

BeYOUtiful: Assessing the Impact of a High School Girls' Group

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### Abstract

Adolescent girls are at risk for having low self-esteem and low body satisfaction as a result of having a negative body image. Past research indicates that psychoeducational groups positively impact self-esteem and overall body satisfaction. The purpose of this study was to examine the impact of a psychoeducational girls' group focused on building a positive body image. The group will be detailed through describing the location and community of the site, explaining the recruitment process, and outlining the group sessions. Four high-school aged girls participated in the study. The results were measured through pre- and post-test administrations of the Rosenberg Self-Esteem Scale and Body Shape Questionnaire 16B. The results did not indicate statistically significant changes in self-esteem and body shape satisfaction. However, the numbers in the raw data showed that the group positively impacted self-esteem and overall body satisfaction. The findings are discussed and recommendations for future research are explored.

### BeYOUtiful: Assessing the Impact of a High School Girls' Group

Adolescents are increasingly demonstrating being unhappy with their bodies. Approximately 20-40% of adolescents are currently trying to lose weight through dieting (Raich, 2010). This implies that adolescents have taken action to alter their bodies. Media is consistently infiltrating adolescents' perceptions of how their bodies should be (Fernandez & Pritchard, 2012). Vartanian and Dey (2013) further explain that the layers of social pressure toward extreme thinness increase overall body dissatisfaction. Adolescents with low body satisfaction are at risk of encountering negative outcomes such as low self-esteem or risk of eating disorders (van den Berg, Mond, Eisenberg, Ackard, & Neumark-Sztainer, 2010). Consequently, it is important that body dissatisfaction is addressed within a high school setting in order to prevent further dissatisfaction. The purpose of the following study is to determine if an eight-session psychoeducational group rooted in promoting positive body image will increase self-esteem as measured through Rosenberg's Self-Esteem Scale (1965) and increase overall body satisfaction as measured through the Body Shape Questionnaire 16B (Evans & Dolan, 1993). Increased self-esteem in addition to increased overall body satisfaction will be the identifiers of having an overall positive body image.

#### **Review of the Literature**

Herbert, Kübler, Vögele, and Pollatos (2013) explain body image as a "person's perception of his or her own physical appearance" (p. 1). Given this definition, a negative body image includes having negative and destructive perceptions of one's own physical appearance. Contrarily, a positive body image consists of having positive and healthy perceptions of one's own physical appearance. The purpose of reviewing the literature is

to identify the impact of negative body image, the media, and thin-ideal internalization on adolescents. First, the media's role will be discussed, then the population who is most affected will be identified, and to conclude the review of the literature, successful body image groups will be discussed.

### **Media Influence**

Media has consistently been shown to be a negative influence on body image (Rayner, Schnierig, Rapee, Taylor & Hutchinson, 2013; Fernandez & Pritchard, 2012; Anschutz et al., 2011; Eyal & Te'eni-Harari, 2013). Furthermore, media that only uses very thin models or actors has a direct effect on the viewer's body dissatisfaction (Anschutz, Spruijt-Metz, Van Strien & Engels, 2011). Therefore, it is necessary that adolescents be informed about the media's unrealistic expectation and presentation of women's bodies. Fernandez and Pritchard (2012) found that self-esteem decreases when the media portrays females who are extremely thin. Increasing self-esteem (as it relates to body-image) as a reactive response to what females have already seen through media could then help build a protective factor against the media. Higher self-esteem is a protective factor because when adolescents are aware of the media's role in negative body image, they would be more likely to overcome the media's influence. Similar to self-esteem, it is necessary that females work toward body satisfaction—both as a response and a protective factor.

### **Thin-Ideal Internalization**

The notion of the thin-ideal has been created as a result of media. The thin-ideal includes an upward comparison in which adolescents contrast their own bodies with models and media figures, leading to discrepancies between actual and ideal body

perception (Eyal & Te'eni-Harari, 2013). Specifically, adolescents recognize that their bodies do not necessarily resemble the bodies that are consistently in the media. This leads adolescents to interpret their own body types as abnormal while internalizing the media's portrayal of bodies as ideal. Although the media has the power to influence all types of adolescents, those with low self-concept may be at a higher risk for internalizing the thin-ideal and comparing their own bodies with bodies portrayed in the media (Vartanian & Dey, 2013). To combat the thin-ideal, it is necessary to build self-concept and self-esteem among adolescents.

Vartanian and Dey (2013) found that adolescents who have internalized the incredibly difficult to attain thin-idea have negative feelings toward their own bodies. Women who have high levels of dissatisfaction with their own bodies consistently rate their ideal bodies as extremely thin; they also have a thinner definition of a normal body compared to women who are satisfied with their bodies (Glauret, Rhodes, Byrne, Fink & Grammer, 2009). Furthermore, the more a woman has internalized the thin-ideal, the thinner her ideal body was on a rating scale (Glauret et al., 2009). The perceptions of what is normal regarding body type is continuing to get thinner, thus causing larger levels of discrepancies, which then lead to increased discontent with one's body. Moradi (2010) explains that thin-ideal internalization leads to increased participation of body surveillance and body monitoring among women. Further, preoccupation with one's body has the potential to lead to unhealthy habits such as disordered eating behaviors.

### **Body Image and the Adolescent Girl**

Adolescents are fixated on their appearances. Specifically, girls experience increased pressure to keep up with society's perceived standards of beauty. Qualitative

interviews of nine girls 14-15 years old at a private all girls' school in Australia found appearance to be unquestionably important; the girls revealed that appearance contributes to popularity and peer acceptance, and that weight and appearance are "obvious" topics of conversation (Carey, Donaghue & Broderick, 2011, p. 312). This implies that it is normal for girls to discuss their classmates' bodies and appearances. The normality of this type of conversation likely adds to the pressure to focus on appearances.

Furthermore, Carey et al. (2011) found that adolescent girls believe that girls who struggle with their weight should be able to manage their food and exercise, and that their struggle with weight is because they are not trying hard enough to stay thin. This perception implies a lack of acceptance toward people who do not fit into the thin-ideal standard. Education regarding several types of body shapes and sizes is imperative for learning acceptance and differences.

In addition to the thin-ideal and girl-to-girl pressures, adolescent boys believe that a girl's appearance is critical for a thriving social life. According to adolescent girls *and* boys, a girl's thinness establishes her attractiveness and dating success (Gondoli, Corning, Salafia, Bucchianeri, & Fitzsimmons, 2011). Therefore, adolescents believe that thinner girls are more likely to be considered attractive and be in relationships. This can result in overwhelming pressure for girls to be preoccupied with their appearances.

Yager, Diedrichs, Ricciardelli and Halliwell (2013) found that in co-educational settings, psychoeducational groups on body image were only effective at increasing positive body image for males. Therefore, girls should have a separate group from boys in order to benefit from a positive body image group.

The demand to be extremely thin and beautiful may contribute to why eating disorders typically start in late adolescence (Stice, Rohde, Shaw, & Gau, 2011). Those who internalize the thin-ideal are more likely to develop body-dissatisfaction, low self-esteem, and eating disorder symptoms (Van Diest & Perez, 2013; Herbert et al., 2013; van den Berg et al., 2010). Therefore, it is advantageous to have preventative measures against negative body image before late adolescence. Promoting a positive body image and increased self-esteem could act as protective measures against unhealthy attitudes and behaviors.

### **Successful Body Image Groups**

In conducting a review of the literature, it is clear that programs on body image have been effective at lowering eating disorder risk, increasing positive body image, and increasing self-esteem (Cash & Hrabosky, 2003; Stice, Marti, Rohde, & Shaw, 2011; Stice, Rohde, et al., 2011; Wilksch, 2010; Yager, Diedrichs, Ricciardelli & Halliwell, 2013). These findings provide strong evidence to support the creation of a girls' psychoeducational group on body image in a high school. Components of successful programs include media literacy, activities to increase self-esteem, activities to build peer relationships, and dissonance based activities (Yager et al., 2013; Stice, Rohde et al., 2011). Through these activities, participants gain knowledge about societal influence and pressure to maintain a thin body (media literacy). With this knowledge, participants develop increased awareness and can therefore use strategies to remind themselves that the media is skewed in its portrayal of bodies. Activities that are designed to specifically increase self-esteem help to solidify protective factors against a negative body image. Building peer relationships is beneficial to successful programs because participants then

have a sense of community and bonding. Through this sense of community, participants could have extended support networks and a level of understanding and acceptance among the group members. Dissonance-based activities allow participants to practice verbally combating the thin-ideal. This skill aids participants in dissuading friends from pursuing the thin-ideal as well as participating in self-talk to counteract personal desires to pursue the thin-ideal.

Psychoeducational groups are effective at altering participants' negative body views (Cash & Hrabosky, 2003). In studying the effects of a psychoeducational group that included cognitive behavioral therapy, Cash and Hrabosky (2003) found that post-group, participants had increased appearance evaluations, reduced self-perceived severity of body image problems, greater satisfaction with overall appearance, less body image dysphoria, less overweight preoccupation, less perception of appearance as a source of self-evaluation, and improved self-esteem.

Stice, Rohde, et al. (2011) examined the results of a dissonance based prevention group, which included combating the thin-ideal and using role-plays to educate participants. This group illustrated that results could be sustained over time: two years after the program, participants had significantly decreased their body satisfaction scores, and three years after the program, participants showed significant reductions in eating disorder symptoms (Stice, Rohde, et al., 2011). These results emphasize the successes associated with facilitating a dissonance based prevention group.

Effective programs run for a total over five hours over multiple sessions (Yager et al., 2013). For example, this could mean having five one-hour sessions or ten half-hour sessions. Therefore, programming does not need to be broadened nor exhaustive of all

components surrounding body image. Relaying educational information in addition to utilizing activities within a psychoeducational group is sufficient to increase positive body image and self-esteem. Discussing sensitive topics such as body image can sometimes raise the fear of adolescents behaving and thinking in the opposite way as intended (for example, engaging in eating disorder behaviors after discussing the harmful effects of eating disorders). A meta-analysis revealed that prevention programs are not harmful to participants, nor do they encourage the onset of an eating disorder (Fingeret, Warren, Cepeda-Benito, & Gleaves, 2006). More specifically, prevention programs that work toward promoting positive body image as opposed to discussing the details of the damaging effects of negative body image (such as the onset of eating disorders) have been found to be especially non-iatrogenic. This finding further emphasizes that psychoeducational groups surrounding positive body image are effective and essential for adolescents.

### **Conclusion from the Literature**

Adolescents' negative body image is an issue that needs to be addressed. To effectively attend to this issue, it would be beneficial to promote positive body image. A high school setting would be ideal for running a group on positive body image considering the media and societal demands to be thin directly affect adolescents (Eyal & Te'eni-Harari, 2013; Vartanian & Dey, 2013; Raich, 2010; Carey et al., 2011; Gondoli et al., 2011). According to the literature, psychoeducational girls' groups can result in a reduced risk of eating disorders, increased positive body image, and increased self-esteem (Wilksch, 2010; Stice, Marti et al., 2011; Yager et al., 2013; Cash & Hrabosky, 2003; Stice, Rohde, et al., 2011). These literature findings illustrate the effectiveness of

psychoeducational groups in promoting overall body image. The following research study will add to the literature by determining whether implementing an eight-session psychoeducational group, entitled BeYOUtiful, will increase self-esteem and increase body satisfaction.

## **Method**

### **Location and Community**

The research took place at a suburban high school in the Northeastern United States. The total population of the high school includes 1361 students. The high school has a predominately Caucasian population (91%). Other populations include 3% identifying as Latino or Hispanic, 3% identifying as Black or African American, 2% identifying as Asian or Native Hawaiian/Other Pacific Islander, less than 1% identifying as American Indian or Alaskan Native, and 1% identifying as multiracial. Students identified as having disabilities make up 11% of the population and 11% are identified as economically disadvantaged (Thomas, 2014).

### **Recruitment**

Group participation was determined on a first come, first served basis. Participants were recruited through flyers posted in the girls' bathrooms. One student approached the researcher after seeing a flyer in the girls' bathroom, but she ultimately did not join the group. The researcher also invited girls with whom she already had a rapport to participate in the group. Other school personnel were also invited to give out fliers to students, but were not permitted to actively recruit students. The school psychologist recommended three students to the project. The school psychologist and the researcher met with these three girls individually and the researcher explained the group

to them and invited them to join. These three students were given a parent informed consent form, which they returned to the researcher before the group sessions started. The researcher also encouraged these students to talk to their friends about the group.

### **Participants**

The maximum number of students who were eligible to participate was 684 (the total number of 9<sup>th</sup>-12<sup>th</sup> grade girls) (Thomas, 2014). The ideal minimum number of participants was four and the ideal maximum number of students was twelve. Five students committed to joining the group. For the rest of the article, the participants will be referred to by their participant number. All five participants completed the pre-inventories. Participants 1, 3 and 4 were recommended by the school psychologist. Participant 2 had a rapport with the researcher prior to the group. Participant 5 heard about the group from participant 4. Participant 2 attended the first session and then decided that it was too difficult for her to stay after school for the group considering her other commitments. Therefore, the total number of participants for BeYOUtiful was four.

### **Instruments**

During the first session, the researcher administered Rosenberg Self-Esteem Scale (Rosenberg, 1965). This scale is free to use and score. The Rosenberg Self-Esteem Scale is a 10-item instrument. The responses are measured on a Likert scale (“Strongly Agree,” “Agree,” “Disagree,” “Strongly Disagree”). A sample item on the Rosenberg Self-Esteem Scale is “I feel that I have a number of good qualities.” Scoring of the Rosenberg Self-Esteem Scale includes scoring all of the items with a number one through four. Five of the items are reversed scored. The minimum score a participant can receive is 10 and the maximum score a participant can receive is 40. Higher scores indicate higher self-esteem.

The researcher also administered the Body Shape Questionnaire-16B (BSQ-16B) during the first session (Evans & Dolan, 1993). There are sixteen items on the BSQ-16B. The participant ranks each item on a Likert scale from 1-6, where 1 is "Never" and 6 is "Always." A sample item on the BSQ-16B is "Have you not gone out to social occasions (e.g. parties) because you have felt bad about your shape?" The BSQ-16B has a reliability of .88, which is described as excellent, and an internal consistency of .95 (Pook, Tuschen-Caffier, & Braehler, 2008).

Both the Rosenberg Self-Esteem Scale and the BSQ-16B were administered again during the last group session. Confidentiality was maintained by using participant numbers on the questionnaires. A master list of participant numbers matched with names was kept off-site.

### **Group Details**

BeYOUtiful consisted of eight half-hour group sessions over a seven-week time period. Two sessions were held during the school day, five sessions were held on Thursdays after school, and the final group was held on a Friday after school. Sessions were held two times in one week twice to accommodate schedules. All sessions took place in the Counseling Center small conference room. The room has a large table with chairs, a whiteboard, a computer, and a projector. During the sessions, the participants sat at the table. The researcher sat at the table with the participants unless she was utilizing the whiteboard or computer for presentations.

### **Sessions.**

The group sessions were loosely based on research by Sink (2011), Stice, Rohde et al. (2011), and Yager et. al (2013). The first group session included administering the

scales, doing introductions, signing the informed assent form, and going over an outline of the sessions. The second session included defining BeYOUtiful group terms (positive body image, thin-ideal, self-esteem, and healthy lifestyle), completing a checklist on self-care methods, and viewing a video clip about the use of Photoshop in advertisements. The third sessions included a dissonance-based role-play about pursuing the thin ideal and a presentation on cultural and historical beauty. The fourth session consisted of showing a video clip about self-judgment. The fourth session also included creating a shield that answered different personal topics: “something I do well; my greatest character strength; the best compliment I have received; the people who make me feel good about myself; my favorite quote/inspiring quote; my favorite physical quality.” The fifth session included activities about character traits and learning to appreciate oneself. The activities in the six session included having participants describe their favorite picture and reading letters to a hypothetical middle school student. The focus of the sixth session was Ellis’ ABC model from Rational Emotive Behavioral Therapy as it applies to positive body image. To conclude group six, the researcher led a guided meditation about appreciating one’s body. The seventh session included a healthy lifestyle presentation. Session eight, the final session, included the administration of the post-inventories and creating positive body image posters.

***Session attendance.***

	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
Session 1	√	√	√	√	
Session 2	√		√	√	√
Session 3	√		√		√
Session 4			√	√	√
Session 5	√		√		√
Session 6	√		√		√
Session 7	√		√		√



Three items had correlations with  $p < .05$ . These scores indicate statistical significance. The items with  $p < .05$  include item two on the Rosenberg Self-Esteem Scale: "At times I think I am no good at all," ( $p = .015$ ); item five on the Rosenberg Self-Esteem Scale: "I feel I do not have much to be proud of," ( $p = .015$ ); and item nine on the Rosenberg Self-Esteem Scale: "All in all, I am inclined to think I am a failure," ( $p = .000$ ). All of these items were reverse scored.

Paired Samples Correlations		N	Correlation	Sig.
Pair 1	Satisfied with self & post satisfied with self	4	.853	.147
<b>Pair 2</b>	<b>No good &amp; post no good</b>	<b>4</b>	<b>.985</b>	<b>.015</b>
Pair 3	Good qualities & post good qualities	4	.577	.423
Pair 4	Do things well & post do things well	4	.577	.423
<b>Pair 5</b>	<b>Not proud &amp; post not proud</b>	<b>4</b>	<b>.985</b>	<b>.015</b>
Pair 6	useless & post useless	4	.775	.225
Pair 7	Person of worth & post person of worth	4	-.229	.771
Pair 8	Wish more respect & post wish more respect	4	.333	.667
<b>Pair 9</b>	<b>failure &amp; post failure</b>	<b>4</b>	<b>1.000</b>	<b>.000</b>
Pair 10	Positive attitude & post positive attitude	4	.577	.423
Pair 11	diet & post diet	4	.636	.364
Pair 12	Fat fear & post fat fear	4	.754	.246
Pair 13	Full fat & post full fat	4	.174	.826
Pair 14	Compare shapes & post compare shapes	4	.917	.083
Pair 15	Shape concentrate & post shape concentrate	4	.754	.246
Pair 16	Naked fat & post naked fat	4	-.088	.912
Pair 17	Cut fat & post cut fat	4	-.333	.667
Pair 18	Avoid social & post avoid social	4	-.088	.912
Pair 19	Excessively large & post excessively large	4	.492	.508
Pair 20	Lack self-control & post lack self-control	4	.762	.238
Pair 21	Rolls of fat & post rolls of fat	4	.174	.826
Pair 23	reflection & post reflection	4	.870	.130
Pair 24	pinched & post pinched	4	.754	.246
Pair 25	Avoid body situations & post avoid body situations	4	.577	.423
Pair 26	company & post company	4	.000	1.000

The means of 9 items on the Rosenberg Self-Esteem Scale increased, indicating higher self-esteem post-intervention. The means of eleven items on the BSQ-16B decreased, indicating greater body shape satisfaction post-intervention. Five items on the BSQ-16B stayed constant at the post-test (items 11, 17, 21, 22, 25). Item three on the Rosenberg Self-Esteem Scale “I feel that I have a number of good qualities,” had a mean decrease of .25, indicating lower self-esteem on this item during the post-test for one participant. The following table includes all pre- and post-test means.

	Item	Mean
Pair 1	Satisfied with self	3.0000
	Post satisfied with self	3.2500
Pair 2	No good	3.0000
	Post no good	3.2500
Pair 3	Good qualities	3.7500
	Post good qualities	3.5000
Pair 4	Do things well	3.5000
	Post do things well	3.7500
Pair 5	Not proud	3.0000
	Post not proud	3.2500
Pair 6	Useless	2.5000
	Post useless	3.7500
Pair 7	Person of worth	2.7500
	Post person of worth	3.5000
Pair 8	Wish more respect	3.2500
	Post wish more respect	3.5000
Pair 9	Failure	3.2500
	Post failure	3.7500
Pair 10	Positive attitude	3.2500
	Post positive attitude	3.5000
Pair 11	Diet	1.7500
	Post diet	1.7500
Pair 12	Fat fear	2.2500
	Post fat fear	1.7500
Pair 13	Full fat	1.7500
	Post full fat	1.2500
Pair 14	Compare shapes	2.7500
	Post compare shapes	1.7500
Pair 15	Shape concentrate	2.2500
	Post shape concentrate	1.7500
Pair 16	Naked fat	2.2500
	Post naked fat	1.2500
Pair 17	Cut fat	1.2500
	Post cut fat	1.2500
Pair 18	Avoid social	2.2500
	Post avoid social	1.5000
Pair 19	Excessively large	2.0000
	Post excessively large	1.7500
Pair 20	Lack self-control	2.2500

	Post lack self-control	2.0000
Pair 21	Rolls of fat	1.7500
	Post rolls of fat	1.7500
Pair 22	Too much room	1.7500 <sup>a</sup>
	Post too much room	1.7500 <sup>a</sup>
Pair 23	reflection	2.0000
	Post reflection	1.7500
Pair 24	pinched	2.2500
	Post pinched	1.7500
Pair 25	Avoid body situations	1.5000
	Post avoid body situations	1.5000
Pair 26	company	2.0000
	Post company	1.2500

### Discussion

Building a positive body image among adolescent girls promotes self-esteem and creates a protective factor against the outcomes of a negative body image, such as eating disorders (Cash & Hrabosky, 2003; Stice, Rohde, et al., 2011). In the current study, the researcher developed an 8-session psychoeducational group (BeYOUtiful) based on literature by Sink (2011), Stice, Rohde et al. (2011), and Yager et. al (2013). BeYOUtiful was the intervention and the results were measured by pre- and post-test data, utilizing the Rosenberg Self-Esteem Scale and the BSQ-16B. The researcher hypothesized that at the post-test, participants would exhibit greater positive body image. An increase in positive body image was measured by self-esteem and overall body shape satisfaction. Therefore, the researcher predicted that compared to the pre-tests, the post-tests of the Rosenberg Self-Esteem Scale would have higher scores, and the BSQ-16B would have lower scores.

### Implications

Although the results did not demonstrate statistical significance, the raw data is promising. The researcher suggests that the results may have been statistically significant if the group had greater participation. BeYOUtiful had a total of four participants, which

made it difficult to produce statistically significant data. A total of twenty (out of twenty-six) items' means improved on the post-test, indicating higher self-esteem and greater overall body satisfaction on those items. These findings are consistent with the psychoeducational group research by Cash and Hrabosky (2003). After examining the outcomes of body-image groups, Cash and Hrabosky (2003) determined that the groups altered participants' negative body image, increased self-esteem, and increased overall satisfaction with appearance.

Of the twenty items that improved at the post-test, nine were on the Rosenberg Self-Esteem Scale. The following items on the Rosenberg Self-Esteem Scale had an increase in scores at the post-test (adjusting for reverse scored items), thus indicating higher self-esteem: "On the whole, I am satisfied with myself," "At times I think I am not good at all," "I am able to do things as well as most other people," "I feel I do not have much to be proud of," "I certainly feel useless at times," "I feel that I'm a person of worth, at least on equal plane with others," "I wish I could have more respect for myself," and "All in all, I am inclined to feel that I am a failure," "I take a positive attitude toward myself." The most significant change was item six "I certainly feel useless at times." The change in mean for this item was the closest to resembling statistical significance.

The remaining eleven items that illustrated improvement on the post-test were on the BSQ-16B. The following eleven items had a decrease in scores at the post-test, indicating greater overall body satisfaction: "Have you been afraid that you might become fat (or fatter)?," "Has feeling full (e.g. after eating a large meal) made you feel fat?," "Have you noticed the shape of other women and felt that your own shape compared unfavourably?," "Has thinking about your shape interfered with your ability to

concentrate (e.g. while watching television, reading, listening to conversations)?,” “Has being naked, such as when taking a bath, made you feel fat?,” “Have you not gone out to social occasions (e.g. parties) because you have felt bad about your shape?,” “Have you felt excessively large and rounded?,” “Have you thought that you are in the shape you are because you lack self-control?,” “Has seeing your reflection (e.g. in a mirror or shop window) made you feel bad about your shape?,” “Have you pinched areas of your body to see how much fat there is?,” and “Have you been particularly self-conscious about your shape when in the company of other people?”

Five items did not change at the post-test. All five of the consistent pre- post-test items were on the BSQ-16B. The means that stayed constant were for the following items: “Have you been so worried about your shape that you have been feeling you ought to diet?,” “Have you imagined cutting off fleshy areas of your body?,” “Have you worried about other people seeing rolls of fat around your waist or stomach?,” “When in company have your [sic.] worried about taking up too much room (e.g. sitting on a sofa, or a bus seat)?,” and “Have you avoided situations where people could see your body (e.g. communal changing rooms or swimming baths)?” The researcher hypothesizes that these items may have stayed constant at the pre- and post-test because of the wording of the questions. These five items use language and scenarios in which the participants may not have been familiar, such as cutting off fleshy areas, taking up too much room, and communal changing rooms or swimming baths. Therefore, the participants may have circled a low number at both the pre- and post-test because they were unsure of what the question was asking.

The mean of item three (“I feel that I have a number of good qualities”) on the Rosenberg Self-Esteem Scale went in an unexpected direction to indicate a decrease in self esteem. The change in this mean was the result of one participant indicating “strongly agree” at the pre-test and then indicating “agree” at the post-test. It is possible that the participant had a greater awareness of her own body image concerns after participating in the group. Therefore, this one change should not be seen as an iatrogenic effect of the study.

### **Limitations**

The recruitment style of the study (first come, first served) could be a limitation because the sample may not be representative of the high school population. The participants who joined the group may have been those who have a heightened sense of awareness regarding body image. Therefore, students who have self-esteem concerns but have not confronted these concerns may have been left out of the study, although they could have benefited. A limitation to this study also includes the extraneous factor of three of the four participants working with the school psychologist. It is probable that these students discussed body image concerns during their sessions and utilized techniques that were offered by the school psychologist. Therefore, it cannot be assumed that the results are solely related to the group intervention.

Another limitation of the study was a lack of consistent attendance. Participant 3 was the only participant who attended all eight sessions. This a limitation to the study because this student received more information than the other participants, so she may have had more benefits from the group compared to the other participants. Another limitation included Participant 5 joining during the second session. Therefore, Participant

5 did not fill out the questionnaires at the same time as the other participants. Participant 5 also received an individual introduction to the group from the researcher rather than with the rest of the participants, who received the introduction during the first session. Participant 2 did not return after the first session. She is the only participant who filled out the pre-questionnaires and did not fill out the post-questionnaires. This could be a limitation because she did not receive any intervention despite having concerns regarding her body image. The researcher debriefed with Participant 2 after she did not return to the second session. Participant 2 explained that she did not have enough time to participate in the BeYOUtiful because of her schedule.

An additional limitation to the study was the small participant size (four participants). This small participant size makes it difficult to generalize the study. In addition to there only being four participants, the majority of the sessions only had three attendants. The varying combinations of four participants imply a lack of consistent cohesion within the group. Another threat to external validity includes three of the four students having an Individualized Education Program (IEP).

The researcher did not have a control group, which could be another limitation to the study. Therefore, there was no way to tell if the results would have been similar if there was no intervention. The researcher is also aware of testing sensitivity. The inventories are clearly about self-esteem and overall body-satisfaction, as was the group itself. Therefore, it is likely that the participants had an awareness of the desired results. Also, the post-inventories were administered immediately after the last group session. Thus, the longevity of the results cannot be determined from this study. Time permitting, the researcher would have conducted follow-up assessments.

**Moving Forward**

The current study adds to the literature regarding the importance of promoting positive body image within a school setting. Interventions, such as BeYOUtiful, should continue to be implemented to increase self-esteem, increase overall body satisfaction, and decrease the risk of eating disorders.

For future research and groups, the researcher recommends having a larger sample size. BeYOUtiful had four participants, which was the desired minimum number, but the researcher hypothesizes that the data could have been significant if there were more participants. To achieve a greater sample size, recruitment could have greater depth. One idea is to send letters home to parents discussing the goals of the group. In the current study, the researcher found that when the parents were invested in the group, the students were more likely to seek out the researcher and become involved in the group.

A control group with similar demographics to the experimental group would also be beneficial to future research. This would allow extraneous variables to be more controlled and understood in the data. For example, a majority of the participants also routinely saw the school psychologist. If the control group included students who also saw the school psychologist, it would be easier to understand if the results were related to the group. The researcher would also consider having a co-facilitator, such as the school psychologist. Having a co-facilitator would enhance the group dynamics by demonstrating teamwork among the facilitators. With a co-facilitator, the participants would have an additional staff point-person regarding group topics.

The researcher also recommends having a formal procedure for students who do not return to the group after attending a session. The researcher reached out to the

participant who did not return, which provided insight into why the participant did not return. However, if the researcher were to administer the study again, the researcher would have written into the consent/assent forms that if a student does not return to a session after agreeing to be in the group, then the girl would have to meet with the researcher individually for a designated number of times.

The current study does not address long-term results of BeYOUtiful. Conducting follow-up assessments would further expand the research. Identifying long-term benefits of a psychoeducational group would add to the research by Stice, Rohde, et al. (2011), which found that the results were sustained after two and three years. Meanwhile, groups should continue to be implemented in a school setting to work toward increasing overall self-esteem and body satisfaction among adolescent girls.

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