

Enhancing Self-Image and Reducing Risky Behaviors

by

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August, 2007

A thesis submitted to the  
Department of Education and Human Development of the  
State University of New York College at Brockport  
in partial fulfillment of the requirements for the degree  
of Master of Science in Education

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## CHAPTER I - Introduction

Adolescence can be an extremely imperative yet frightening time for our American youth. It is a time of change that affects them physically, emotionally, socially, and intellectually, especially females. Adolescent females are now expected to care more about others' feelings, needs, and interest than their own, all while being bombarded with unattainable ideal images of females. Their focus turns from academics to trying to fit into a group and attempting to obtain society's perfect image of how females should look and behave. Adolescent females strive to achieve a body image that society deems as ideal, while in reality this image is unrealistic and unhealthy. (Cordes, 2000)

Although adolescence is a time associated with weight gain, the cultural context encourages adolescent females to uphold the female beauty ideal of extreme thinness. While trying to maintain this ideal, adolescent females move from self-confidence to self-consciousness. With these various unattainable expectations, females' self-images are affected. Because of these images, adolescent females experience a considerable decrease in their self-image which steers them away from their academics and towards engaging in risky behaviors. Pressure to participate in risky behaviors such as engagement in sexual activity,

alcohol consumption, and illegal drug use begin to inundate adolescents. With the pressures surrounding adolescents and a low-self image, it is in these risky behaviors that adolescent females are searching for happiness and to feel a sense of worth and belonging. (Cordes, 2000)

Unlike males, females rarely recover from the decline in self-esteem that occurs during early adolescence, resulting in a negative self-image. The effects of a negative self-image not only hinder their adolescence, but also follow them far into their adulthood. Adversely, a positive self-image is associated with higher academic achievement, sport participation, resistance to peer pressure and proficient coping skills. (King, Vidourek, Davis, and McClellan, 2002)

An analysis by Roan (2001) shows that a quality education teaches more than basic health topics such as fitness, nutrition, and disease. He expresses that an exceptional education also equips adolescent females with the self-esteem, pride, thinking skills, and determination to help guard her health. Adversely, Gottlieb and Rogers (2002) found that youth with low-self images have shown a reduced dedication to their academics as well. When adolescent females are mentally healthy, they are able to focus on their education and future, therefore creating a

more positive and productive member of society. (Cordes, 2000)

### **Problem Statement**

Adolescent females are bombarded with society's images of what the American female should look like and how she should act. With various unattainable expectations, females' self-images are affected. Not only are adolescent females are turning to drugs, sexual activity, violence, and eating disorders to compensate for their low-self image, but they also have a lowered commitment to their academics.

### **Significance of Problem**

Risky behaviors such as alcohol and drug usage, engaging in sexual activity, delinquency, dangerous dieting or eating disorders, suicide, and gang violence are associated with adolescents who experience negative self-images. As evidenced by studies conducted by Roan (2001), risky behaviors that are linked to a negative self-image are already prevalent in our society. As a result of society's female beauty ideal, one in six adolescent females say they have binged or purged and fifty-eight percent of adolescent females say that they have been on a diet. Sixty-six percent of adolescent females have had sex by the twelfth grade, four in ten have become pregnant by the age of twenty, and one in five U.S. abortions involve

adolescents. Along with these startling statistics, thirty-four percent of adolescents are smokers while eighteen percent are using illegal drugs (Roan, 2001).

There is a general decline in school performance among females as they enter adolescence. This decline in school performance is a result of expectations, or lack of, put forth by society. Adolescent females' observation of women's role in society intensifies their changing opinions about what is expected of females. If adolescent females perceive that women hold positions of less status than men in society, it may lead females to conclude that their role is less significant than that of males. Since females' ideology of women's status changes, education becomes less of a priority. This, in turn, leads to a decrease in academic achievement.

#### **Rationale**

Adolescent females' self image also affects me professionally. My belief is that education is more than just reading, writing, and arithmetic. It is our job to teach the whole student and to create productive members of society. To teach only to curriculum and to ignore the students' emotional needs would be an ignominy. With all of the pressures that media places on females today, I believe that we must equip them with the skills needed to



be better prepared to face society and the media's pressures. With these skills, females will be able to confront these images and understand the unrealistic image of females presented within the media. Because of this, they will be able to better comprehend the importance of their inner beauty and will be able to concentrate more on their educational studies.

The topic of self-image development in pre-adolescent females, along with the implications that it has on their futures, has always been an important issue to me. I struggled with developing a positive self-image while transitioning through adolescence. Because of my low self-image, I made poor decisions that led me towards alcohol usage, eating disorders, and depression. Not only do I sympathize with how difficult it is for females to develop a positive self-image, but I also understand the implications that it has on important choices made throughout this vital time. I recognize that the choices adolescent females elect based on the value they place upon themselves has an impact that continues well into their adulthood. For these reasons, the topic of adolescent female's self image is one that has personal significance to me.

## **Purpose**

The purpose of this study was to create a pre-adolescent female group that assisted in their development of the self-confidence and self-worth that is so difficult to attain with society's stereotypes and pressures. The pre-adolescent females learned how to identify the pressures that society places on them through media messages, examined perceptions about gender role and feelings about gender, and how to maintain a positive mindset.

Outcomes of the interventions were measured using the results of pre- and post-survey data. Students also completed a project throughout the weeks titled, "All About Me." It focused around their initial self-image and what they had learned about themselves throughout the sessions.

## **Definitions of Terms**

1. **Adolescence:** the period of physical and psychological development from the onset of puberty to maturity.
2. **Body Image:** the way people see themselves and the way that they think others see them.
3. **Gender role development:** the process whereby students come to acquire the behaviors, attitudes, interests, emotional reactions, and

motives that are culturally defined as appropriate for members of their sex.

4. Mind set: a set of beliefs or a way of thinking that determines an individual's behavior and outlook.
5. Pre-adolescence: the period of childhood just before the onset of puberty; often designated as between ten and twelve in girls and eleven and thirteen in boys.
6. Preventative interventions: techniques that are used to prevent or hinder a situation so as to alter an action or development.
7. Risky adolescent behaviors: dangerous or hazardous behaviors that adolescents engage in that places them at risk such as alcohol and drug usage, engaging in sexual activity, delinquency, dangerous dieting or eating disorders, suicide, and gang violence.
8. Self-confidence: confidence in oneself or in one's abilities.
9. Self-image: the perception that one has of oneself.

10. Self-worth/Self-esteem: pride in oneself or due respect for oneself, one's character, and one's conduct.
11. Binge eating: eating large amounts of food at one time
12. Purging: causing oneself to throw up
13. Social constructivism: theory that states that knowledge is a result of social interaction and verbal communication, and therefore is a shared, rather than an individual experience.

There is an ample amount of literature surrounding the topic of positive self-image development in female youth and its importance. My theoretical knowledge of this subject matter has been consolidated in the literature review beginning on the next page.

## **CHAPTER II - Literature Review**

### **Experiencing Adolescence**

Adolescence is a crucial time of change for adolescent youth which affects them on all levels: physical, socially, cognitively, and emotionally. Childhood days are carefree and consist of trading lunches and playing with friends while not having a worry in the world. The essence of early childhood friendships consist of pretend tea parties and playing dress up. As youth transition into adolescence, these friendships are no longer as simple. Placid childhood days transition into complex and uneasy adolescent days which lead many adolescents to make unhealthy choices (King, Vidourek, Davis, and McClellan, 2002).

The days of adolescence are filled with anxiety; desiring to be thin, desperately trying to fit in, and battling peer pressure (LeCroy, 2004). As adolescent females endure numerous physical changes, they are combating media's portrayal of unattainable female images while being pressured to participate in risky behaviors (King, Vidourek, Davis, and McClellan, 2002, & LeCroy, 2004). Engagement in risky behaviors such as alcohol consumption and sexual activity may lead to unwanted

pregnancy and school dropout (LeCroy, 2004). These crucial choices have a lasting effect that extends into adulthood.

Adolescence is the time of transition from childhood to adulthood which is awkward and confusing for adolescents. The most observable change during adolescence is the physical adjustment: puberty (Dowshen, 2004). Although the onset of puberty varies depending on the adolescent, it usually starts for girls between the ages of eight and thirteen. As Dowshen (2004) explains, puberty is a time of various physical changes that occur within the female body.

Puberty begins as the hypothalamus releases a hormone called gonadotropin (GnRH). Once GnRh reaches the pituitary gland, two more puberty hormones are released: luteinizing hormone (LH) and follicle-stimulating hormone (FSH). In female adolescents, the puberty hormones travel to the ovaries and prompt the release of their eggs as well as the production of the hormone estrogen. This prepares the female's body for pregnancy (Dowshen, 2004).

With these internal changes, females also have more noticeable changes as well. Adolescent females' hips widen as their bodies become curvier. Their breasts begin to form while they gain weight, develop acne, grow taller, and develop hair around the pubic area and underarms

("Puberty," 2001). The end result of puberty is menstruation and reproductive maturity.

For female adolescents, this physical adjustment sparks emotional disarray. According to the Child and Youth Health: Healthy Body, Child and Youth Health Unit (2001), adolescents:

have to deal with rapid physical change - all of a sudden, [they] have a new body shape and can begin to feel self-conscious about how [they] look. [They] sometimes feel embarrassed if [they] feel different [from their] friends. Other people may start to respond to you [them]. [They] look older and may be treated as an older person. (p. 2)

How others view their physical appearance becomes increasingly more important than how they feel about themselves. Females experience moodiness, insecurities with their bodies, sexual attraction, and sexual curiosity. The outcome of the emotional growth: their own identity.

Socially, puberty sparks the beginning of the long process of adolescents taking control of their own lives. Their way of thinking begins to change. As Child and Youth (2001) states, they are "... starting to choose [their] own standards and ideals; to form [their] own ideas, morals and values; and to rely less on [their] parents for knowledge about life and the world" (p. 2). It is a time in which adolescents begin to question who they are and what their purpose is while examining their parent's roles, values,

and beliefs (Bergh & Erling, 2005). As Bergh and Erling (2005) explained, identity formation begins when an individual is "... able to choose some of their childhood identifications, and discarding others, based on his or her interests and values" (p. 377). Adolescents experience an enormous amount of physiological and cognitive changes, while their social expectations increase (Bergh & Erling, 2005). This is the beginning of adolescents' independence. Adolescents have to make choices, succeed with their academics, and manage life in order to accomplish a healthy identity at the end of adolescence (Powell, 2004).

If this time of change was not hard enough for adolescents, a whole new spectrum of pressures and stresses awaits them. During this time, friendships begin to change, some become more important, more intense. It is crucial for adolescents to be liked and accepted by their friends. In a time when fitting in with their peers is crucial, adolescents are inundated with pressures to participate in risky behaviors such as sexual activity, alcohol consumption, and illegal drug use (Roan, 2001). Roan (2001) found that out of the sixty-six percent of females who have had sex by the twelfth grade, one-third used no contraception the first time they had sex. Roan also found that fifteen percent of high school females reported



frequent drinking, half of all HIV cases occur in people under the age of twenty-five, and three million adolescents are infected with sexually transmitted diseases each year. Adolescents with low self-images were more likely to fall into these risky behaviors. The choices that adolescents select when confronted with these dangerous activities have an impact on their immediate and long term futures.

Along with critical decisions and involvement with risky behaviors, a negative self-image also affects adolescent youth's academic achievement. Gottlieb and Rogers (2002) found that because adolescent youth's behavior as learners is directly related to how they view themselves, the correlation between an adolescent youth's self-image and academic achievement are distinct. An adolescent youth's self-image is a good predictor of their academic achievement (Pepi, Faria, & Alesi, 2006). A positive self-image is associated with adolescent youth working diligently and doing better academically in school (Colvin, 2000). Adolescent youth that maintain a low self-image have shown a low commitment to their academics (Gottlieb & Rogers, 2002). Without the commitment to academics, the adolescent youth's academic achievement diminishes. On the contrary, Gottlieb & Rogers (2002) reported that, "Students portraying a positive feeling of

self had more positive characteristics in the areas of cooperation, persistence, leadership, and expectations for further schooling," where as, "...a low self-image increases that likelihood of adolescent drop-out" (p. 100). Pepi, Faria, and Alesi (2006) supported this as they found that a positive self-image is related to the ability to manage academic tasks by partaking in the learning process and developing efficient study methods.

In a study conducted by Pepi, Faria, and Alesi (2006), a significant correlation between self-image and academic achievement was found in the areas of language, literature, mathematics, and the global assessment score both individually and as a collective group. The study found that one's view of their worth is firmly associated to school achievement during adolescence with "... higher self-esteem being related to better school results" (p. 628). A similar study was conducted by Lane, Lane, and Kyprianou (2004) which studied self-esteem and the impact on academic achievement. This study confirmed that good academic performance was associated with a higher self-image. Both studies support what Gottlieb and Rogers (2002) established: a positive self-image is connected with a high level of academic achievement and success.

Colvin (2000) found a direct link between an increase in self-image and adolescents willingness to undergo new tasks, offer their ideas, and establish goals such as long-term planning for educational advancement, including higher studies. When making the transition from high school to the collegiate level, an academic adjustment is essential for achievement. Klein (2000) showed that having a positive self-image is necessary for successful adjustment. Boulter (2002) expresses that part of a successful academic adjustment is having a positive attitude towards setting academic goals. Since adolescent youth with positive self-images are prone to set academic goals, not only does their self-image entice them to seek collegiate studies, but it also prepares them for a successful transition. Self-image is a critical concern because it comprises an essential function in academic outcomes (Gottlieb & Rogers, 2004; Colvin, 2000; and Boulter, 2002).

While a positive self-image enhances achievement, anxiety is one factor that reduces academic achievement (Owayed El-Anzi, 2005). A negative self-image is associated with psychiatric difficulty while a positive self-image "... enhances one's ability to cope effectively with stress because individuals with poor coping mechanisms are more vulnerable to environmental stressors" (Wilburn &

Smith, 2005, p.34). Without a positive self-image, the pressures that immerse adolescent youth fill them with anxiety, therefore affecting their academic achievement and motivation (LeCroy, 2004).

One of the biggest pressures adolescent females face is to obtain society's unattainable body image: flawless skin, extreme thinness, narrow hips, large breasts, tall, lengthy legs, and tan skin (Haag, 2000; Levine, Piran, and Steiner-Adair, 1999). Adolescent females are constantly surrounded by these unattainable images. As Levine et al. (1999) explained, one of the sociocultural factors that influences the emergence of a negative body image, calorie-restrictive dieting, and eating disorders is the mass media. According to Levine et al. (1999), nearly 2,000,000 female adolescents subscribe to *Seventeen* magazine, and the estimated readership exceeds 11,000,000. The pages of *Seventeen* magazine are filled with these unattainable female body images. Adolescent females see these images as the absolute truth to what females, and ultimately what they themselves, should look like. They do not understand the unrealistic nature of the image put forth not only by the media, but society as well. Adolescent females strive to achieve this image and many become physically and

emotionally unhealthy in their pursuit of the ideal. (Roan, 2001)

With ideal female images everywhere, adolescent females' self-images are affected. As Jones (2001) explains, "Given that appearance is one of the potential routes to acceptance and popularity, social comparison becomes a relevant mechanism for learning about the appearance-related social expectations among peers and for evaluating the self in terms of those standards" (p.647). This causes turmoil and confusion for female adolescents.

As Roan (2002) established, because of the pressure for an ideal body, eighty-five percent of female adolescents are not getting enough calcium. Along with this, twenty-two percent of high school females report that they dislike or hate themselves while one in four adolescent females have symptoms of depression. Suicide rates among children ages fourteen and younger have increased seventy-five percent in the past decade. As Colvin (2000) explained, a positive self-image makes it more likely that students would make good choices and abstain from engaging in risky behaviors. The pressures of the media and the ideal female image are influencing adolescent females both in their immediate endeavors and their long term futures. A positive self-image is "...a

powerful factor in protecting against psycho-social risks in adolescence" (Pepi et al., 2006, p. 298).

### **Self Image Development: Theories and Constructs**

The challenges that female adolescents are confronted with affect the development of their self-images. Allen, Burrell, Eayle, and Preiss (2002) suggest that self-image changes with age. Their research has shown that self-image is more positive for girls than for boys under thirteen years old, but is more positive for boys than for girls during adolescence. Such evidence illustrates a decrease in the self-image of females as they encounter adolescence.

As Johnson, Roberts, and Worell (1999) explain, "Interpersonal theory posits that an individual's self-image is constructed on the basis of and reflects his or her interpersonal experiences" (p 91). Adolescents see society's messages surrounding male and female expectations and who they should be. As males are expected to seek out independence, separation from others, and self-sufficiency, females' development of self-image stems from the significance centered on the concern for others and their sensitivity (Owens, Scofield, and Taylor, 2003). As Owens et al. (2003) explain, "It is the sharing with others and the maintenance of a source of connection that serve as important factors in the development of self-image" (p.

876). The desire to maintain these relationships fosters adolescent females' aspiration to fit in, conform, and be part of a group. Achieving a place in a group produces a sense of belonging which creates a positive self-image within adolescent females (Owens, et al., 2003).

Pre-adolescence is a time of transformation for female friendships. Relationships become more intense and filled with pressures. A sense of belonging is vital for adolescents since it helps them become individuals with high self-worth (Powell, 2004). The importance of maintaining these friendships becomes trivial as the quality of these friendships becomes a predictor of self-image in adolescent girls (Thomas & Daubman, 2001).

Adolescents begin to be concerned with how they look as they compare themselves to their peer group and strive to preserve their place in a group (Roan, 2001). As Roan (2001) expresses, "There seems to be a specific time in a girl's development, usually the pre-adolescent years, when she begins to doubt herself on all levels" (p. 52). This is caused by physical changes that pre-adolescent females are enduring combined with the desire to be accepted into a group while constantly comparing themselves to their peers and media images. Such social comparison is a central contributor to body image (Jones, 2001). Jones (2001)

found that females who compared their appearance to others, were more likely to be displeased with their body images.

Another reason for the decrease in females' self-image and an increase in males' self-image is because "The relationship between self-image and body satisfaction is stronger for women than men" (Frost & McKelvie, 2004, p. 45). There is a positive correlation between perception of physical beauty and self-esteem (Thomas & Daubman, 2001). Frost & McKelvie (2004) found evidence that females' self-image was explicitly related to weight satisfaction. As Roan (2001 explained, female adolescents today are far more likely to become trapped within the mental and physical harmful stereotypes surrounding their appearance.

Adolescent females are increasingly surrounded with the conflicting, contradictory messages from society and media about the importance of being in control, toned, and fit (Levine et al., 1999). As Levine et al. (1999) explain, the media has become merciless while promoting the message that self-management in the name of external beauty is more essential than career, companionship, intellect, and physical wellbeing. Social comparison to such ideal images advances a discrepancy between the beauty of one's self and others (Jones, 2001). As a result, female adolescents move



from feeling confident and secure to feeling unworthy and self conscience. (Levine et al., 1999)

### **Problems and Risks Associated with a Negative Self-Image**

With the combination of pressure to obtain a perfect physical and social image along with the unrealistic ability to attain this image, many female adolescents develop a negative self-image. The effects of a negative self-image not only hinder their adolescence, but also follow them far into their adulthood. A negative self-image increases the probability of depression in adolescents and other psychiatric hardships (Wilburn and Smith, 2005). Kim & Kim (2001) found that "females who perceived their weight problem as more severe had lower self-esteem and experienced greater depression than did those who perceived a less severe weight problem" (p. 319). Females with more severe weight problems begin to engage in risky behaviors. LeCroy (2004) explained that most youth begin experimentation with risky behaviors, such as sexual intercourse, alcohol, and drug use, during early adolescence. Such participation can lead adolescents to lose interest in school, school failure, and dropout. Participation may become dangerous behavioral patterns that continue into adulthood. It is in these behaviors in which female adolescents are looking elsewhere for a sense of

belonging and self worth (King, Vidourek, Davis, and McClellan, 2002).

Although female adolescents have the capacity to partake in these risky behaviors, they are persistently engaging in one more than the others: dangerous eating or eating disorders (Johnson et al., 1999). Because of females' tendency to internalize pain secretly rather than convey it openly, they display a greater risk of developing eating disorders (Johnson et al., 1999). Among adolescent females, eating disorders are becoming increasingly more prevalent and are one of the most frequent psychiatric problems that affect adolescent females (Pritts & Susman, 2003).

One result of mass media and social comparison is the unrealistic standards of beauty and the development of symptoms related to anorexia and bulimia (Thomsen, Weber, & Brown, 2002). As Thomas, Weber, and Brown (2004) explain, "when women become dissatisfied with their inability to match the ideals presented in magazine photographs, stories, and advertisements, they begin to develop eating disordered cognitions which may eventually be acted upon in the form of anorexic and bulimic behaviors" (p.2).

People with anorexia nervosa are constantly thinking about being thin. They refuse to eat or lie about the

amount of food that they have eaten. Although they are very thin, they continue to believe that they are overweight. Anorexics worry about the amount of fat and calories in their food. Conversely, people with bulimia engage in binge eating. After bingeing, bulimics use laxatives or purge. They often attempt to keep their bingeing and purging a secret from others. Unlike anorexics, bulimics are usually closer to normal weight, but in some the weight fluctuates frequently. Most anorexics and bulimics engage in an excess amount of exercise as well as make attempts to lose weight by taking diet pills, water pills, or laxatives. People with eating disorders deny that there is anything wrong. (American Academy of Family Physicians, 2004)

These prevalent eating disorders have dire consequences associated with them. Eating disorders damage the individual's skin, stomach, teeth, muscles, and heart as well as thin their hair and cause them to be weak and dizzy. According to Pritts and Susman (2003), "Eating disorders are associated with devastating medical and psychological consequences including death, osteoporosis, growth delay, and developmental delay" (p. 297). Effects from eating disorders are severe, life changing, and have implications on the individual throughout their life.

More severely, Pitts and Susman (2003) explain that "eating disorders, particularly anorexia nervosa and bulimia nervosa, are significant causes of morbidity and mortality among adolescent females and young women" (p. 297). Eating disorders can be life-threatening conditions that affect one's physical and emotional development and may lead to early death (Bardick, Bernes, McCulloch, Witko, Spriddle, & Roest, 2004). Among those with eating disorders, there is an extensively high mortality rate which is twelve times higher than any other cause of death in young females (Cohn & Lemberg, 1999). Because of the effects of a negative self-image, assistance in the development of a positive self-image in pre-adolescent females is essential.

Preventative interventions that teach adolescent females to combat the images portrayed by the media is one of the most powerful ways to decrease eating disorders. Levine et al. (1999) explained that the evaluation of media content will tackle the ideal female body image presented by society. Adolescents need to examine messages that the media implies such as that beauty is more important than health and is vital for success. Media messages also imply that it is natural for a woman to question and feel ashamed about her body, that fat is a sign of failure and weakness,

and that winners do whatever it takes to transform herself (Levine et al., 1999). Providing information about the consequences and the efficacy of dieting along with the inherent effects on weight and shape helps adolescent females' ability to distinguish the unrealistic societal beliefs as stated above (Levine et al., 1999, & Roan, 2001).

### **Necessity of Preventative Interventions**

Early interventions are vital in preventing future health issues and the startling statistics of adolescents' engagement in risky behaviors. Preventative interventions have positive effects on pre-adolescent females' mental health and help prevent the downward spiral to their self-image as they transition through adolescence and adulthood. Pre-adolescence is the ideal age group for implementation of such interventions because it is prior to the onset of problem behaviors (LeCroy, 2004). As Roan (2001) noted previously, a quality education teaches adolescents more than basics health issues and provides her with tools to protect her health. One essential tool is a positive self-image. Powell (2004) explains that "It is especially important for adolescent girls to have adequate opportunities to build their self-image. Schools need to provide a supportive, interactive, and 'proactive learning' environment for adolescents to flourish" (p. 82).

Self-image is more than the positive feeling of oneself. It also means being able to maintain and regain a positive view of one's self despite any changes or events that may occur (Sparrow, 2005). The resulting positive self-image serves as a protective element against engagement in risky behaviors. It is also associated with positive activities such as sport participation and positive skills such as resistance to peer pressure and proficient coping skills (King et al., 2002).

Early interventions which increase an individual's self-image have a positive effect on their academic studies. As shown by Galbraith and Alexander (2005), "Negative self-belief may diminish the opportunities to acquire and refine the cognitive strategies that are characteristics of proficient learner" (p. 29). Conversely, a positive self-image is associated with the willingness to strive towards goals and persistence with difficult tasks (Rumi & Kunio, 2003). It also serves as a stable foundation during the transition to college and towards making positive decisions that require persistence (Befort, Nicpon, Kurplus, & Huser, 2001). With a higher self-image, students are likely to be more academically successful, exhibit more positive behaviors, and have optimistic attitudes towards school and their studies. A high self-image is also associated with

resistance to peer pressure, efficient communication with parents, creativity, and willingness to express unpopular opinions. (Hong, McCarthy, & Lawrence, 2004)

### **A Pre-Adolescent Female Program: Go Grrrls**

Educational programs that are centered on the goal of increasing adolescent females' self-image and ability to positively move through the transition of adolescence are few. One such empowerment program for adolescent females' is the Go Grrrls program which was founded by Craig Winston LeCroy, MSW, Ph.D.. When developing his program, LeCroy took into account "recommendations that the development of prevention programs be based on the principles of prevention science" as well as using the developmental theory in "conceptualizing risk and protective factors" (LeCroy, 2004, p. 428-429). As LeCroy (2004) explained, youth with a negative self-image seek acceptance and contentment elsewhere. This places such adolescent youth at high risk for engagement in risky behaviors. Consequently, the greatest protective factor against involvement is a positive self-image (LeCroy, 2004). For that reason, LeCroy recruited pre-adolescent females to participate from a community based school. Pre-adolescent females were chosen because of the distinctive tasks that early adolescent females need to master so that they

transition through adolescence and into adulthood in a healthy manner. (LeCroy, 2004)

When developing the Go Grrrls curriculum, the developmental tasks critical for the healthy psychosocial development of early adolescent females were analyzed. Six developmental tasks were compiled: gender role identity, positive self-image development, establishing independence, making and keeping friends, using resources, and planning for the future. Each of the developmental tasks were presented between two sessions. With the competence to be successful on these developmental tasks, LeCroy (2004) explicates that female adolescents will be able to adapt to the necessary tasks and demands placed on them by the society, family, and peers.

LeCroy compiled a multiple measurement strategy to evaluate the diverse curriculum content. As LeCroy (2004) explained, the measures were established using standardized scales that were selected on age appropriateness for adolescents and ease in completing the items. The measurement was also broken down into the six developmental tasks with a different item scale for each. Concern with body image, gender role attitudes, peer self-esteem, common beliefs, depression self-rating, and help endorsement were the scales used in the assessment. The data from the Go



Grrrls program illustrated positive outcomes. With increases among self esteem, common beliefs, help endorsement, and depression, the data shows promise for the development and implementation of an efficient preventative programs similar to LeCroy's (LeCroy, 2004). The positive outcomes shown by LeCroy, confirm that pre-adolescent female groups are needed as they help pre-adolescent females make a healthy transition through adolescence and into adulthood. (LeCroy, 2004)

## **CHAPTER III - Applications and Evaluation**

### **Introduction**

The members of the target group for this thesis study were pre-adolescent female fifth grade students in the Rochester City School District. The goal of this thesis study was to assist pre-adolescent females in developing the skills necessary for a healthy psychological development into adolescence and adulthood. More specifically, this thesis study was designed to assist pre-adolescent females in developing the self-confidence and self-worth that is so difficult to attain with society's stereotypes and pressures. The objectives of this thesis study were to increase adolescent females' positive body image and mindset.

### **Participants**

This thesis study included seven female fifth grade students from within the same classroom and one classroom teacher. Parental permission was gained for each participant (see Appendix A). There were approximately 1200 students in the school with a ninety-two percent attendance rate. The poverty rate in this school was approximately seventy-six percent with ninety-four percent of students from racial minorities. Fifteen percent of the school population had individual education plans (IEP) and

ten percent were limited English proficient. The statistics of the female participants in this thesis study mirrored that of the school with the exception that twenty-nine percent of the participants had limited English proficiency.

### **Procedures of Interventions**

The thesis study group met in thirty minute increments, twice a week, over five weeks for a total of five hours. The first and last sessions were used for evaluation. The remaining sessions focused on two main developmental tasks: establishing a positive self-image, sessions two through five, and establishing a positive mindset, sessions six through nine (see Appendix B).

Sessions two and three focused on the image of females portrayed through the mass media. The adolescent females were broken into two groups. Group A listened to songs that they deemed popular. Next, participants were given the lyrics to read along while they listened to the songs a second time through. Group A then discussed what the songs seemed to say about girls.

Group B was given several different magazines that were aimed towards a female audience. Participants looked through the magazines and discussed the messages that were presented through the pictures, articles, and

advertisements. The group then made collages (see Appendix C) of messages that these magazines were giving about females: how they should look and how they should act. The groups then presented their findings to the other group and a discussion around the activities was conducted. Participants discussed the similarities found by each group.

Sessions four and five focused on attractive personality traits. Participants wrote down a list attractive attributes that they believed they had. When the lists were completed, the group discussed the concept of how women are considered attractive based mostly on their physical appearance. Participants then highlighted the items in their lists that were physical attributes. The group then brainstormed examples of attractive personality traits such as intelligence, humor, and understanding. Each participant created a drawing of herself and surrounded the drawing with attractive behaviors that she possessed. Participants discussed how their attractive personality traits were more important than the physical attributes that they had listed earlier.

Sessions six and seven examined the theory of the "downward spiral." In session six, the group learned how a "downward spiral" works. They examined how the things that they say to themselves, bring them down and usually fall

into two categories: unrealistic goals and expectations or overgeneralization. Participants went through examples of how things that they say to themselves can make them feel depressed and bring them into a "downward spiral". For example, if a student said to herself, "I have to get straight A's," then the self-criticism says, "If I don't then I am dumb." The group went through examples of self-criticism and voluntarily shared some of their own. Participants then observed an example of a downward spiral and noted their annotations.

The same activity was repeated but with an upward spiral, showing them how to turn their negative thoughts positive. For example, if a student says, "I try really hard to get good grades," they can turn that statement into an upward spiral but following by, "but I don't have to get a perfect score on everything," Participants played the "downward and upward spiral" game for sessions seven and eight (see Appendix D).

Session eight focused on changing "I should" statements. In this activity, participants wrote down the "I should" statements that they say to themselves. They then turned their "I should" statements into an upward spiral. When a student was having a difficult time, the other participants helped in turning the statements upward.

Participants completed an "All About Me" poster during session nine. On their poster, students drew pictures or wrote words that demonstrated anything that they had learned about themselves throughout the sessions. Projects were shared voluntarily.

### **Procedures for Program Evaluation**

Outcomes of the interventions were measured using the results of confidential pre- and post-survey data (Appendix E). Participants were given an envelope at random. Inside each envelope was a number that would be used instead of participants' names on the survey. This served as a confidential tracking system. The pre-surveys were completed during session one and the post-surveys were completed during session ten.

### **Instruments for Program Evaluation**

The evaluation instrument was an identical survey administered at the beginning and end of the program. This instrument was reprinted from the Go Grrrls Program with permission from Doctor Craig Winston LeCroy (see Appendix F). The survey included only those subscales pertaining to evaluating body image and mindset. Subscales used included: body image, value of attractiveness, self-efficacy, self-liking, competence, and hopelessness scale. Body image, value of attractiveness, and self-efficacy were subtopics

for increasing self-image. Self-liking, self-competence, hopelessness, and self-efficacy were subtopics for increasing a positive mind-set.

### **Statistical Procedures for Program Evaluation**

Each subscale was scored separately. From the body image scale, scores were added together with a higher score revealing a higher positive body image. For the value of attractiveness, the scores were reversed for questions 3, 4, and 8 since these were positive statements. Items were added together and a lower score revealed a decrease in the value of attractiveness. When adding items from the self-efficiency scale, a higher score showed a positive sense of self-efficiency.

Scores were also reversed on the self-liking and self-competence scales for negatively worded questions such as 3, 6, 7 9, 11, 14, 17, 18, 19, and 20. When the items were added together a higher score revealed a more positive self-liking and competence. The hopelessness scale was the only scale that used true or false answering. A greater sense of hopelessness was exhibited when the participant's answer was in agreement with the key provided by Doctor Craig Winston LeCroy.

Results of the data collected appear in the next chapter.

## Chapter IV - Results

At the conclusion of the thesis study, participants completed a post-survey which was identical to the pre-survey completed during the first session (see Appendix E). The assessment measured the two developmental tasks: establishing a positive self-image and establishing a positive mindset. The results of the measurements are below.

### *Establishing a Positive Self-Image*

#### Body Image

The body-image scale was composed of five statements centered on participants' satisfaction with their body image. Statements such as, "How happy are you with how much you weigh, How happy are you with how tall you are," and "How happy are you with your overall figure" used a four-point scale with 1=Not at All; 2=A Little; 3=Somewhat; and 4=Very Much. A score of '1' indicated participants did not agree with the statement at all, '2' showed that they agreed with the statement a little, a '3' meant that they somewhat agreed with the statement, and '4' showed that they agreed with the statement very much. As scores were added together, a higher score indicated a higher positive body image. Participants' scores from the pre-survey and



the post-survey, along with the rounded averages from both surveys are reported in Table 1.

Table 1

Positive Body Image		
Participant	Pre-Survey	Post-Survey
1	14	18
2	12	12
3	19	20
4	14	18
5	17	19
6	19	18
7	10	18
<b>Mean Score</b>	15	18

Six of the participants' scores increased from the pre-survey to the post-survey, while one participant's score remained the same. The pre-survey mean score was 15 points and the post-survey mean increased 3 points to 18 points.

#### Value of Attractiveness

The value of attractiveness scale was comprised of seven statements which focused on attitude towards the importance of females' physical beauty and appearance. The survey used a four-point scale with 1=Strongly Disagree; 2=Disagree; 3=Agree; and 4=Strongly Agree. A score of '1' meant that participants strongly disagreed with the statement, '2' indicated that they disagreed with the statement, a '3' showed that they agreed with the statement,

and '4' meant that they strongly agreed with the statement. Scores were reversed for positive statements such as, "I am attractive just the way I am today", "There is more pressure for a girl to be considered attractive than how her body looks", and "I can attract boys in ways other than how I look." Score values remained as circled for negative statements such as, "I think girls need to be skinny to be attractive", "How I look is more important than who I am," and "Looking like a model is the most important way to be attractive." When the items were added together, lower scores indicated a decrease in the value of attractiveness. Outcomes from both surveys, along with the rounded averages, are reported in Table 2 found on the next page.

Table 2

Value Of Attractiveness		
Participant	Pre-Survey	Post-Survey
1	14	16
2	20	21
3	11	12
4	18	20
5	10	11
6	17	19
7	12	15
<b>Mean Score</b>	15	16

All seven participants' scores increased from the pre-survey to post-survey. This illustrates a decrease in the group's value of attractiveness. The mean score of the group increased 1 point from 15 points to 16 points.

#### *Establishing a Positive Mindset*

#### Self-Liking and Self-Competence

The evaluation instrument used to measure the participants' self-liking and self-competence was composed of twenty statements ranked on a five point scale with 1=Strongly Disagree; 2=Disagree; 3=Neither Agree or Disagree; 4=Agree; and 5=Strongly Agree. A score of '1' demonstrated that participants strongly disagreed with the statement, '2' indicated that they disagreed with the statement, a '3' meant that they neither agreed or disagreed with the statement, a '4' showed that they agreed with the statement, and '5' indicated that they strongly

agreed with the statement. The scores for negatively worded questions such as, "I don't succeed much", "I do not have much to be proud of," and "I do not have enough respect for myself," were reversed. Scores were added together and a higher score showed a positive self-liking and competence. Mean scores were rounded for purposes of this study. Results of both surveys are in Table 3 found on the next page.

Table 3

Self-Linking and  
Self-Competence

Participant	Pre-Survey	Post-Survey
1	78	81
2	62	89
3	90	88
4	79	80
5	81	91
6	73	79
7	74	77
<b>Mean Score</b>	77	84

Six of the participants' self-liking and self-competence scores increased with the biggest increase of 27 points from participant 2. One student's score, participant 3, decreased by two points. There was a 7 point increase in the group's mean score from the beginning of the study to its conclusion demonstrating a general increase in the group's positive self-liking and competence. This was the largest increase of the study.

### Hopelessness

The hopelessness scale consisted of seventeen sentences about how some adolescents may feel about their lives. If the sentences matched how they felt, they circled true. If the sentences did not match how they felt, they circled false. Scoring was based on the number of items answered in agreement with the key. Higher scores represented a greater sense of hopelessness. Mean scores

were rounded for purposes of this study. Results from both surveys are in Table 4.

Table 4

Hopelessness		
Participant	Pre-Survey	Post-Survey
1	5	5
2	13	9
3	2	1
4	3	3
5	4	3
6	3	4
7	5	4
<b>Mean Score</b>	5	4

There was a slight decrease of a point in the mean from 5 points to 4 points. Although participant '2' had a difference of 4 points, participants 3, 5, and 7 had minimal decrease from the pre-survey. This decrease was by only one point. Participants 1 and 4 remained the same and participant 6 had a one point increase.

*Establishing a Positive Body Image and Establishing a Positive Mindset*

Self-Efficacy

The scale for measuring self-efficacy was made up of nine statements such as, "I am proud to be a girl", "I am comfortable being a girl," and "I think now is an exciting time to be a girl." The scoring for the statements was identical to the four point scale used previously in the

value of attractiveness scale. The survey used a four-point scale with 1=Strongly Disagree; 2=Disagree; 3=Agree; and 4=Strongly Agree. A score of '1' meant that participants strongly disagreed with the statement, '2' indicated that they disagreed with the statement, a '3' showed that they agreed with the statement, and '4' meant that they strongly agreed with the statement. As the scores were added, a higher score indicated a positive sense of efficacy about being a female. Results are illustrated in Table 5 below.

Table 5

Enhanced Self-Efficacy		
Participant	Pre-Survey	Post-Survey
1	33	34
2	34	34
3	32	35
4	29	34
5	34	35
6	30	31
7	29	31
<b>Mean Score</b>	32	33

The mean score increased 1 point from 32 points to 33 points. Six of the participants showed an increase while participant 2's score remained the same from the pre-survey to the post-survey.

## **Chapter V - Conclusions and Recommendations**

The purpose of this study was to create a pre-adolescent female group that aided in their development of self-confidence and self-worth. With all of the pressures that are placed on females today by the media and society, I wanted to help girls become more confident in who they were and have a better understanding of the importance of their inner beauty. I also wanted to help steer adolescent females away from risky behaviors such as sexual activity, suicide, and drug and alcohol consumption. By examining the results of the pre- and post-survey assessments, I have made some conclusions about the effectiveness of this type of intervention for adolescent females.

When analyzing the data, it was apparent that the intervention made an impact on the group. Overall, positive results were found within the female group and validate that adolescent females benefit from such preventative intervention. Benefits included increases in their self-image, self-liking, and self-competence. In each of the subtests, the changes from the pre-survey to the post-survey were positive. Data illustrated a general increase in positive self-image and positive mindset which were the goals of the thesis study. These results supported current research on preventative interventions.



Throughout the sessions, participants noticed growth within themselves. After completing the media collages, many of the participants commented about their realization that female images portrayed through the media were unrealistic. They stated that females in the media were much skinnier than females in "real life." Participants also made several comments about how sickly and unhealthy the women in the magazines appeared.

As I continued to see participants in the hallway after the study was completed, a number of them discussed with me how much they enjoyed the sessions. One participant in particular told me that what she had learned in the sessions had really made an impact on how she viewed herself and her goals for her future. She went on to say that she did not feel the pressure to fit into the ideal female image anymore. She felt she had more strength to say "No" in peer pressure situations concerning risky behaviors.

Such positive results indicated varied outcomes. The strongest impact was on self-liking and self-competence with an increase from 77 to 84. The 6.857 increase in the scale score showed that females left the group with higher self-esteem than when they entered. This revealed a substantial increase in the participants' positive self-

image. Although this was a rather large increase, the remainder of the subtest increased an average of only 1.75 points. This showed that although females experienced an increase in the remaining subtests, the increase was mild. The smaller increase among the remaining subtests illustrated a slight improvement among the participants' positive attitudes towards their body image, value of assertiveness, enhanced self-efficiency, and a reduced feeling of hopelessness.

I believe that there were several reasons for the inconsistent increase among the subtests. The first limitation was that sessions were conducted during the females' lunch period which was only 30 minutes long. Transitions decreased the amount of time that was able to be focused on intervention and participants' discussions were unable to get in depth. Secondly, absenteeism was another factor that affected the impact of the sessions. Several of the students were absent for at least one of the sessions. Therefore, those individuals may have had stronger results if they had attended all of the sessions.

Another limitation to this study was the lack of a measurement to determine the long-term effects of the interventions. Although research states that establishing a positive self-image and establishing a positive mindset

will decrease females' involvement in risky behaviors, without a long-term measure, the impact of the study's long-term effect on the adolescent females was unknown.

Ultimately, the results of this thesis study along with current research, supported implementation of such preventative intervention. Adolescent females need assistance in developing self-confidence and self-worth. Preventative interventions aid adolescents in this difficult task. I learned that emotionally, adolescent females felt a sense of insecurity and a low level of self-worth because of media images and societal pressures. I believe that the study had a positive impact on the participants and that preventative interventions should be implemented in classrooms.

I have always wondered how my life might have been different if I had grown up with more self-confidence and a positive sense of self-worth. Personally, this thesis study has strengthened my views on the importance of assisting adolescent females in becoming secure and confident about themselves, both physically and emotionally. As a teacher, I found that such preventative interventions, like the one introduced in this study, make an impact on developing well-rounded students and give them the skills

to become more confident adults and productive members of our society.

Although there were many successful increases to the pre-adolescent females' self-images in this study, there are recommendations to be considered when contemplating further applications. For example, I would increase the amount of time for each session to 60 minutes. This would increase time devoted to each of the developmental tasks and the ability to create more in depth discussions centered on each topic. I would also implement some type of a long-term measure to determine the effectiveness in future goals such as decreasing involvement in risky behaviors. Along with these changes, a system must be developed and implemented to monitor absenteeism. When a participant was absent from a session, her post-survey results were not as valid as participants who attended every session. With an absentee system, a participant might not complete any post-survey assessments used to measure that session's developmental task. With such a system in place, the data from the post-survey would be more accurate and valid.

Because of the effects of a negative self-image, it is necessary to assist young females to develop the building blocks to lead them towards a successful adolescence.

Through both formal assessment and informal conversations with participants, I believe that preventative interventions are beneficial for pre-adolescent females.

As I began researching and working on the preventative interventions, I wanted to help pre-adolescent females in their development of self-confidence and self-worth. Not only do I feel I have been successful with this, but I have strengthened my beliefs that it is imperative to assist adolescents towards a healthy emotional state.

As society changes and more pressures are placed on females, I believe that as educators, it is our responsibility to help female adolescents grow and mature in a healthy way. Preventative interventions are a good way of providing the positive building blocks for a successful transition into adolescence and adulthood.

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## Appendices

Appendix A: Parent Permission Letter

Dear Parent or Guardian,

Your child has been invited to take part in a research study to assist her in the development of self-confidence and self-worth that is so difficult to attain with society's stereotypes and pressures. She will learn how to identify the pressures society places on girls through media messages, as well as examine perceptions about gender role and feelings about gender. I will be conducting this study as part of master's thesis work.

If you give permission for your daughter's participation in this study, she will be asked to do the following:

1. Complete a questionnaire concerning her feelings about body image, the value of attractiveness, self-efficacy, self-liking, self-competence, and hopelessness.
2. Take part in conversations and activities about these feelings.

Participation in this study will involve five hours of your daughter's time. The group will be conducted during her lunch period two times a week for five weeks. Sessions will focus on creating a positive mind set (how to give herself encouragement to succeed) and creating a positive body image (learning to appreciate her unique appearance and talents).

Participation in this study is voluntary. Your daughter may refuse to participate or withdrawal at anytime without penalty. If there is anything about this study or your daughter's participation that is unclear or that you do not understand you may contact me at

Thank you,

Miss. Fullerton

Please read and return the form below by May 9, 2006

-----  
Child's name: \_\_\_\_\_

I have read and understand this form

- My child has my permission to participate.  
 My child does not have my permission to participate.

I understand that I have the right to review the curriculum and all material used and that I have the right to revoke permission without notice at any time.

Parent/Guardian name (printed) \_\_\_\_\_

Parent/Guardian name signature \_\_\_\_\_

## **Appendix B: Session Topics**

Session 1- Introductions and Pre-Survey

Session 2- Female Images Portrayed Through the Media

\*Objective: Increasing Self-Image

Session 3- Female Images Portrayed Through the Media

\* Objective: Increasing Self-Image

Session 4- Attractive Personality Traits

\* Objective: Increasing Self-Image

Session 5- Attractive Personality Traits

\*Objective: Increasing Self-Image

Session 6- Upward and Downward Spirals

\*Objective: Increasing a Positive Mind-Set

Session 7- Upward and Downward Spirals

\*Objective: Increasing a Positive Mind-Set

Session 8- Changing "I Should" Statements

\*Objective: Increasing a Positive Mind-Set

Session 9- All About Me Poster

\*Objective: Putting all of the lessons together

Session 10- Post-Survey and Celebration

Appendix C: Media Messages Collages



## Appendix D - The Downward Spiral Game

\*\*The purpose of the game is to identify which statements are positive and lead to an upward spiral, and which are negative and lead to a downward spiral.

\*\*How to play:

1. Draw a card and hold it up.
2. Read the statement out loud, then say either "positive, upward spiral," or "negative, downward spiral."
3. You take one step forward if it is a positive statement and you correctly identified it as such.
4. If it is a negative statement you stay where you are.
5. Whoever reaches the wall first is the winner.

\*\*Spiral Games Card Statements

-If all the guys don't like me, I'm not popular enough.

-I can accomplish a lot when I put my mind to it.

-I shouldn't contradict my friends when they say something I don't agree with because they are all smarter and cooler than I am.

-I am a good person.



## **Appendix D - The Downward Spiral Game (continued)**

- Even though I wasn't invited to that party last weekend, it doesn't mean that I'm a bad person. I have good friends of my own to hang out with.
- Sometimes it is hard for me to talk to teachers but I know that what I have to say is important, so I speak up.
- I wasn't invited to a really great party, so I must be a geek.
- Even though some of the guys don't like me, I know that there are a lot of good things about me as a friend.
- I am happy about being able to speak up for myself even if my opinion is not popular.
- I am a bad person.
- I must be stupid because I can't understand this assignment.
- I can't get along with anybody. I'm not very likable. I must be a total jerk. I'm never going to open my mouth to say anything again.
- I am proud of who I am.
- I should stay in this relationship with my boyfriend even though he hits me because I'm not sure I could get anybody better to like me.
- I have to be liked by everyone.
- I'm just stupid and I can't do anything right.

## **Appendix D - The Downward Spiral Game (continued)**

- I am depressed because I don't have any friends.
- I have to get straight A's.
- I have to do whatever my boyfriend tells me to.
- I should be nice to everybody all of the time.
- Everybody else seems like they know how to talk to people at parties, but I just don't know what to say.
- I can't do this math homework so I'm not even going to try.
- I want to have a lot of friends but no everyone will like me.
- Sometimes I have trouble learning new things but I can keep trying my best.
- Even though I'm not getting along with one of my friends right now, I still know that I am a good person and that I have other friendships.
- I try really hard to get good grades, but I don't have to get a perfect score on everything.
- I care about my boyfriend's opinions, but I am smart enough to decide for myself what I need to do.
- Even though I have days when I don't feel very friendly, I am still a good person.
- Sometimes it is hard for me to talk to new people, but once they get to know me, they find out that I am a good person.

## Appendix E - Pre/Post Survey

Questionnaire

Participate Number: \_\_\_\_\_

Please answer some questions about yourself below and on the following pages. For each statement or question, circle the number that seems most appropriate for *you*.

### Your Body

	Not at all	A little	Somewhat	Very much
1. How happy are you with how good-looking you are?	1	2	3	4
2. How happy are you with how much you weigh?	1	2	3	4
3. How happy are you with how tall you are?	1	2	3	4
4. How happy are you with your overall muscle development?	1	2	3	4
5. How happy are you with your overall figure?	1	2	3	4

### Value of Attractiveness

	Strongly disagree	Disagree	Agree	Strongly agree
1. I think girls need to be skinny to be attractive.	1	2	3	4
2. The way I look is more important than the way I am.	1	2	3	4
3. I am attractive just the way I am today.	1	2	3	4
4. There is more pressure for a girl to be pretty than for a boy to be handsome.	1	2	3	4
5. The most important thing for a girl to be considered attractive is how her body looks.	1	2	3	4
6. How I look is more important than who I am.	1	2	3	4

**Appendix E - Pre/Post Survey (continued)**

	Strongly disagree	Disagree	Agree	Strongly agree
7. Looking like a model is the most important way to be attractive.	1	2	3	4
8. I can attract boys in ways other than how I look.	1	2	3	4

**Self-Efficacy**

	Strongly disagree	Disagree	Agree	Strongly agree
1. I am comfortable being a girl.	1	2	3	4
2. I am a valuable girl.	1	2	3	4
3. I feel confident about myself as a girl.	1	2	3	4
4. I feel good about being a girl.	1	2	3	4
5. I am a successful girl.	1	2	3	4
6. I am a caring and confident girl.	1	2	3	4
7. I feel I will be a successful girl and woman throughout my life.	1	2	3	4
8. I am proud to be a girl.	1	2	3	4
9. I think now is an exciting time to be a girl.	1	2	3	4

**About Me**

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. I have much potential.	1	2	3	4	5

**Appendix E - Pre/Post Survey (continued)**

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
2. I feel comfortable about myself.	1	2	3	4	5
3. I <i>don't</i> succeed at much.	1	2	3	4	5
4. I have done well in life so far.	1	2	3	4	5
5. I perform very well at a number of things.	1	2	3	4	5
6. It is often unpleasant for me to think about myself.	1	2	3	4	5
7. I tend to <i>devalue</i> myself.	1	2	3	4	5
8. I focus on my strengths.	1	2	3	4	5
9. I feel <i>worthless</i> at times.	1	2	3	4	5
10. I am a capable person.	1	2	3	4	5
11. I do <i>not</i> have much to be proud of.	1	2	3	4	5
12. I'm secure in my sense of self-worth.	1	2	3	4	5
13. I like myself.	1	2	3	4	5
14. I do not have enough respect for myself.	1	2	3	4	5
15. I am talented.	1	2	3	4	5

**Appendix E – Pre/Post Survey (continued)**

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
16. I feel good about who I am.	1	2	3	4	5
17. I am <i>not</i> very competent.	1	2	3	4	5
18. I have a <i>negative</i> attitude toward myself.	1	2	3	4	5
19. I deal poorly with challenges.	1	2	3	4	5
20. I perform <i>inadequately</i> in many situations.	1	2	3	4	5

**Feelings**

In this section there are sentences about how some kids feel about their lives. Write down if the sentence is true for you or false for you. If the sentence is how you feel, you would say that it is true. If the sentence is *not* how you feel, you would say that it is false.

	True	False
1. I want to grow up because I think things will be better.	T	F
2. I might as well give up because I can't make things better for myself.	T	F
3. When things are going badly, I know they won't be as bad all of the time.	T	F
4. I can imagine what my life will be like when I'm grown up.	T	F
5. I have enough time to finish the things I really want to do.	T	F
6. Someday I will be good at doing the things that I really care about.	T	F
7. I will get more of the good things in life than most other kids.	T	F

**Appendix E - Pre/Post Survey (continued)**

8. I don't have good luck and there's no reason to think I will when I grow up.	T	F
9. All I can see ahead of me are bad things, not good things.	T	F
10. I don't think that I will get what I really want.	T	F
11. When I grow up, I think I will be happier than I am now.	T	F
12. Things just won't work out the way I want them to.	T	F
13. I never get what I want, so it's dumb to want anything.	T	F
14. I don't think I will have any real fun when I grow up.	T	F
15. Tomorrow seems unclear and confusing to me.	T	F
16. I will have more good times than bad times.	T	F
17. There's no use in really trying to get something I want because I probably won't get it.	T	F

## Appendix F - Survey Instrument Reprint Permission

From: Ryanne Fullerton [mailto:ryannerene@yahoo.com]  
Sent: Fri 4/28/2006 4:25 PM  
To: Craig Lecroy; jan.daley@yahoo.com  
Subject: Go Grrrls

Hello Dr. LeCroy and Ms Daley,

My name is Ryanne Fullerton and I am a special education teacher in the Rochester City School District. I am currently completing my masters degree at the State University at Brockport. The topic of healthy transitions from childhood to adolescence has always been an interest to me. I also struggled through this time of transitions and can relate to the hardships caused by its pressures.

Because of this, I am forming a small "girl group" that will meet with me during their lunch. I would like to be able to measure if the students' feelings about themselves and their roles change during this time. I came across the measurement tool that your program uses and liked several parts of it. It was my hope that, with your permission, I may use parts of your measurement tool. I will be happy and answer any questions that you may have or any findings that are a result. You can reach me through email, , or by phone, . Thank you for your time and help.

Sincerely,

Ryanne Fullerton

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Hi:

that is fine, good luck with your work!

Craig Winston LeCroy, Ph.D.  
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Arizona State University  
School of Social Work--Tucson Component  
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