PHY	ANX	POP	HAP	TOT
Student 10 Pretest	48T	59T	59T	55T	69T	55T	61T	63T	65T
Student 10 Posttest	48T	58T	66T	59T	69T	59T	55T	63T	68T

Discussion

Over the course of ten weeks, the girls processed ways in which their self-esteem is positively and negatively influenced. The first objective of the present study was to increase the presence of healthy peer relationships among the twelve sixth grade group members. A second objective of the present study was to increase acceptance of physical appearance. The last objective of the present study was to increase overall self-esteem among these adolescent females. The findings of this study revealed that a program designed for adolescent females positively influenced peer relationships, as well as body image perceptions and overall self-concept. As reported in the literature, school interventions such as group counseling are necessary to deal with and increase female adolescent self-esteem.

LeCroy (2004) noted peer esteem as an important variable in adolescent interventions because of its importance to this age group. Previous research has found that as peer relationships become more salient during adolescence, attachment to friends can have a positive effect on mental health (Cauce, 1986; Kenny & Donaldson, 1991). More recent research has found that adolescents with low levels of friendship had greater levels of anxiety and depression, lower self-esteem, and less effective coping strategies than did adolescents with higher friendship levels (Notaro, Miller, & Zimmerman, 1998).

Notara et al. (1998) also found friendship attachment was a stronger predictor of mental health outcomes for females than for males.

For the purpose of this study the popularity (POP) subscale on the Piers-Harris Self-Concept Scale was used to measure the level of peer acceptance and popularity among the group participants. The POP subscale showed positive changes for eight out of the ten group participants. The result of the present study suggested that the perception of peer acceptance can be changed during this critical adolescent developmental period.

The subscale physical appearance (PHY) on the Piers-Harris was also used to measure student's body image perceptions. This subscale PHY also showed changes among the group members. The scores showed that eight out of the ten students increased their scores in this area. This subscale tapped into a main part of the intervention that focused on the development of a positive body image for girls. On their classic analysis of adolescent development, Simmons and Blythe (1987) contended that a primary task of early and middle adolescence is to achieve a sense of self in response to changes that occur during this period of time. Unfortunately, this often does not occur for adolescent girls. Several studies (Conger, Peng, & Dunteman, 1977; Rosner & Rierdan, 1994; Simmons et al., 1987) have continued to document differences between boys' and girls' self perceptions and self-esteem. More significantly, longitudinal research (Bush & Simmons, 1988; Eccles et al., 1993) has shown that girls who transition from the elementary to middle school show a prominent drop in self-esteem and self-confidence. According to LeCroy (2004), preventive interventions can have a positive effect on girls' mental health and help prevent the downturn of girls' self-esteem as they make these transitions.

This study revealed that aspects of self-esteem and particularly girl's perceptions of body image can be changed by a group counseling approach. The following results are discussed and analyzed to prove that these changes were achieved among the group participants.

*S*tudent 1's pretest scores increased on the posttest evaluation. Her TOT score improved by 12T, and all of her subscales increased but one, which remained the same at 59T (ANX scale). Student 1's improvement on the subscales ranged from 4T to 16T. These results suggested that the group may have positively influenced this student in all measured areas of self-concept.

Student 2's overall TOT score increased by 8T. This student's INT score and POP score increased by 4T. All of her other subscale scores remained the same. These scores reflected the group's effect on increasing this student's overall self-esteem, and particularly in the areas of INT and POP.

Student 3's overall TOT score remained the same at 53T. This student's BEH and PHY score increased by 7T. Her POP score also increased by 4T and her HAP score by 5T. This student's INT score remained the same at 47T as well as her ANX score at 52T. These scores indicated that the group had no effect on this student's overall self-esteem, but had a positive effect on specific areas such as popularity and happiness. The group format may have positively influenced this student to perceive herself as more accepted by her peers and more comfortable connecting with other adolescents.

Student 4's overall TOT score increased from 40T to 43T, which falls slightly below average. Other scales which increased included her BEH score by 7T, INT score by 4T, and ANX score by 10T. This student's results also indicated a decrease in some

subscales. Student 4's PHY score dropped from 49T to 43T. Her POP score decreased

by 2T as well as her HAP score by 4T. These scores indicated that the curriculum

impacted this student's overall self-esteem in a positive way, but had a negative impact in

regards to physical appearance, popularity, and happiness. These scores may reflect the

fact that this particular student is a devoted gymnast with considerable body image

concerns and may have experienced significant stress in these areas due to an upcoming

national competition.

Student 5's overall TOT score increased significantly by 10T. Student 5's results

indicated significant increases across all domains. This student's most heightened score

of 16T was found in the HAP scale. These scores reflected an elevated appraisal in all

areas of self-esteem and signify a positive group experience.

Student 6's overall TOT score increased by 4T from a 42T to a 46T, which falls

in the average range. This student's most significant increase was found in the BEH

scale. Student 6 raised her BEH score by 16T. All other scores increased as well. This

student's scores indicated a positive effect on overall self-esteem and particularly in the

area of behavioral issues.

Student 7's overall TOT score increased from 62T to 67T. The BEH and INT

score also increased by 7T. Student 7's PHY score increased by 4T and her ANX and

HAP scores remained the same. These scores indicated an above average range in

overall self-concept. These scores also revealed that the group had a positive impact in

several cluster areas.

Student 8's overall TOT score decreased by 2T (79T to 77T). All of student 8's

subscales on the pretest remained the same on the posttest. This student's scores include

the following: BEH 59T, INT 70T, PHY 69T, ANX 69T, POP 61T, and HAP 63T.

Although student 8's TOT score dropped by 2T and her subscales remained the same, all

of her scores fall within the much or very much above average range. Since most of

student 8's scores remained the same on both evaluations it is difficult to say that the

group experience had a significant positive impact on her self-appraisals. However, it

should be noted that the group did not appear to negatively affect her self-reports either.

Student 9's overall TOT score decreased from 54T to 53T and several other

scores decreased as well. Student 9's INT score fell 3T from 50T to 47T, her PHY score

dropped 4T from 60T to 56T, and her HAP score decreased by 4T from 56T to 52T.

Student 9's ANX score increased by 4T from 55T to 59T as well as her POP score from a

51T to 55T. This student's BEH score remained the same at 59T.   The results of student

9's scores revealed that the group may have negatively impacted her overall self-esteem

as well as specific areas in intellectual status, physical appearance, and happiness.

However, the group experience appeared to benefit this student particularly in the areas

of anxiety and popularity. This student's experience of connecting with new females and

establishing new friendships within the group may have influenced student 9's

perceptions of acceptance and popularity among her peers.

Student 10's overall TOT score increased from 65T to 68T. Her scores also

increased on three subscales, which included the BEH scale (59T to 66T), the INT scale

(55T to 59T), and the ANX scale (55T to 59T). Student 10's POP score decreased by 6T

from 61T to 55T. This student's PHY score remained the same on her pre and posttest at

69T as well as her HAP score at 63T. These scores indicated that student 10 benefited

from the group experience in the areas of overall self-esteem, behavior, intellectual and

school status, and anxiety. Her physical appearance and attributes score remained the same, however student 10's score was 69T, which falls within the much above average range. The popularity score decreased significantly, which was uncommon among any other group participant. Student 10's POP score may have been a result of specific friendship related issues, which had occurred around the time of the posttest evaluation.

Overall, this study proved that a group counseling approach was effective in increasing sixth grade girl's self-esteem. This research also concluded that girls benefit from their own space separate from boys, in which they can assume leadership, express themselves openly and honestly, learn problem solving strategies amongst other girls, and focus on female concerns. This school based intervention program targeted the needs of adolescent girls and the curriculum proved to be an effective model to use with this population as supported by the literature.

Limitations

One of the limitations of this study was the small sample size and the homogeneity of the sample. Due to the geographical location of this particular middle school, this writer was limited to students with a relatively high socioeconomic status as well as cultural background.

The size of the group was also noted as a limitation. During the selection process 25 girls were approached about the possibility of joining the group. This writer initially wanted no more than 10 girls for the group; however 12 girls returned the parent permission forms. Therefore, this writer allowed all 12 girls to join the group. This writer found that size of the group was too large because there were too many girls to

hear from. The group seemed rushed at times and some girls had to be politely cut-off in order to have everyone participate in the group discussions.

Other limitations found in this research included the amount of time which was allotted for each group session. Our meetings were 40 minutes long, which often times seemed to short for the amount of discussion and activities that were planned.

Suggestions for future study

Some suggestions for future study include selecting a more diverse group, which is reflective of the general population, keeping the size of the group between 7-8 students as suggested by Yalom (1995), and finally, using the more recent form of the Piers-Harris Self-Concept Scale. The Piers-Harris 2nd Edition, like the original scale quickly identifies youngsters who need further testing or treatment. The newest form of the Piers-Harris now offers an expanded age range (7-18, rather than 8-18), reduced length (only 60 questions compared to 80 on the initial scale), improved interpretive guidelines, a larger more diverse standardization sample, and updated computer assessment tools.

Conclusion

Girls face tremendous challenges as they enter adolescence and middle school simultaneously. Therefore, schools need to implement female focused programs and provide counseling interventions in order to help support these students during this confusing period of life. The present results demonstrated that gender-specific counseling interventions are not only needed during adolescence, but are also effective.

Middle school counselors are in a unique position because they witness their students enter and navigate through adolescence. Counselors have the opportunity to provide education, answer student's questions, and support students as they experience

these physical and emotional changes. Often times, students are too embarrassed to talk

to their parents about certain issues, such as sex and drugs, and it is the counselor who

facilitates these conversations. Because adolescence involves fundamental changes in

multiple domains, this special period of life represents an optimal time for counselors to

stay involved and positively affect the well-being of their students.

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Appendix A

Appendix B

Appendix C

Appendix D

Appendix E

Appendix F

Appendix G

Appendix H

Appendix I

Appendix I

Appendix J

Appendix J

Appendix K