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The Effectiveness of Group Counseling on the Self-Esteem of Adolescent Girls

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Abstract

The purpose of this study was to measure the effectiveness of a wellness-based group counseling intervention on the self-esteem of 8th grade girls. The intervention included seven 35-minute group counseling session. Each session focused on one (1) aspect of the Wellness Wheel (Myers, Sweeney & Witmer, 2000), and included an educational activity, such as collaging, role-playing, and career exploration. The study was conducted in the counseling department of a suburban middle school with 8th grade girls ($n = 5$). A pretest posttest design was utilized. Measurement included a researcher-created, Likert-scale questionnaire, which was completed by the participants during the first and last session of the intervention. Time and attendance and sample size were limitations to the study. Though improvement was shown in nearly all questionnaire items, few were statistically significant. Despite lack of statistical support, participants described enjoyment in wellness-based counseling and the discovery of new personal strengths, which should be considered for future research.

The Effectiveness of Group Counseling on the Self-Esteem of Adolescent Girls

Global self-esteem has been one of the most widely researched and debated constructs within the social sciences. As a multi-faceted, somewhat vague construct, it has been difficult for researchers to pinpoint the exact nature of self-esteem and its effect on an individual. When is self-esteem formed? Is self-esteem fixed, or a changing construct? Is self-esteem a result of behaviors, or are behaviors a result of self-esteem? Are individuals with high self-esteem happier or more successful than those with low self-esteem? All of these questions have been examined and argued, and some have found more widely accepted answers than others.

Research has long strived to discover whether self-esteem is a cause or response of certain behaviors and life outcomes. Recent research has begun to support the idea that one's self-esteem does affect the choices he makes (Judge, Erez, & Bono, 1998; Stinson et al., 2008). An individual's self-esteem can affect his social relationships, work performance, and even physical health (Orth, Robins, & Roberts, 2008). Researchers found that individuals with low self-esteem are more likely to suffer from depression and are at higher risk of attempting suicide (Sowislo & Orth, 2012). Whitley (1998) found that self-esteem even impacts one's moral decision-making. Increased self-esteem led to a decrease in the acceptance of lying, cheating, and stealing in the subjects studied. A study by Orth, Robins, and Widamann (2011) suggested that self-esteem is an actual cause of life outcomes, rather than a consequence of them. With that said, it could be suggested that increasing self-esteem in an individual will result in healthier life choices and more positive life outcomes.

Recent research has suggested that self-esteem is not fixed, and can change throughout the lifespan (Robins, Trzesniewski, Tracy, Goslin, & Potter, 2002). Adolescence has been shown to be a period of sharp decline in self-esteem for both males and females. Values and systems of

belief are formed during this period of psychological growth (Searcy, 2007). Negative behaviors

and responses to low self-esteem in adolescence, if not treated or changed, can form into habits

and patterns of behavior in adulthood (Orth et al., 2008). Oppositely, the fostering of self-esteem

in adolescence can result in the formation of strong values and healthy practices throughout the

lifespan (Orth et al., 2011). The feelings and outcomes of high self-esteem (such as confidence, a

strong social network, and academic achievement) can act as protective barriers in facing and

overcoming difficulties (DuBois et al., 2002). The American School Counselor Association

(ASCA, 2012) stated the role of the school counselor to support all students in a comprehensive

manner, addressing their academic, career, and social/emotional needs "so they achieve success

in school and are prepared to lead fulfilling lives as responsible members of society." The

immediate and long-term effects that self-esteem has on adolescents suggests that, in fulfilling

their professional duty, school counselors must address self-esteem with all students and provide

interventions for those who display low self-esteem.

Low self-esteem is often reinforced in the school setting, through bullying (Boniel-

Nissim & Barak, 2011), participation in physical education classes (Searcy, 2007) and academic

struggles (Erol & Orth, 2011). The school setting is also a barrier for students who struggle

socially, as where one lies on the social scale becomes an ever growing focal point throughout

adolescence (Powell, 2004). Individuals who complete high school report higher self-esteem

than those who drop out (Leary, Schreindorfer, & Haupt, 1995). It could be suggested, then, that

students who do not feel comfortable in school are less likely to attend and at higher risk of

dropping out. According to the National Association for Self Esteem (NASE, 2012), 30% of

American youth will drop out of school before completing high school. Without systems in place

for students who struggle with self-esteem, schools are not providing the full-range of supports

necessary for all students to perform at their highest potential.

Across all ethnicities, adolescent girls report lower self-esteem than their male

counterparts (Bachman, O'Malley, & Freedman-Doan, 2011). There have been several

suggestions for these findings, including body image expectations (Clay, Vignoles, & Dittmar,

2005), higher levels of academic pressure (Bachman et al., 2012), and internalized gender role

expectations (Tolman, 1999). In a study by Richardson and Paxton (2010), nearly 70% of 7th

grade girls reported feeling inadequate. Girls who display low self-esteem are at higher risk for

unhealthy behaviors, including drug and alcohol use, unprotected sex, and higher instances of

teenage pregnancy (Leary et al., 1995). When the consequences of low self-esteem are so dire,

the role of the school counselor needs to include providing services that foster the strengths of

adolescent girls and promote school completion and healthy life choices.

Various interventions have been used in the attempt to increase the self-esteem of

adolescent girls. Body image interventions have been used to educate girls on the realities of

media images and the average adolescent's physical attributes (Clay et al., 2003). Social skills

groups educate girls on how to dissolve social issues and deal with feelings of jealousy and

competition (Gordon, 2003). Internet blogging has even been used as an opportunity for catharsis

and cohesion among peers struggling with self-esteem (Boniel-Nissim & Barak, 2011). These

programs have shown some significant success in increasing girls' self-esteem; however, it

rarely proves to be a long-term change. Rather than focusing on the problematic aspect of self-

esteem, one may suggest fostering alternate aspects of adolescent girls as routes to increase self-

esteem. In order for girls to build long-term self-esteem, personal strengths must be discovered

and fostered as protective factors to fall on in times of difficulty. Wellness theory counseling

focuses on the holistic view of human beings and the personal strengths they hold in each aspect of their lives (Myers, Willse, & Villaba, 2009). In using wellness-based counseling with adolescent girls, focus can be placed on everything they *are* as competent human beings, rather than what they are not.

The following study used a wellness-based group counseling intervention to address the issue of low self-esteem in adolescent girls. By identifying personal strengths in all arenas of one's life, the intervention aimed at focusing on and building the positive characteristics of participants rather than attempting to "fix" those viewed as negative. A lack of similar research acts as a limitation to this study. In addition, the study's sample size and available timeframe limited what could be accomplished within the intervention. In regard to ethical considerations, the researcher followed the guidelines of the IRB, taking precautions to maximize confidentiality and the protection of participants. Each participant returned signed consent of a legal guardian and personal consent before completing any questionnaires.

Though several interventions have produced various levels of effectiveness in the improvement of adolescent self-esteem, no single treatment has been agreed upon in research. Continued research will aid in determining the most effective tools and interventions in addressing this issue. The identification of a successful, empirically-supported self-esteem intervention for adolescent girls would provide a standard practice for counselors in the school setting. As drug and alcohol use, risky sexual behaviors, and dropout rates are at concerning levels for adolescent girls, self-esteem remains a critical issue.

Review of the Literature

The concept of self-esteem has been widely researched over the past half century. Self-esteem is understood to be, in the most basic sense, one's overall feeling of his or her self. Many researchers, however, have looked deeper into the facets of self-esteem and created definitions that are much more complex (Searcy, 2007). As a subjective variable, self-esteem requires a context and an individual framework from which "narrative identity construction" occurs (Tafarodi & Ho, 2006). Despite differing opinions on the origins of individual values, research suggests that self-esteem is unique to cultural values and life experiences. William James (1890), whom many view as a pioneer of self-esteem research, viewed self-esteem as an individual construct, formed by one's beliefs of how he or she compares to measures of his or her own values. For example, one person may base her self-esteem on her financial worth, while another may look to his abilities as a parent. Reported self-esteem can be affected by where an individual gathers these values, be it from societal trends (Clay et al., 2005), peer groups (Stinson et al., 2008; Vacek, Coyle, & Vera, 2010), and/or cultural norms (Bachman et al., 2011).

Self-esteem is a far reaching construct, encompassing one's beliefs of his or herself as an entire person. These beliefs can result from one's own experiences (Vacek et al., 2010), messages received from others (Searcy, 2007), or messages received from mass media (Clay et al., 2005). Some researchers suggested that feedback received from others is a prominent determinant of self-esteem (Koch & Shepperd, 2008). Searcy (2007) believed this to be especially true during adolescence, when social input and the opinions of peers become increasingly important. Other researchers (Tafarodi & Swann, 1995) suggested that self-esteem has a direct relationship with opportunities for achievement and feelings of competence. Hodgins, Brown, and Carver (2007) agreed, contending that autonomy predicts higher self-

esteem across age and gender. In an increasingly technological age, some researchers stated that endless access to media messages dictates how people feel about themselves (Chia & Yip Ling, 2009; Clay et al., 2005). Despite disagreement in the strength of these factors, it seems agreed upon that many arenas of an individual's life contribute to the overall view of his or her self, known as one's "global self-esteem" (Robins et al., 2002). One's global self-esteem has shown to affect both short and long-term behaviors, attitudes, and life events.

Implications of Self-Esteem

Many researchers have discovered a positive relationship between self-esteem and life outcomes from early adolescence through adulthood (Boden & Horwood, 2006; Clay et al., 2005; Orth et al., 2011). Higher self-esteem has been linked to academic success, positive body image, and peer group satisfaction in adolescence (Clay et al., 2005; DuBois et al., 2002). Research also shows that self-esteem in adolescence serves as a predictor for future success (Trzesniewski et al., 2006). Reports of high self-esteem earlier in life have been linked to job satisfaction (Judge et al., 1998), feelings of hope and optimism (Vacek et al., 2010), and improved physical health (Trzesniewski et al., 2006) in adulthood. When faced with conflict, individuals with higher self-esteem show more persistence and resilience than those with lower self-esteem (Baumesiter, Campbell, Krueger, & Vohs, 2003). In contrast, lower self-esteem is linked to lower life satisfaction and numerable difficulties as adults. In a study by Trzesniewski et al., (2006), researchers found that 51% of adolescents who reported high self-esteem were free of problems as adults; only 17% reported multiple problems in adulthood. Oppositely, over half (56%) of adolescents who reported low self-esteem claimed multiple problems as adults, and only 17% were problem free. Adolescents with low self-esteem are more likely to experiment with and continue the use of drugs and alcohol, commit crime, (Trzesniewski et al., 2006) and

engage in risky sexual behaviors including less condom use and a desire to become pregnant (among females; Boden & Horwood, 2006). Searcy (2007) suggested that with a lack of positive reinforcement in healthier areas (i.e., academic achievement, extra-curricular activities), adolescents seek to gain self-esteem in these alternate activities. In addition, adolescents whose low self-esteem is experienced in the school setting are more likely to drop out in an attempt to avoid daily reinforcement of their inadequacy. Recent research has suggested that low self-esteem is a risk factor for depressive symptoms (Orth, Robins, Trzesniewski, Maes, & Schmitt, 2009), hostility, and violent tendencies (Boden, Fergusson, & Horwood, 2007). Behaviors such as these continue into adulthood, regardless of gender or socioeconomic status (Trzesniewski et al., 2006). Oppositely, each measurable increase in self-esteem as an adolescent leads to increased success as an adult; this information suggests that improving the self-esteem of adolescents can have both immediate and long-lasting effects on success in various aspects of life.

The majority of self-esteem research has suggested that there is a reciprocal relationship between self-esteem and life outcomes; that is, self-esteem may be a result of certain events, and the self-esteem fuels future events. Only one study (Orth et al., 2011) suggested that self-esteem, whether high or low, is the *cause* of subsequent behaviors and life events. The researchers found that high self-esteem was directly linked to higher levels of relationship satisfaction, job satisfaction, and physical health, without reciprocation. Whether causal or not, it is widely accepted that self-esteem has a strong relationship with achievement and life satisfaction (Orth et al., 2011; Searcy, 2007; Shahar & Henrich, 2010; Tiggeman, 2005; Trzesniewski et al., 2006).

Self-Esteem in Adolescence

Self-esteem varies across the lifespan, waxing and waning throughout different developmental periods. Research has shown that self-esteem decreases greatly during adolescence, and then begins a slow, gradual increase through adulthood (Robins et al., 2002; Tiggemann, 2005). The sharp decline in adolescent self-esteem has been attributed to various factors, including the physical changes that come with puberty (Clay et al., 2005), a greater awareness of self (DuBois et al., 2002; Searcy, 2007), and an increase in focus on peer approval (Rhodes, Roffman, Reddy, Fredrikson, & Way, 2004). Erikson (1956) suggested that adolescents are in a period of transition and exploration. While in Identity Crisis, adolescents may feel lost and misunderstood, experimenting with a variety of behaviors and personality traits while attempting to discover what "feels right." The undesirable feelings that come with transition and identity instability give way to lower self-esteem.

Gender Differences. Across all ages, females report lower self-esteem than their male counterparts; this holds true for African-Americans, Caucasians, and Hispanics (Bachman et al., 2011). Baldwin and Hoffman (2002) found that a sharp and continuing decline in female self-esteem occurs between the ages of 12 and 17. Self-esteem is at its lowest point during adolescence (Orth et al., 2011), during which female self-esteem drops nearly twice as much as that of their male peers (Impett, Sorsoli, Schooler, Henson, & Tolman, 2008). The self-esteem gender gap is greatest during adolescence (Shapka & Keating, 2005), but has not been fully explained in research.

Physical expectations. It has been suggested that Western culture places a greater emphasis on physical expectations in females (Clay et al., 2005). Body image and social status

rank the highest among factors contributing to the self-esteem of adolescent females, and the importance of these factors are continually reinforced by societal gender roles and mass media messages (Clay et al., 2005; Shapka & Keating, 2005). Girls often feign interests, mask feelings, and change their physical appearance in an effort to maintain the relationships that have become a focal point of their existence (Tolman, 1999). A study by Presnell, Bearman, and Stice (2004) suggested that 40% of American adolescent females are dissatisfied with their bodies. Young females tend to begin puberty at an earlier age than males, and their bodies may change physically while those of their peers do not. The physical changes that come with the onset of puberty (body hair, weight gain, and acne) are detrimental to the self-esteem of girls at this age. Girls who are overweight (or perceive themselves to be overweight) are at a greater risk of developing low self-esteem than their peers who are at a healthy weight (Tiggemann, 2005). Girls who report low self-esteem in early adolescence show increased risk of weight gain and obesity throughout adolescence (Strauss, 2000), again suggesting a reciprocal relationship between self-esteem and subsequent life outcomes.

Internalized gender expectations. In addition to physical expectations, adolescent girls are held to internal gender expectations as well. In 1986, Robison-Awana, Kehle, and Jensen assigned opposite-sex instructions to adolescents in completing self-esteem measurements. Girls attributed higher self-esteem to boys, and boys attributed lower self-esteem to girls, implying that sex role stereotypes are already held during adolescence. Girls are held to a standard of perpetual kindness and mild-mannered behavior (Impett et al., 2008) and are responded to negatively if they act in a way that does not align with these expectations. Gender expectations of gentle, meek, and nurturing females can damage the self-esteem of a girl whose personality does not match those traits (LeCroy & Daley, 2001). In addition, girls who hold the expected

characteristics of a female may feel inferior during adolescence, as they begin to realize the less valued traits of our society (Erikson, 1956).

Peer relationships. Peer relationships play a strong role in the lives of female adolescents, and can have either supportive or detrimental effects on their self-esteem. These relationships are especially susceptible to outside parties (Parker, Low, Walker, & Gamm, 2005), so stability and support are important. Parker et al. (2005) found that adolescent girls' increased interest in social belonging and identity formation places friendships in larger social contexts. Larger peer groups allow for increased competition and feelings of jealousy. Sharing friendships is difficult while transitioning into larger social groups. Girls' reported vulnerability to jealousy was linked to lower self-esteem and feelings of loneliness. Just as peer comments and opinions perceived as positive increase self-esteem, those viewed as negative decrease self-esteem (Searcy, 2007).

Oppositely, girls who report a high level of support within peer relationships are likely to report higher self-esteem (DuBois et al., 2002; Impett et al., 2008). As adolescents are especially affected by the opinions of others, positive reinforcement from friends aids in more successful adjustment through potentially difficult transitional periods. Impett et al. (2008) found that relationship authenticity (the freedom to be who you truly are) has a similar effect on the self-esteem of adolescent females. Adolescent girls often learn to keep thoughts and feelings to themselves if they may disturb a friendship. Girls who held higher levels of relationship authenticity, and reported feeling safe within their social group to say what they think and feel, reported higher levels of self-esteem as well. Girls who feel high levels of social support are also likely to strive to be a peer support within their social group, reciprocating the support that they receive.

Interventions Aimed at Improving Self-Esteem

There are a variety of interventions that can be used to foster self-esteem. Depending on the population of the client(s), different interventions may be more or less effective. For example, character education is widely used in childhood and young adolescence to encourage healthy relationships, safe behaviors, and a safe environment (Holtzapple et al., 2011). The presence of a positive adult role model, a common factor in character education, has shown to impact student self-esteem and academic achievement. Working from a prevention model, character education provides a foundation for students to learn to be respectful, responsible individuals in and outside of the school setting.

Despite their benefits and successes, character education programs (and prevention programs in general) do not eliminate 100% of issues that individuals experience. Direct, reactive interventions should be used for individuals who are displaying or reporting low self-esteem. Individual counseling can and has been effective in increasing the self-esteem of adolescents. The building of a warm, trusting relationship between counselor and student allows for risk-taking in a safe, accepting environment. Tanksley (1994) found success in improving the self-esteem of 5th grade students through individual counseling, as well as fostering responsibility through classroom jobs and encouraging parental communication/encouragement. Self-esteem was thought to be improved through opportunity for achievement and feelings of competence.

While a trusting relationship, atmosphere of acceptance, and opportunities for risk-taking are all essential and beneficial to students in counseling, interventions targeted at the individual lack peer interaction. Adolescence is a time where the social world is front and center. Despite

their commonality, adolescents often believe they are alone in their developmental issues (Boniel-Nissim & Barak, 2011). A group setting can provide a comfort of sharing common struggles and the possibility of viewing the issue from another perspective. Social influences are strong during this time, and teens often look to each other for support and guidance (Kipp & Weiss, 2012).

 Group Counseling in the School Setting

The American School Counselor Association (2012) suggested that the student-to-school counselor ratio be 250:1, yet the national average was 417:1 for the 2010-2011 school year. These numbers suggest that school counselors are pressed for time, and that their energy and attention are spread thin. When the ultimate goal within public schools is student academic success, a school counselor's work is time sensitive (Shechtman, 2002). Student counseling sessions are scheduled around classes and exams, and individual sessions generally last no more than thirty minutes a week. Group counseling allows school counselors to meet with and address the needs of multiple students at one time, making the most of their time and strengthening the therapeutic process through the contribution of other group members (Gordon, 2003).

Group counseling with adolescents has shown to be effective for a variety of issues, including classroom behavior and self-control (Larkin & Thyer, 1999), academic underachievement (Hong, Lin, Wang, Chen, & Yu, 2012) delinquent behavior (Smith-Adcock, Webster, Leonard, & Walker, 2008) and eating disorders (Lazaro et al., 2010). The effectiveness of group counseling has been scrutinized because the term is used so broadly; research often fails to identify the theoretical framework or specific interventions used (Hoag & Burlingame, 1997; Scechtman, 2002).

Belonging and connectedness. There are many strengths of group counseling that cannot be achieved in individual counseling. A sense of belonging and connectedness to others is often achieved in group work (DeLucia-Waak, 2000). Sometimes referred to as cohesion, this feeling of understanding among group members encourages bonding, cooperation, and dedication to work within the group process (Burlingame, McClendon, & Alonso, 2011). Though a therapeutic relationship can be achieved between students and school counselors in individual counseling, student-student cohesion can be even more powerful during a developmental period focused on peer interaction. When peer relationships and socialization are so often a struggle during adolescence, an environment that provides trust, kindness, and common ground can encourage students to take risks both in and out of the group setting (Hoag & Burlingame, 1997). Shared experiences can normalize otherwise difficult issues for adolescents and encourage them to discuss and work through their emotions (DeLucia-Waack & Gerrity, 2001). Powell and Perron (2010) found that participants of carefully chosen groups are able to provide each other with "experiential guidance" that may not be available in other forms of counseling.

Social learning and skill building. In addition to the emotional benefits it provides, group counseling provides adolescents with a platform for social learning and skill building (Bakali, Baldwin, & Lorentzen, 2009). Effective groups begin with an understanding of confidentiality, the creation of group rules, and a commitment to participation (DeLucia-Waack, 2008; Hoag & Burlingame, 1997). Social norms are presented in a structured manner, and students are provided immediate feedback on their use of them. Scechtman (2002) found that adolescents participating in group counseling often participate in self-disclosure and providing feedback in the early stages of group counseling, providing ample opportunity to observe and practice the giving and receiving of feedback in a tactful and supportive manner. Effective group

leaders discourage negative feedback and instead model acceptance, support, and gentle

confrontation. Group participants are encouraged to actively listen to others and provide

reflective and thoughtful feedback. The group setting provides adolescents with an opportunity

to strengthen interpersonal skills and learn how they are perceived by others (DeLucia-Waack,

2008). The insight provided and received between group members encourages awareness of self

and others during a crucial period of personal growth.

       Group work perspectives. Group work can vary in its level of directivity. Yalom's

model of psychotherapy focused on eleven therapeutic factors that encourage human connection

and member-member support. Yalom's style was client driven and focused on here-and-now

communication. Therapeutic group work places intense focus on relationships, specifically a

foundation of trust. Hong et al. (2012) found that therapeutic group counseling can be effective

in increasing adolescent self-esteem. Researchers found that providing opportunities to discuss

insecurities and receive positive, supportive feedback resulted in an increase in self-esteem, and

in turn an increase in achievement. More directive approaches to group therapy have been used

successful with adolescents as well.

       Cognitive behavioral theory. Cognitive-behavioral group therapy has shown to

significantly improve eating patterns of adolescent girls with eating disorders (Lazaro et al.,

2010) and improve the behavior of at-risk students (Scechtman, 2002). This type of group

counseling includes a more directive focus on changing specific thoughts or actions. For

example, negative self-talk is refocused toward any positive characteristics clients identified.

Positive self-talk and identified strengths are reinforced by the group, which increases positive

self-concept (Larazo et al., 2010). Thoughts and behaviors that are goals of change are replaced

with specific alternatives, which has shown to relieve participants of feelings of anxiety and

frustration (Scechtman, 2002). Cognitive-behavioral groups focus on a specific issue; something that needs to be changed or fixed. While this may be effective for isolated issues, long-term, complex issues may require a more holistic approach.

Psychoeducational group work. Currently, most school-based group counseling groups are psychoeducational in nature (Hoag & Burlingame, 1997). Often, they include a curriculum and training on a specific issue. Directive forms of counseling can be effective in correcting specific behaviors (Scechtman, 2002), and time efficient in a setting that demands results (DeLucia-Waack, 2008). However, specific behaviors are often a byproduct of other emotional struggles (Shahar & Henrich, 2010). Targeting a specific problem behavior (bullying, for example) will be a temporary fix if there are deeper issues underneath (depression, low self-esteem). Wellness-based counseling has been widely used with adults (Steese et al., 2006), but few recent studies have used this type of group counseling on adolescents.

Groups from a wellness perspective. A wellness approach to group counseling could be very successful in the school setting, where non-academic issues often impede student learning. Many researchers have found that troubles unrelated to academics (divorce, home stress, distress among peers) can manifest in the form of anger, distraction, and acting out in school (DeLucia-Waack & Gerrity, 2001; Hoag & Burlingame, 1997; Shahar & Henrich, 2010). In addition, core issues such as self-efficacy and self-esteem often affect multiple aspects of an adolescent's life, such as home life, social relationships, and academic performance (Steese et al., 2006). Wellness-based counseling groups focus on the whole person, viewing issues as a developmental bump along the road rather than a fault within an individual. Targeting broad and all-encompassing entities, such as love and spirituality, rather than isolated problems, provides an opportunity to address and work through multiple issues. Providing adolescents with

opportunities to not only learn, but to teach; to support and be supported, addresses the issues

underlying poor grades and misbehavior. Recent research suggests that wellness factors can

serve as a positive predictor of self-esteem. Myers et al. (2009) used the Five Factors Wellness

Inventory to promote self-esteem in group work with adolescents. The researchers found that

identifying and fostering participants' strengths encouraged behaviors that increase overall self-

esteem and self-efficacy. Wellness-based group therapy was also used to empower and support

adolescent girls at risk for delinquency (Smith-Adcock et al., 2008). Researchers found that

focusing on wellness goals and personal strengths lessened negative, attention-seeking behaviors

and increased girls' desire to respect and care for themselves.

Wellness counseling encourages the identification of personal strengths in seven aspects

of an individual's self. Strengths that are identified in one area of wellness can be used to

improve an area of growth in another (Myers, et al., 2009.) For example, an individual who

wishes to improve their nutrition (physical self) may look toward their social self to plan cooking

events with friends. In this sense, an area of strength is used as a pathway to address an area in

need of growth or change (DuBois et al., 2002). The reciprocal relationship between perceived

personal strengths and self-esteem found by many researchers (Searcy, 2007; Trzesniewski et al.,

2006) suggested that targeting and fostering strengths may lead to behaviors that encourage

them, and in turn, continue to improve self-esteem. In other words, focusing on specific areas of

wellness in group counseling can improve various facets of self-esteem.

Rationale for Study

Adolescent girls face a number of physical and social changes that often negatively affect

their self-esteem. Drug and alcohol use, risky sexual behavior, and delinquent behavior are more

prevalent in young girls who report low self-esteem. Research literature has shown that the implementations of low self-esteem are often severe and continue into adulthood. It seems important, then, that we find ways to increase self-esteem during adolescence, a time of growth, change, and identity formation. As research suggests, adolescents, who report higher self-esteem, grow to experience more positive life outcomes in the future. School counselors hold a responsibility to provide counseling in all areas of social, emotional, and academic wellness in order prepare students to be successful in adulthood. Individual counseling sessions, though successful in creating feelings of trust and acceptance, do not allow for peer communication and a feeling of cohesion. Group counseling can close these gaps, allowing adolescents a venue to provide feedback and support during a time of growth where socializing is imperative. Group counseling has shown to be effective with adolescents, who often look to peers for guidance and support. Commonly, group counseling in schools is directive in nature and includes a cognitive-behavioral component; changing problem behaviors and teaching appropriate replacements. Though the literature has shown these interventions to be successful in changing specific behaviors, change may be temporary for students who struggle with broader issues. As the factors contributing to low self-esteem are numerous and intertwined, it seems the best counseling interventions will address the entire individual, rather than focus on an isolated issue. Research literature contains few studies on wellness-based groups for adolescents. Wellness-based group counseling focuses on the care and respect of the entire person, and encourages the identification and fostering of personal strengths. Few studies have been done to examine the efficacy of a wellness-based group counseling program targeted toward adolescents. As adolescent learning is affected by concerns both related and not related to school, school counselors hold a responsibility to address the wellness of the entire individual.

Research Question

1. Can wellness-based group counseling improve the self-esteem of adolescent girls?

Methods

This study followed a quantitative one group pretest posttest research design. The researcher used descriptive statistics and paired t-tests to explore the self-esteem outcomes of 8th grade girls after participating in a group. The research instrument measured self-esteem through different areas of wellness, including independence, social support, and identified strengths. Wellness-based group counseling, as the intervention of choice, aimed to educate participants in holistic wellness and improve self-esteem by identifying and fostering new personal strengths.

Setting

The study was conducted in a suburban middle school in Monroe County in Western New York. The school had 677 students in the 7th and 8th grade. Ninety-two percent of students were Caucasian, 2% were African American, 3% were Latino, and 1% were Asian. Thirteen percent of students qualified for free lunch. For this study, counseling sessions were held in the conference room of the Counseling Department during a 35-minute lunch period.

Participants

The group consisted of five 8th grade girls, who attended individual counseling sessions and had expressed to their counselor a struggle with low self-esteem. The homogeneous nature of the group was necessary for the purpose of this research. Three of the girls were thirteen years old and two of them were fourteen years old. Four (66%) of the participating girls were Caucasian and two (33%) of them African-American. African American students were over represented in the sample, as the overall population of the school is largely Caucasian (92%) and only 2% are reported as Black or African American. Purposive convenience sampling was used for this study. Each girl was individually invited to speak with the researcher, who explained the

purpose of the group and a brief overview of the curriculum. Twenty girls were asked to join the

group. Though all twenty voiced interest in participating in the group, only five returned signed

consent forms and were eligible to be a part of this study. The girls returned their consent forms

and the group began the week after they were all collected. The group met for seven weeks,

beginning on March 5th, 2013, and ending April 19th, 2013.

Intervention & Materials

The intervention of this study was a wellness-based group counseling program. Seven 35-

minute sessions were held weekly during the 8th grade lunch period. The pretest was completed

during the initial session, and the posttest was completed during the final session. The group

sessions were a mix of educational activities and peer support. The first of the seven 35-minute

group sessions consisted of a group overview, which included group rules, expectations, and a

discussion of The Wellness Wheel (Myers et al., 2000), which was the basis of the educational

activities. Each of the seven sessions included discussion of an activity relating to an aspect of

wellness (intellectual, spiritual, emotional, physical, social, environmental, and occupational).

Session one focused on *emotional wellness*. Each participant decorated a sheet of paper

reading "I am…" with various emotion words that described their strength in character.

Participants were encouraged to share strengths they had observed in each other as well. Session

two focused on *occupational wellness*. Participants completed a brief occupational interest

survey and identified career clusters and areas of study most consistent with their interests.

Session three focused on *social wellness*. Participants discussed how they have/would manage

challenging social situations and the strengths that are used (e.g., honesty, risk-taking, etc.) while

working through them. The girls discussed the qualities they bring to friendships and what they

need to receive from friendships to feel satisfied. Session four focused on *intellectual wellness* with academic strengths as the main area of discussion. Participants ranked their school subjects in regard to personal enjoyment, and discussed which areas of learning they believe they are strongest. Session five focused on *physical wellness*. As physical appearance was a heavy focus of the participants, the girls were allowed a brief timeframe to discuss what they did not like about their own appearances. Group cohesion increased with the discovery that everyone has insecurities. The discussion was then shifted to other aspects of physical wellness, asking the questions, "How do you care for your body?" and, "How does your body care for you?" Session six focused on *environmental wellness*. As adolescents often voice feeling unimportant or powerless in the world (Erol & Orth, 2011), the participants were asked to describe and discuss the roles they play in their environments, including their home, the school, and the community. The girls drew concentric circles representing the environments they were a part of, and listed the responsibilities they held within each. Session seven focused on *spiritual wellness*. Self-care was discussed and methods of self-care were listed by participants. The researcher guided participants through a brief relaxation exercise. Weaved throughout all of the sessions were ties between wellness and self-esteem, and a discussion of how to support and empower each other through these aspects of their lives. Participants were encouraged to identify and share their strengths in all areas of wellness. In the final session, participants gathered their activities from previous sessions and brought them together in a Strengths Portfolio. The girls then completed their post-assessment and terminated the session with a group discussion about how they had changed over the course of the group sessions.

Measurement Instrument

Participants completed a researcher-created, ten-item, Likert-type scale questionnaire assessing self-esteem and the ability to identify strengths. The questionnaire intended to address the research question. Thus, results of the questionnaire would clarify if wellness-based group counseling sessions (independent variable) would increase the self-esteem (dependent variable) of the participants. The questionnaire was based on a similar instrument, titled "The Teenage Lifestyle Survey," which was created by the Herefordshire Research Council (2006). The researcher-created questionnaire addressed various aspects of holistic wellness in relation to self-esteem. Questions 1 and 10 addressed the participant's ability to identify personal strengths. Questions 2 and 9 addressed the participant's willingness to take risks. Questions 3 and 7 addressed the participant's feelings of peer support. Questions 4 and 5 addressed the participant's fear of rejection/resilience. Finally, questions 6 and 8 addressed the participant's level of independence. Optional responses along the scale were 1 = *Strongly Disagree*, 2 = *Agree*, 3 = *Neither Agree nor Disagree*, 4 = *Agree*, and 5 = *Strongly Agree*. The questionnaire was given in a pre/post-test fashion to measure change over the course of group counseling. Questionnaires were completed with the use of dividers to ensure privacy and increase honesty in self-reporting. This instrument was selected for cost-efficiency and convenience. As this is the first study to create and use this instrument, there is no validity or reliability history. Paired t-tests were used to calculate any statistical significance in pretest and posttest data.

Results

Of the 20 girls who were invited to participate in this research study, five returned a signed form of consent, resulting in a 25% participation rate. Research data was gathered in a pre-test/post-test fashion, with participants completing their questionnaires during the initial and final group sessions. To protect confidentiality, participants completed their questionnaires with the use of dividers. No names were written on any of the questionnaires; the researcher used a number coding system for identification. Completed questionnaires were held in a locked filing cabinet for the duration of the study.

After all questionnaires were collected, the researcher used descriptive statistics and paired t-tests to determine the effectiveness of the group on self-esteem. The pretest and posttest means and standard deviations of each item were calculated are listed in the table below.

Table 1

Comparative Means

Question (area)		Pretest		Posttest	
	n	*m*	*sd*	*m*	*sd*
1. There are many things I want to change about myself. (Personal strength)	5	4.00	1.23	3.00	1.23
2. When I make a mistake, it is easy for me to accept it and try again. (Risk taking)	5	3.00	0.71	3.40	0.55
3. When I make decisions, I think mostly about what other people would want me to do. (Peer support)	5	2.20	0.84	2.20	0.84
4. When someone compliments me, I think they are lying. (Fear of rejection)	5	3.00	1.44	2.80	1.30
5. It is hard for me to speak in class because I am afraid people will think I am foolish. (Fear of rejection)	5	3.60	0.89	3.00	1.23
6. I set goals for myself. (Independence)	5	4.00	1.00	3.80	0.84
7. I will do something I do not want to if it means someone will like me. (Peer Support)	5	2.80	1.30	1.80	0.84
8. I am a confident person. (Independence)	5	3.00	0.71	3.00	0.71
9. It is hard for me to try new things because I worry what people might think about me. (Risk taking)	5	3.40	0.89	3.00	0.71
10. There are many things I like about myself. (Personal strengths)	5	2.20	3.20	3.20	1.10

Reverse scores were calculated for the four questionnaire items written with positive language (questions 2, 6, 8, and 10). Next a paired-samples *t* test was conducted to determine any statistical significance between the overall pretest and posttest means. Results showed a significant difference in pretest and posttest data, $t(4) = 2.868$, $p = .021$.

Discussion

The purpose of this study was to explore the effectiveness of wellness-based group counseling in improving the self-esteem of adolescent girls. Five 8th grade students participated in seven wellness-based group counseling sessions and completed a 10-item pre/post-test questionnaire for data collection. All five participants displayed improvement in at least five of the ten instrument items. A small sample size and vague instrument items, however, limited the statistical significance of the study.

Findings

Results showed an overall increase in reported self-esteem between pretest and posttest data collection. Data showed that improvement was strongest in items regarding identification of personal strengths.

Personal strengths. One hundred percent of students showed an improvement in items regarding personal strengths, which supports the idea that wellness-based counseling aids in identifying and fostering personal strengths in seven arenas of one's life (Myers et al., 2000). Participants informally listed personal strengths in each aspect of the Wellness Wheel throughout group sessions. Participants often voiced feeling surprised and encouraged by discovering qualities and strengths they did not realize they had. Recognizing personal abilities and strengths is empowering and contributes to feelings of competence (Myers, et al., 2011).

Risk-taking. Risk-taking is also an important aspect of building self-esteem because it creates opportunities for success and learning of personal capabilities (Impett et al., 2008). Participants shared and discussed difficulties in speaking in class, approaching peers, and trying out for sports teams. Role-playing situations that were anxiety-provoking gave participants the

opportunity to discuss how to work through fears and consider all possible outcomes of any given situation. After completing the posttest, 60% of participants improved in items regarding risk-taking.

Peer support. Adolescents who believe they have a strong support system in their friends report higher self-esteem than those who feel little support from peers (Impett et al., 2008). Group counseling cohesion can open the door to new friendships and provide that peer support for individuals with low self-esteem (Burlingame et al., 2011). Participants in the wellness-based group counseling intervention often discussed happiness in discovering they were not alone in their struggles with self-esteem. Bonds were formed over shared experiences, and participants often pointed out strengths in each other that they may have struggled to see themselves. After completing the posttest, 60% percent of participants improved in items regarding peer support.

Fear of rejection. A fear of rejection can be a result of continual self-comparison between adolescents the images and expectations they believe they must live up to (Gordon, 2003). When adolescents compare their lives to the stories and images they are surrounded by in media, it is common to feel inadequate (Chia & Yip-Ling, 2009). Feelings of inadequacy and fear of peer rejection were common among group participants. Throughout group sessions, participants listed their personal qualities that made them a worthy and desirable friend. In an effort to build cohesion, participants shared times they felt rejected by peers as well as times they felt respected and accepted. After the posttest, the majority of participants (60%) showed no change in items regarding fear of rejection.

Implications for Counselors

The findings of this study can provide a useful starting point for school counselors who wish to address students' self-esteem. The wellness-based group counseling intervention that was implemented in this study was successful in helping participants identify personal strengths in multiple aspects of their lives. As research has shown, self-esteem is associated with feelings of competence in various areas of adolescent life, including academics (Holtzapple et al., 2011) and sociability (DuBois et al., 2012, Kipp & Weiss, 2002).

School counselors are in a position to more easily identify students who are struggling with self-esteem. As poor academic performance and truancy are often results of low self-esteem (Smith-Adcock et al., 2008), student records can be used as a first step in identifying students who are potentially struggling with self-esteem. Communication with administration and teachers can also assist at identifying at-risk students, as behavior issues are often tied to low self-esteem (Bordon et al., 2007). By addressing student self-esteem, school counselors are taking preventative action again very serious issues of depression (Orth et al., 2009), school violence (Bordon et al., 2007), and student dropout rates (NASE, 2012).

Limitations

Though a wellness-based counseling intervention was well-received, and participants reported feeling better about themselves, there were many limitations to this study. Specifically, sample size, the instrument of measure, and time and attendance were limitations.

Time and attendance. As many participants were already a part of other individual or group counseling, it would have disrupted student academic schedules to remove participants from additional class time. For that reason, group sessions were held during the 8th grade lunch

period. Sessions were 35 minutes in length, a timeframe that did not provide ample time for

students to discuss and reflect what they were learning about wellness and the personal strengths

they were discovering. Though activities were always completed, a session 45-60 minutes in

length would have allowed adequate time for participants to reflect and share their findings.

Additionally, absences and lunch detention sometimes kept participants from attending group

sessions. With only 7 sessions in the group intervention, missed sessions were unable to be made

up.

       Instrument of measure. There are many measurement instruments commonly used to

measure self-esteem. They have a demonstrated level of validity and reliability. Due to cost and

limited budget, the researcher did not use these instruments. Instead, the researcher adapted items

from the "Teenage Lifestyle Survey" (Herefordshire Research Council, 2006) to create a new

Likert-scale questionnaire. Research participants voiced some confusion toward some of the

items, and it became clear that much of the questionnaire could be interpreted in different ways.

For example, in regard to Question 1 ("There are many things I want to change about myself"),

one participant asked, "How many things does 'many' mean?" Additionally, it is the nature of

adolescents to catastrophize events (Searcy, 2007). It could be suggested that a negative

occurrence the morning of a group session (receiving a poor grade, having an argument with a

friend), would affect the responses a participant provided on the pretest or post-test. Overall,

purchasing a well known and accepted measurement instrument would ensure a level of

validity/reliability that cannot be provided with the researcher-created instrument.

Recommendations for Future Study

Few research studies have used wellness-based counseling to foster self-esteem in adolescents. A program, similar to the one developed in this study, but with longer sessions (to ensure ample time for processing and discussion) may be beneficial to students with low self-esteem. To increase the likelihood of a more meaningful sample size, it would be necessary to recruit a much larger group. Future research may include more qualitative research, exploring the experience of each individual participant. A reliable and validated instrument would be better suited for measuring self-esteem accurately. Finally, this study examined a change in self-esteem over a 7 week time period. The researcher suggests providing a final data collection four weeks after group termination to explore any lasting effects of a wellness-based counseling intervention.

Wellness-based group counseling was enthusiastically received by the adolescent girls who participated in this study. Each week, participants were eager to discover which aspect of wellness would be focused on during that session. Discovering the wellness-wheel seemed to open participants' eyes to aspects of themselves they had not considered before. Identifying and sharing personal strengths in themselves and each other was a simple task for participants in every aspect of wellness. In addition, the understanding that the many aspects of our lives are intertwined and affect each other is valuable knowledge for adolescents to hold and carry on to adulthood.

With a small sample size and researcher-created instrument of measure, data interpretation was limited. Despite the limitations on measuring change, the enthusiasm from group participants and the comments they shared about their experiences each week, revealed

that participants personally gained from the experience. Participants often discussed how relieving and exciting it felt to discover that they weren't "the only one" struggling with low self-esteem. Participants created new friendships and identified strengths within each other, both of which have been shown to effectively build self-esteem (Boniel-Nissim & Barak, 2011; DuBois et al., 2002). They found commonalities in the pressure to buy the "right" brand of clothing, weigh a certain number, or act in a certain manner. During the closing session, participants took a brief period of time to discuss their experience in the wellness-based group counseling. The following are some of their comments:

- "I know now that I am more important than just my looks."
- "I used to think everyone was better than me, but I've found out a lot of good things about me."
- "Every morning I look in the mirror and tell myself, 'You're beautiful.'"
- "Now I care more about if I like me than if everyone else likes me."

Conclusion

Though it has been discovered that self-esteem dips in adolescence and can have long-term effects on life outcomes, there continues to be disagreement on the most effective interventions to use in treatment. Wellness-based counseling provides opportunity for adolescents to discuss various arenas of their lives and aspects of themselves, discovering personal strengths that can lead to feelings of competence and an increase in self-esteem. Wellness-based counseling takes the emphasis off of physical appearance in an age and environment where it is often the focus.

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