P.O.I.S.E.: INVESTIGATING THE IMPACT OF GROUP INTERVENTION ON BODY

IMAGE AND SELF-ESTEEM AMONG AFRICAN AMERICAN MIDDLE SCHOOL GIRLS

by

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(Under the Direction of Edward Delgado-Romero)

ABSTRACT

Body image is a multifaceted concept among African American girls, encompassing

issues such as skin tone, hair texture, weight, and attitudes toward physical attractiveness (Kelch-

Oliver et al., 2011). African American girls face external and internal pressure to conform to

idealized body image norms. Given these pressures, it is especially important to bolster

protective factors among African American girls, and school settings are the ideal place to help

deal with these pressures. Unfortunately, schools are expected to do more than they ever have in

the past, and with fewer resources (Greenberg et al., 2003). Due to risk factors associated with

body image, self-esteem, and health and wellbeing among African American girls, as well as the

challenges school officials face in addressing the mental health needs of students, the current

study implemented a culturally relevant school-based group intervention for 11 African

American sixth and seventh grade middle school girls. Moreover, this study explored the impact

of group work on African American girls' experiences with body image and self-esteem utilizing

a mixed methods approach. Quantitative results yielded an increase in skin color satisfaction and

hair-esteem pre-test to post-test. On all the SATAQ pressures and internalization general

subscales, participants experienced a decline in scores from time point one to two. Self-esteem

scores increased for control group participants, while declined for the experimental group. This same trend was reflected on the SATAQ-information subscale. While the reverse happened on the SATAQ-internalization athlete subscale-, the control group's scores increased while the experimental group's scores decreased. The following themes from the study were also yielded: 1) Salient Identities: "Who you are", 2) Peers & Media: "Because the DM tells me", 3) Resilience: "Don't let nobody bring you down", and 4) Covering new ground: "Before P.O.I.S.E., I wasn't really thinking about it".

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DEDICATION

I dedicate my dissertation to every little Black girl who has ever doubted her ability, her strength, her beauty, or her purpose. I feel you. For every time you felt you were not enough or you wished you could be someone else. I see you. To every little Black girl whose voice went unheard. I hear you. To every little Black girl who wanted to change their hair or their skin. I was you.

To every little Black girl, know that you are enough- you always have been and you always will be. You are special. You are dynamic. You are beautiful. You are phenomenal. You are ENOUGH. The world may try to tell you differently, but that is because they fear your power and your prestige. Stand firm in your Black Girl Magic!

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Though many people have played a significant role in the birth and development of P.O.I.S.E. (Providing Outreach and Inspiration through Sisterhood and Education) prior to my entering the PhD program at UGA (The Albert Schweitzer Fellowship, North Carolina Central University's master's in psychology program, my mentor Dr. Jonathan Livingston, Githens Middle School, and Durham Housing Authority), I wanted to convey a message of gratitude and intentionality specific to the process of my dissertation. My goal is to show appreciation in a way that does not discount, overlook, or minimize the efforts of anyone who has been an integral part of my journey.

On December 13th, 2017, I moved one step closer to becoming Dr. Williams, as I successfully defended my dissertation. But what's more, is that I got to share this milestone with my village. I am overwhelmed with emotion, and eternally grateful to everyone who has supported me throughout this PhD(issertation) process, as well as the many people who took the time out of their day to be with me at my defense: Stephanie Shiffler, Amelia Hoyle, Chioma Kas-Osoka, Kaylee Arnold, Holly Norwood Samples, Fengkan Zhu, Cassandra Butler, Daphne Jones, Grace-Ellen Mahoney, Edmonia Doe, Mom, Dad, Aunt Michelle, Christina Clarke, Jasmine Jenkins, Brooke Rappaport, Mumbi Mwaura, and my P.O.I.S.E. girls.

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CHAPTER I

INTRODUCTION

As a young African American girl, I struggled with my identity during childhood. As such, my dissertation reflects heavily on my experience- my positionality. I narrate this story through the eyes of both adolescent Courtney, similar to those of my P.O.I.S.E. girls, as well as adult Courtney- shaped by her lived experiences as an African American woman in the United States. From the abstract section to the discussion section of this document, all information has been hand-picked to convey a truth of the lived experiences of middle school aged African American girls, particularly the co-narrators of this project.

As an African-American girl, I was socialized to feel powerless and insignificant. As a brown skinned girl, I constantly searched for where I fit in the world. There were no girls who looked like me in the media. All images of Black females were fair skinned with long, straight hair. These were the only images I saw, and I aspired to be like them. I spent hours getting my hair straightened or opted to remain indoors for fear of getting darker because I told myself I would no longer be pretty if I was a dark skinned Black girl. Though never directly transmitted by my parents, the subtle messages of idealistic beauty rang loudly via tv, movies, magazines, and peers- lighter skin was "better" and straight hair was "prettier". I questioned where I belonged because I was not as light as the light skinned Black girls, but still not considered dark skinned. Not only did I question my skin tone, but soon my racial identity was challenged.

Navigating predominately White spaces throughout my formative years, I struggled to fit in amongst peers. I was "too Black" for my White peers but "not Black enough" for my Black peers. Thus I learned that both Black and White people had ideas about the way Black girls were supposed to be in this world. The popular girls in school were always either White, or multi-racial. Because I was neither, my sense of self was challenged. It was not until having a more diverse population of students in middle school, where I found my fit.

In middle school I participated in an after-school program for Black girls where I connected with peers and mentors through fellowship, experiential learning, and critical conversations. I learned the value, quality, beauty, and prestige of Black women (Helms, 1990). It was validating and empowering to learn of others' experiences that were very similar to mine, experiences that I took with me into high school. In high school, my closest girl friends were of all shades and shapes. It seemed we were all popular in our own way. However, one salient point that stuck with me was a conversation I had with my best friend. We were close in age, shared similar interests and upbringings, but she was dark skinned. I remember her suggesting that she was treated differently (particularly by men) because of her skin tone. She spoke about how people would often say "you are pretty for a dark skinned girl". It was that clarifying moment that I came to recognize the value placed on a Black woman's skin color.

Transitioning into college, I began to grapple with the intersection of my personal and professional identities- being a Black. Woman. In psychology. I started thinking about where "I fit" in the world (of psychology). Many of my professors were White. Many of the students whom filled the classrooms with me were also White. As an

undergraduate, I looked for research labs and professors who conducted projects of interest to me, but nothing was a fit for me. However, in my senior year I crossed paths with an African-American woman named Dr. Stephanie Irby-Coard (whom coincidently worked out at the gym I worked at back home, 1.5 hours away). She was a Counseling Psychologist, with her own research labs and numerous accolades. She challenged me to be my best self while modeling leadership, drive, and mentorship. For the first time, I was connected to like-minded Black researchers who studied Black people from a strengths perspective- this was where I fit.

Finding my fit was further established as I matriculated my master's program at North Carolina Central University (NCCU), a historically black university. Black culture was celebrated, black excellence was embodied, and black identity was fostered. Taken together my experiences with identity development, I conducted my research on Black college women and body image, and created a wellness group for middle school girls (P.O.I.S.E.). Attending NCCU nurtured my strength, presence, and talent as a black woman, experiences that I would take into the next chapter of my life, pursuing my PhD.

Upon enrolling in my doctoral program, it was imperative for me to change the narrative specific to Black girls coming behind me. The narrative that perpetuated we are not enough and we do not fit in this world. As a result, I adapted the P.O.I.S.E. group to empower Black girls to find their fit in the world. This was the moment that I became a social justice warrior! This dissertation is a roadmap of my personal journey translated through psychological research. In the following section I transition from first person narrative, to the third person voice, explaining the conceptual underpinnings of the study.

Researchers have found common themes related to people's basic motives, some of which include: belonging, understanding, and enhancing self (Fiske, 2004). These basic motives are argued to influence human behavior and thoughts to fit in with others (Fiske, 2004), a term called social influence. Aronson (2011) describes social influence as the influences that people have on others beliefs, feelings, and behaviors. Social influence research suggests that individuals have a desire to identify with the influencer. Aronson (2011) argues that the main component of identification is attractiveness.

Overtime, society has shaped what is attractive through media and advertisement (Kelch-Oliver & Ancis, 2011). Mass media can influence the way individuals view the world, or respond to important events in their lives (Aronson, 2011). More specifically, society promotes various forms of imagery that send messages about idealized versions of women. According to objectification theory (Moradi et al., 2005), women's life experiences and gender role socialization repeatedly objectify women reducing them to merely just their bodies and body parts. Moradi et al. (2005) further explain that, "the internalization of an observer's perspective upon one's own body is called self-objectification and is manifested by persistent body surveillance" (p.420), therefore impacting the way a woman views her body (i.e., body image).

Body image pathology has been at an all-time high in the United States (National Institute of Mental Health, 2008). Body image is described as "the thoughts and feelings that an individual holds about his or her body" (Flowers et al., 2012, p. 291). According to Mendelson, White, and Mendelson (1997), body image has three components: body-esteem appearance, body-esteem weight, and body-esteem attribution. Body-Esteem appearance is one's overall feelings about their outward appearance, body-esteem weight

assesses an individual's weight satisfaction, and body-esteem attribution is defined by one's assessment of others' evaluations about one's body and appearance (Mendelson et al., 1997). According to Mendelson et al. (1997), body image has 3 major components that an individual may perceive differently and independent of each other. The construct of Body-Esteem Attribution involves an individual constantly assessing their bodies based on the opinions of others which are arguably based on the cultural norms and standards. Fiske (2004) indicated that people's sense of self is more related to how they perceive others see them, a concept referred to as perceived appraisal.

Shroff and Thompson (2006) report that a girl's feelings toward her body can have a major impact on her self-worth, interaction with peers, and her eating behaviors, which could have implications for self-enhancement. Self-enhancement is defined as "maintaining self-esteem or being motivated by the possibility of self-improvement" (Fiske, 2004, p. 178), a concept that is arguably informed by what is promoted in society.

In the past few decades, the ideal body type for women has become drastically thinner (Kring et al., 2010). As a result, pressure to obtain the Westernized, thin ideal has become more salient in today's society (Clay, Vignoles & Dittmar, 2005; Women's Health, 2012). Research has documented that African-American females ascribe to different ideal body types compared to European-American females (Talleyrand, 2010), suggesting that culturally specific factors be considered when examining body image among African-American women. The African-American community has been found to be accepting of a voluptuous body type (Gordon et al., 2006). However, studies show that while African-American females do not strive to be as thin as their European-American counterparts, they still desire to have a slender body (Baugh et al., 2010).

This continuum of body ideals has led to complaints of African-American women being inaccurately portrayed in popular media, indicating that the media fails to represent the "everyday woman" (Kelch-Oliver et al., 2011, p. 351). Among African-American media imagery, the Eurocentric version of beauty challenges the self-image of African-American women (Kelch-Oliver et al., 2011). For example, a seminal study called the "Clark Doll Test" exploring racial identification and self-esteem among African American children conducted by Drs. Clark and Clark suggested an internalized racism experienced by African American children (Clark & Clark, 1918). More specifically, children in the study attributed positive feelings and attributes to the White doll, while the Black doll was negatively perceived. Similarly, lighter skin, and longer, curly hair have been hailed as positive, thus more favorable, attributes in African-American women compared to their counterparts who have darker complexions in present-day (Kelch-Oliver et al., 2011).

Body Image among African American Women and Girls

Factors related to external conditions of worth such as skin tone, and social comparison, may directly impact African American girls' views of themselves. People get information about themselves by comparing themselves to other people like peers and celebrities in the media. Media, male validation, family, and peer groups were found to be environmental influences among African American females (Kelch-Oliver et al., 2011; Stephens & Few, 2007; Poran, 2006). Messages from the media, peers, and parents were found to be impactful in how African American adolescent girls shaped their own definition and perceptions of physical attractiveness (Stephens & Few, 2007).

Among African American imagery of female beauty, lighter skin, and longer, curly hair have been equated to more positive attributes compared to darker skin, and coarse, tightly coiled hair (Kelch-Oliver et al., 2011; Stephens & Few, 2007; Poran, 2006). Research has discussed the multitude of ways external racism has impacted the self-esteem among African Americans. Often times, beauty and worth were associated with how closely an African American woman resembled a European American woman- thus embodying more Eurocentric versions of beauty (Pope, Corona, & Belgrave, 2014). Therefore, an African American woman may conclude that the darker her complexion, the less attractive she is. Frisby (2004) found that African American females experienced higher rates of body image after they watched media images of African American women. African American females reported pressure to conform to the thin ideal promoted in popular media (Poran, 2006). Moreover, females reported pressure to be thin from numerous sources induced anxiety and confusion (Poran, 2006), thus having mental health implications for African American women and girls.

Fiske (2004) reports that the self-discrepancy theory addresses how people use knowledge about themselves to fit into the social standard. This theory tells us that we have multiple self-guides, or standards, that we follow in order to regulate our behavior. There is the actual self (who one is right now) and the ideal self (who a person wants to be; Fiske, 2004). Given that media imagery may perpetuate a rigid definition of beauty for the African American community, it is important to explore the effects of these societal portrayed ideals among the African American community.

A significant relationship exists between media images and body image among adolescent girls (Cole & Arriola, 2007). In a study examining the association of exposure

to idealized female images in advertising, researchers found seventh grade girls exposed to these images reported more negative body image than those who were not exposed to these images (Durkin & Paxton, 2002). While media serves as a catalyst in classifying beauty, other external sources may be influential in African American girls' body image. Studies have shown that family, male validation, and skin tone have been major factors in examining body image and self-esteem among African American women and girls (Thompson & Keith, 2001). More specifically, higher self-esteem has been commonly associated with lighter skin among African American women and girls (Thompson et al., 2001). Images promoted in the media, and those often accepted by African American males, have also been fairer skinned females with curly or long hair (Kelch-Oliver & Ancis., 2011). Taken together, these findings suggest that additional criteria, in conjunction with weight and body type, add pressure to an African American girl's shaping her definition of beauty. Given that African-American girls are more likely to struggle with issues related to body shape, hair texture, and skin color, factors that increase resilience against these issues are necessary. Implications from previous findings suggest that body image issues are, in fact, relevant to African-American women and girls, but researchers should also consider how body image may manifest differently among the African-American population, especially during adolescence.

Adolescence is a pivotal period for mental, social, and emotional wellbeing where girls encounter factors that impact their cognitive and physical development (National Research Council and Institute of Medicine, 2007). Self-esteem and body image are common issues that girls struggle with during the adolescent period (Talleyrand, 2010). Research has frequently associated negative body image and low self-esteem with

European American girls (Roberts, Feingold, Cash & Johnson, 2006; Talleyrand, 2010; Bagley, Character & Shelton, 2003). However, factors specific to the African American experience may put African American girls at comparable risks for body image and self-esteem issues. During this period of development, others' evaluations have an immense impact on how one judges their level of attractiveness and potentially evaluates their level of worth (Stephens & Few, 2007; Poran, 2006; Shroff & Thompson, 2006; Barr & Neville, 2008; Caughy, Nettles & Lima, 2011; Sanders Thompson, 1995). How an individual perceives others to think of them is referred to as social regard (Fiske, 2004).

African American girls acknowledged that a females' appearance is what initially attracts males and determines whom the males choose to pursue (Stephens & Few, 2007). In a study done by Stephens and Few (2007), African American adolescents participated in a focus group to discuss their ideals about physical attractiveness. The girls often considered what they felt males found attractive in lieu of their own perceptions of beauty. More specifically, although they believed African American women with dreadlocks and short hair were beautiful, they did not like the idea of having these hairstyles for themselves for fear of being judged unattractive (Stephens & Few, 2007). Skin tone and hair texture were commonly associated with validation of physical attractiveness. Additionally, skin tone was found to be a significant predictor in an African American female's self-esteem (Thompson & Keith, 2001). African American females who were darker skinned from working class, and dark skinned females who were judged as unattractive reported lower levels of self-esteem. Results also showed that lighter complexion was associated with higher feelings of self-efficacy. Therefore, skin tone may have implications for African American girl's performance in school. An

African American girl may feel more (or less) capable of particular school-related tasks depending on the darkness (or lightness) of her skin. It is also important to note that attitudes toward skin tone may vary across geographical location (Stephens & Few, 2007). Lighter skin was found to be more attractive to African Americans living in the southeast (Stephens & Few, 2007). These findings suggest a need to adapt protective factors that help to both promote positive body image among African American girls, living in the southeast, while simultaneously enhancing their success in a school setting.

Given that African American girls are more likely to battle issues with weight, hair texture, and skin color caste, protective factors that increase resilience among these risk factors are necessary. In an effort to address body image, health and wellbeing, and self-esteem issues particularly concerning African American girls' experiences, culturally relevant interventions must be implemented. Research has found intervention programs to be useful in increasing pro-social behaviors of youth (Wilson et al., 2001; CDC, 2009), like positive body image. However, it is important to have the right components to ensure effectiveness, applicability, and sustainability of the program.

School-Based Group Intervention and Cultural Relevance

The Office of Disease Prevention and Health Promotion (2014) named the development of positive youth interventions a way to combat adolescent health in the years to come. African American adolescent girls face countless health challenges related to behavioral, social, and developmental factors. Lifestyle behaviors developed during adolescence often continue into adulthood and influence long-term health and risk for chronic disease (Blum, McNeely, & Nonnemaker, 2002). Good health allows youth to optimize their teenage years, while preparing a strong foundation for life as an adult.

Thus, adolescence provides an opportunity for youth development interventions to promote positive outcomes for the future (Birkhead, Riser, Mesler, Tallon, & Klein, 2006).

Many youth interventions have been found to increase prosocial behaviors among adolescents (Jemmott, Jemmott, Fong, & Morales, 2010; Resnick, Bearman, Blum, 1997; Blum et al., 2002; Resnick et al., 1997; CDC, 2009; Wilson et al., 2001; Office of Disease Prevention & Health Promotion, 2014). Adolescents who perceive that they have good communication and are bonded with an adult are less likely to engage in risky behaviors (Resnick et al., 1997), like compensatory behaviors, maladaptive eating habits, and dieting. The school social environment affects students' attendance, academic achievement, and behavior. A safe and healthy school environment promotes student engagement and protects against risky behaviors and dropping out (CDC, 2009; Wilson et al., 2001). Research has demonstrated that facilitating social connectedness influences health and well-being in many ways and that social connectedness can promote multiple health objectives, as well as lead to broader community and societal benefits (Institute of Medicine, 2003; CDC, 2009; National Research Council and Institute of Medicine, 2002; Wilson et al., 2001). The Center for Disease Control (2009) reported that the more likely students feel connected at school the less likely they will display emotional distress and disordered eating (Resnick et al., 1997; Blum et al., 2002; Resnick et al., 1993). Another factor that encourages social connectedness among students is cultural relevant interventions (Reese & Vera, 2007).

Cultural relevance is the "extent to which interventions are consistent with the values, beliefs, and desired outcomes of a particular community" (Reese & Vera, 2007).

Kumpfer, Alvarado, Smith, and Bellamy (2002) argued that when an intervention is culturally relevant it enhances recruitment, retention, and program effectiveness. Researchers have observed a major component often overlooked in intervention development- cultural relevance (Reese & Vera, 2007; Vera, Caldwell, Clarke, Gonzales, Morgam, & West, 2007). Literature has shown that infusing factors such as cultural values, cultural history, and contemporary culture are important aspects in creating positive development among African American girls. Furthermore, culturally relevant interventions have been found to have a significant impact on improving pro-social behaviors among this population (Belgrave, Reed, Plybon, & Corneille, 2004). Moreover, collaborative partnerships between schools and communities can increase outcome benefits for youth interventions.

Bringing professionals together with different knowledge and perspectives can enhance the comprehensive approach toward health (Lasker, Weiss, & Miller, 2001). Wright, Giger, Norris, and Suro (2012) found a university-community partnership to be effective in health promotion among minority youth. A study by Akintobi et al. (2010) found that school-community partnerships were successful in enhancing health-related behaviors among African American adolescents. Moreover, the relationship between youth and group facilitator increased participant attendance. These findings suggest that creating an intervention with an inter-professional framework can provide holistic health benefits for youth. Moreover, infusing culturally relevant components, while enhancing facilitator-participant relationships, may prove effective in providing sustainability for the program.

Today schools are expected to do more than they have ever done in the past

(Greenberg, Weissberg, O'Brien, Zins, Fredericks, Resnick, & Elias, 2003). Teachers

often serve as counselors to their students, attending to each student's educational and

emotional needs (Elias, 2006). However, these expectations are to be carried out with

fewer resources, and schools are faced with the challenges of optimally meeting the needs

of ethnically diverse students (Greenberg et al., 2003). Risk and protective factors may

manifest differently in the lives of varying ethnic groups (Reese & Vera, 2007).

Developing a culturally relevant school-based intervention for African American girls is

also an innovative way to address the mental health needs of this population. The

Office of the Surgeon General noted that ethnic minorities are less likely to have access

to or utilize mental health care services. Therefore, it is important to reduce risk factors

related to mental health among these populations while also altering modes of service

delivery to increase accessibility (U. S. DHHS, 2001). Implications from these findings

lend support for the implementation of school-based group interventions. School-based

group interventions can provide teachers relief from the daily stressors of school, while

also enhancing connections for students to address social, emotional, and mental health

needs that may not adequately be addressed elsewhere.

Social and Emotional Learning (SEL)

The term *social and emotional learning* (SEL) was developed as a conceptual

framework to address both the needs of young people and the fragmentation that typically

characterizes the response of schools to those needs (Elias, 2006). They believed that,

unlike the many targeted prevention programs that address specific problems, SEL

programming could focus on underlying causes of problem behavior while supporting

academic achievement. Through developmentally and culturally appropriate classroom instruction and application of learning to everyday situations, SEL programming builds children's skills to identify and control their emotions, understand the viewpoint of others, create constructive goals, make responsible choices, and handle interpersonal situations effectively (Greenberg et al., 2003). "In addition to producing students who are culturally literate, intellectually reflective, and committed to lifelong learning, high-quality education should teach young people to interact in socially skilled and respectful ways; to practice positive, safe, and healthy behaviors; to contribute ethically and responsibly to their peer group, family, school, and community; and to possess basic competencies, work habits, and values as a foundation for meaningful employment and engaged citizenship" (Greenberg et al., 2003).

The P.O.I.S.E. Group

The P.O.I.S.E. group was established in 2012 in North Carolina while the researcher was in her master's program at North Carolina Central University (NCCU). The group was initially designed as a community service oriented group, targeting middle school girls' physical health across a broad demographic. The implementation of the P.O.I.S.E. group was prompted by a service grant awarded by the North Carolina Albert Schweitzer Fellowship. Upon receipt of the fellowship, the researcher and her colleagues collaborated with one local middle school (a public institution) and one local community site (government assisted housing), to pilot the group at each site. Primary group facilitators were the researcher and her colleague, two African American women in a master's psychology program. Secondary facilitators included African American

undergraduate and graduate women of varying disciplines (e.g., social sciences, nutrition, and public health).

The P.O.I.S.E. group located at the local middle school, consisted of 20 participants, including sixth and seventh grade girls referred by school counselors, teachers, and parents for behavioral concerns, self-esteem issues, and other related factors. The sample of participants included girls whom identified as African American, Latina, Asian American, White, and Bi-Racial. The P.O.I.S.E. group at the community site consisted of five girls (all African American) whom were also in the sixth and seventh grades. The researchers recruited participants through the community's site manager and local community events. Across both sites, learning modules included anti-bullying, physical health, and drugs and alcohol. Learning took place via peer-led education, experiential learning, expressive arts, dance, and guest speakers. After year one of P.O.I.S.E., the group was sustained for a second year by the Department of Public Health at NCCU.

NCCU's Department of Public Health's student organization, Society of Future Health Educators (SoFHe), served as P.O.I.S.E. primary group facilitators, conducting the group solely at the middle school site due to a high level of attrition at the community site. African American undergraduate women served as primary facilitators, overseen by the researcher and her colleague from the researcher's master's program. The group modules included topic areas of physical health, bullying, and drug/alcohol education. The P.O.I.S.E. group in North Carolina concluded in the spring of 2013. However, when the researcher began attending the University of Georgia, she modified the P.O.I.S.E. group to fit a more research-oriented model. P.O.I.S.E. was refined to gather empirical

data about the group's effectiveness among various health-related variables among African American middle school girls attending a local middle school in Athens, Georgia.

The researcher piloted P.O.I.S.E. - Georgia in the Clarke County School District during the 2015-16 school year. P.O.I.S.E. - Georgia was designed to focus on body image, self-esteem, and health and wellbeing among African American girls. The researcher refined P.O.I.S.E. to address the unique factors among African American girls. This modification was informed by the researcher's lived experiences as well as the history of African American girls being underserved and under (mis)represented. The researcher implemented the P.O.I.S.E.-Georgia group to examine the unique challenges that African American girls experience as it related to body image and self-esteem. Preliminary data indicated improvements in African American girl's feelings about her hair, weight, appearance, and attributions of others.

Problem Statement

Body image has been previously studied as a one-dimensional construct, with specific attention to weight-related factors (Bagley et al., 2003; Roberts et al., 2006; Talleyrand, 2010). However, body image is multifaceted, particularly related to African American girls- encompassing issues regarding skin tone, hair texture, and weight (Kelch-Oliver et al., 2011; Poran, 2006; Stephens & Few, 2007). African American girls are faced with unique stressors such as colorism, hair-esteem, and susceptibility of obesity that significantly impact their attitudes about physical attractiveness, putting them at an increased risk for body image and self-esteem issues (Talleyrand, 2010; Vander Wal et al., 2004). In addition to body image and self-esteem issues, these culturally specific factors have greater health implications for their emotional, physical, and social well-

being. Moreover, research suggests that these aspects of well-being are associated with school performance as well (CDC, 2009)

As such, it is especially important to increase resiliency in schools to overcome these pressures. Unfortunately, many child advocates and researchers have proposed fragmented initiatives to address problems without an adequate understanding of the mission, priorities, and culture of schools (Sarason, 1996). Therefore, the development of the current intervention was intentional about incorporating these key aspects. Today schools are expected to do more than they have ever done in the past (Greenberg et al., 2003). Teachers often serve as counselors to students, attending to each student's educational and emotional needs (Elias, 2006), while being ill prepared to adequately do so. Additionally, these expectations are often carried out with fewer resources, and schools are faced with the challenge of optimally meeting the needs of ethnically diverse students (Greenberg et al., 2003). Risk and protective factors may manifest differently in the lives of various ethnic groups (Reese & Vera, 2007). Taken together, it is important to develop interventions that are culturally relevant to African American girls.

Many school-based group interventions have been found to increase prosocial behaviors among adolescents (Blum et al., 2002; Jemmott et al., 2010; Resnick et al., 1997; Resnick et al., 1993; CDC, 2009; Wilson et al., 2001). A school's social environment affects students' attendance, academic achievement, and behavior. A safe and healthy school environment promotes student engagement and protects against risky behaviors and dropping out (CDC, 2009; Wilson et al., 2001). Due to the factors associated with body image and self-esteem, especially those relevant to African

American girls, and the challenges schools face in meeting the mental and physical health needs of students, the current study addressed these concerns.

Statement of Purpose

Given the rise in body image pathology in America, and factors related to body image among African American girls, the current study explored how socio-cultural factors impact body image among this group. Researchers developed a school-based group intervention for African American middle school girls, conducted in the Southeast. The intervention was specifically designed to address issues related to body image, and self-esteem among this population. Researchers assessed the effectiveness of the culturally-relevant group intervention on increasing positive body image and self-esteem among African American middle school girls. Additionally, the study explored the ways in which African American girls make meaning of their body image and self-esteem. Findings are discussed in terms of implications and future directions. Moreover, the study discussed implications and recommendations for the field of research and clinical work on body image among African American women and girls.

Definitions

Body Image- "how one see's themselves when looking in the mirror or when picturing oneself in one's mind, what one believes about their appearance (including memories assumptions, and generalizations), how one feels about their body (including height, shape and weight), and how one feels in their body, not just about their body" (National Eating Disorder Association, 2005). Moreover, Dittmar, Halliwell, & Ive (2006) defined body image as "the thoughts and feelings that an individual holds about his or her body. According to Mendelson, White, and Mendelson (1997), body image has three

components: body-esteem appearance, body-esteem weight, and body-esteem attribution.

Body-Esteem appearance is one's overall feelings about their outward appearance, body-esteem weight assesses an individual's weight satisfaction, and body-esteem attribution is defined by one's assessment of others' evaluations about one's body and appearance (Mendelson et al., 1997). According to Mendelson et al. (1997), body image has 3 major components that an individual may perceived differently and independent of each other.

Colorism- "The process that privileges light-skinned people of color over dark in areas such as income, education, housing, and the marriage market" (Hunter, 2007). Burke (2008) described colorism as "the allocation of privilege and disadvantage according to the lightness or darkness of one's skin" (p.17). Furthermore, "the practices of colorism tend to favor lighter skin over darker skin as indicated by a person's appearance as proximal to a White phenotype" (Hall, 2005).

Complementarity refers to a methodological approach where one set of results expands on, and clarifies the other (Greene & McClintock, 1985; Greene, 2007).

Constructivism refers to individuals creating their own reality through social interactions that are influenced by cultural and social contexts (Williams, Wyatt, & Winter, 2012)

Explanatory sequential design intends to "study a problem by beginning with a quantitative strand to both collect and analyze the data, and then to conduct qualitative research to explain the quantitative results" (Creswell, 2015).

Focus Groups is a "collectivistic research method that focuses on the multivocality of participants' attitudes, experiences, and beliefs" (Madriz, 2000). A focus group is "a particular type of group interview where the moderator asks a set of targeted questions designed to elicit collective views about a specific topic (Fontana & Frey, 2005; Merton & Kendall, 1946).

Group Work will be used to define "group intervention. Group work is "a broad professional practice involving the application of knowledge and skill in group facilitation to assist an interdependent collection of people to reach their mutual goals, which may be intrapersonal, interpersonal, or work related. The goals of the group may include accomplishment of tasks related to work, education, personal development, personal and interpersonal problem solving, or remediation of mental and emotional disorders (Association for Specialists in Group Work, 2000, p.330)

Interpretive Biography is a methodological approach to narrative research that emphasizes a particular portion of participants' lives (Denzin, 1989, 2005). Interpretive biographies' aim is not to represent an objectively accurate description of a person's life, but to highlight a participants' experience, as perceived by them (Josselson, 2011).

Mentoring- "an integrated approach to advising, coaching, and nurturing protégés, which utilizes a positive relationship to enhance individual growth and development (Quarles, Maldonado, & Lacey, 2005). Similarly, Young and Wright (2001) describe mentoring as "a nurturing process, in which a more skilled person serves as a role model, teacher,

sponsor, encourager, and counselor who befriends a less skilled, less experienced person

for the purpose of promoting the latter's professional and/or personal development".

Mixed Methods Research- Greene (2007) refers to mixed methods as a way to "invite

multiple mental models into the same inquiry space for purposes of respectful

conversation, dialogue, and learning one from the other, toward a collective generation of

better understanding of the phenomena studied" (pp.13). Greene (2007) further expands

that a mixed methods way of thinking is aspiring to better understand social phenomena

by utilizing multiple perspectives both informed by society and the researcher's mental

models.

Narrative Inquiry is "a form of qualitative research that emphasizes the importance of

lived experiences. It is a method of collecting, analyzing and reporting data" (Jones,

2016, p.479).

Relational-Cultural Theory- suggests that relationships that promote growth and

development are necessary to human beings (Miller, Jordan, Kaplan, Striver, & Surrey,

1991; Surrey, 1991). Moreover, this theory views a girl's connection with others as

imperative to her psychological wellbeing. Furthermore, the quality of these

relationships impacts her identity, self-image, and other relationships (Miller et al., 1991).

Self-Esteem- A stable sense of personal worth or worthiness (Rosenberg, 1965). Clay,

Vignoles, & Dittmar refer to self-esteem as a "positive or negative attitude toward…the

self" (as cited by Rosenberg, 1965, p. 30). Moreover, self-esteem is defined as "the judgment we make about our overall worth" (O'dea, 2004).

Womanism- "A black feminist or feminist of color…Usually referring to outrageous, audacious, courageous, or willful behavior. Wanting to know more and in greater depth than is considered "good" for one" (Walker, 1983). Alice Walker (1983) further defines womanism as "a woman who loves other women, sexually and/or non-sexually. Appreciates and prefers women's culture, women's emotional flexibility, and woman's strength…Committed to the survival and wholeness of the entire people, male and female. Walker (1983) also states that "womanist is to feminist as purple is to lavender" (p. 6).

*For the purposes of this study the term "African American" and "Black" will be used interchangeably.

Research Questions

The following research questions guided the current study as a means to understand how African American middle school girls make meaning of their body image and self-esteem:

1. Will participation in a culturally relevant, school-based, group intervention called P.O.I.S.E. significantly positively impact the body image among African American middle school girls?

2. Will participation in a culturally relevant, school-based, group intervention called P.O.I.S.E. significantly positively impact the self-esteem among African American middle school girls?

3.   What are African American girls' experiences with body image and self-

esteem during adolescence?

CHAPTER II

REVIEW OF RELEVANT RESEARCH

Introduction

The literature review investigates the developmental challenges that African American girls face during adolescence. Furthermore, the chapter identifies and discusses African American standards of beauty, as well as the way that these standards impact African American girls' body image and self-esteem. This chapter explores the unique factors related to body image among African American women and girls such as colorism and hair-esteem, and provide a framework upon which African American women and girls make meaning of beauty.

The chapter next reviews the impact of interventions among youth populations' development and wellbeing, focusing on the various components that make youth interventions beneficial such as: contexts, formats, cultural relevance, and evaluation. Research on school-based youth interventions identifies the necessary components to make a program effective and sustainable. Additionally, the chapter provides examples of group interventions designed to enhance development among African American girls. Furthermore, the literature review discusses positive outcomes associated with youth participation in school-based group interventions. In summary, the literature review explores the effect of a school-based group intervention on African American adolescent girls' body image and self-esteem. Lastly, the chapter explores two relevant theoretical

models of womanism and relational-cultural theory. These theoretical models serve as the framework for the design of the group intervention (P.O.I.S.E.) created for this study.

Body Image among African American Women and Girls

Because the African American culture is known to promote a voluptuous body ideal (Gordon et al., 2002; Gordon et al., 2006; Talleyrand, 2006; Talleyrand, 2010), it is suggested that African American women are immune to experiencing negative body image (Gordon et al., 2006). Literature compares the ideal African American female aesthetic to be akin to that of a coke bottle, that is, African American females are expected to have big hips, large buttocks, and small waists (Antin & Hunt, 2013). However, research has shown that while African American females do not strive to be as thin as European American females, they do express a desire to have slender bodies (Baugh, Mullis, Mullis, Hicks & Peterson, 2010; Cox, Zunker, Wingo, Thomas & Ard, 2010; Esch & Zullig, 2008). African American women stated they "just want a flat stomach and a flat back" (Antin & Hunt, 2013, p. 25). While research has traditionally evaluated body image among African American women and girls in terms of the (White norms of) thin ideal and weight satisfaction (e.g. Roberts, Cash, Feingold, & Johnson, 2006), more research is needed to identify culturally specific issues faced among this group. Researchers identify various tensions across societal, cultural, and individual standards that inform the ways that African American females view their bodies (Antin & Hunt, 2013). However, conflicting research (e.g., Kelch-Oliver et al., 2011; Roberts et al., 2006) further adds to the discrepancy among body image literature, making it more challenging to pinpoint factors related to body image among this population. Some literature suggests that African American females may not be as protected against body

image issues as historically reported (Bagley et al., 2003; Gilbert et al., 2009; Gordon et al., 2002; Gordon et al., 2006; Mitchell & Mazzeo, 2004; Poran, 2002). While other studies suggest that African American women are satisfied with their bodies compared across other races and ethnicities (Baugh, Mullis, Mullis, Hicks & Peterson, 2010; Cox, et al., 2010; Esch & Zullig, 2008).

Research has found that African American females' body image extend far beyond the traditional approaches of assessing weight satisfaction and body shape satisfaction traditionally utilized (Antin & Hunt, 2013). According to Mendelson et al. (1997), body image has three major components that an individual may perceive differently and independent of each other. These components are body-esteem appearance, body-esteem weight, and body-esteem attribution. Body-Esteem appearance is defined as one's overall feelings about their outward appearance, body-esteem weight is defined as one's weight satisfaction, and body-esteem attribution is defined by one's assessment of how others evaluate one's body and appearance (Mendelson et al., 1997). Capodilupo (2015) argues that body image is multi-dimensional among African American women and girls, explaining that facial appearance may be experienced differently than satisfaction with one's body. In addition, literature is beginning to address the culturally specific factors influencing body image among African American girls such as hair, skin tone, and weight (Burns, 2012).

Body Mass Index (BMI) is a ratio of height to weight, and is a controversial indicator of an ideal (or healthy) body weight. Researchers argue that the BMI does not accurately account for the physique of the African American female (Antin & Hunt, 2013; Lynch & Kane, 2014). Antin and Hunt (2013) found that African American

women often express a need to lose weight due to health concerns projected by their doctors. These females express shame regarding the fact that BMI and biomedical standards for weight make them feel their bodies are abnormal. This shame suggests that poor body image can be contextually constructed especially among this population (Antin & Hunt, 2013). Over the years the health-related literature emphasized the overweight and obesity epidemic among African American girls (Young-Hyman, Schlundt, Herman-Wenderoth, & Bozylinski, 2003), which further pathologizes African Americans' bodies. Given the prevalence rates for this diseases such as obesity and diabetes among the African American population, special attention must be paid to factors related to conceptualizations of health and well-being for African American women, adolescents and girls. Antin and Hunt (2013) highlight the need to address the obesity stigma that increases the risk for body image concerns among this population because they tend to have larger body types than most other racial/ethnic groups (Vander & Thomas, 2004). Additionally, African American girls were found to judge themselves as less attractive when they were also considered overweight (Young-Hyman et al., 2003). Yet, regardless of whether or not an African American female is classified as overweight or obese, researchers worry about the internalization of the stigmatization of weight because of the negative ethnic, gender, or social statuses associated with obesity (Antin & Hunt, 2013).

Pope, Corona, and Belgrave (2014) found that African American girls in their sample wanted to change their weight, size, or shape. Body image concerns are especially high among female adolescents (Andrist, 2003; Durkin et al., 2002; Esch et al., 2008; Marcotte et al., 2002). In general, negative body image peaks between the ages of twelve and fifteen among adolescent females (Cash & Pruzinsky, 2002). According to

Andrist (2003), over eighty percent of ten-year-old girls are scared of becoming fat. Additionally, forty to seventy percent of middle school girls are dissatisfied with two or more parts of their body (Cash & Pruzinsky, 2002). In a study conducted by Striegel-Moore and colleagues (2000), researchers examined the racial differences of body image between African American and European American girls. Results showed that African American girls had a greater desire to be thin than European American girls. Another study showed that eleven and twelve-year-old African American and European American girls had similar rates of negative body image (Striegel-Moore et al., 2000). Moreover, African American girls had higher rates of body image pathology than their European American counterparts. These finding suggests that body image issues are high for African American girls who are in their adolescent stage. While the thin ideal appears to have an impact on African American girls' body image, there may be specific influences that lead a young girl to be conscious of her body. More specifically, media, male validation, family, and peer groups were found to be influences among African American females (Kelch-Oliver et al., 2011; Stephens & Few, 2007; Poran, 2006).

One study argued that African American females make meaning of their bodies through the ways they perceive others' appraisal of their bodies (Antin & Hunt, 2013). Williams, Wyatt, and Winters (2012) reported that our social networks serve as a frame of reference, including messages about our bodies. Family members, in particular, are of significant importance in how African American girls make meaning of themselves and their bodies (Kelch-Oliver et al., 2011; Pope et al., 2014; Poran, 2006). Furthermore, African American girls have indicated pressure to lose weight through negative comments and teasing from family members and peers (Pope et al., 2014).

Males' evaluation of female attractiveness is another prominent influence among heterosexual African American females (Kelch-Oliver et al., 2011, Poran, 2006; Stephens & Few, 2007; Thompson & Keith, 2001). African American girls endorsed the notion that a females' appearance is what initially attracts males to potential partners, and determines who the males choose to pursue dating (Stephens & Few, 2007). In a study conducted by Stephens and Few (2007), African American adolescents participated in a focus group to discuss their ideals about physical attractiveness. The girls often considered what males found attractive in lieu of their own perceptions of beauty. Although they believed African American women with dreadlocks and short hair were beautiful, they did not like the idea of having these hairstyles for themselves for fear of being judged unattractive by males (Stephens & Few, 2007). Capodilupo (2015) further confirmed the influence of African American males' beauty ideals on African American females' attitudes and behaviors toward beauty. The researcher found that participants were dissatisfied with their appearance only when they perceived their male counterparts to be influenced by popular media (Capodilupo, 2015).

Messages from the media were another factor found to be impactful in how adolescents shaped their personal definitions and perceptions about beauty and physical attractiveness (Pope et al., 2014; Stephens & Few, 2007). Media outlets have been found to use intentional modification techniques to construct the ideal African American female, through lighting and other computer programing like Photoshop (Poran, 2006). Frisby (2004) found that African American females experienced higher rates of body image after watching media images of African American women. African American females reported pressure to conform to the thin ideal promoted in popular media (Poran,

2006). Participants further explained that instead of "seeing oneself" (Poran, 2006, p. 749) in the images portrayed in the media, they experienced the images as ideals to whom they were expected to ascribe. However, what makes this experience more troubling are the various ideals promoted in popular media. Antin and Hunt (2013) claim that African American females may experience a heightened sense of body image issues because of their exposure to two competing body ideals (i.e. African American and European American), both seemingly unattainable and incompatible.

Participants in a focus group exploring body image among the African American community complained that African American females are not accurately portrayed in the media (Kelch-Oliver et al., 2011). Burns (2012) found that children are exposed to various images of female beauty and they find it difficult to decipher which images depict reality. African American female participants of a focus group felt that the media did not accurately represent the "everyday Black woman" (Kelch-Oliver et al., 2011) nor the variety of body types accepted in the African American community. They reported that the African American female imagery, in the media, represented European American ideals of beauty such as having lighter skin and having long, wavy, or curly hair. "Long hair" and "straight hair", as well as "light" or "lighter skin" was described as the cultural ideal among the African American culture (Burns, 2012). Harris (2008) posited that ethnic ambiguity is preferred to darker skin and natural hair. These findings suggest that while African American girls may not ascribe to the Eurocentric standard of beauty promoted in popular media, they may experience some ambivalence in their attitudes about physical attractiveness due to the beauty ideals for African American women promoted in society.

African American girls grow up in a sexist and racist society where the image of beauty for African American females is often one-dimensional (i.e., weight or body shape satisfaction; Lindsay-Dennis, Cummings, McClendon, 2011). Furthermore, African American girls are forced to make meaning of themselves through both gendered and racial ideologies (Constantine, Alleyne, Wallace, & Franklin-Jackson, 2006; Williams, 2005). Literature reports that body image is the first aspect of self that an individual recognizes (Thompson & Keith, 2001). Additionally, body image is argued to be influenced by several factors like body shape, body size, and skin color (Thompson & Keith, 2001).

Colorism

Since the times of slavery, African females' standards of beauty have been compared against the Eurocentric ideal, with special attention paid to an African females' skin and hair (Bodenhorn, 2006; Harris, 2008; Patton, 2006). During slavery an African female slave was treated differently based on the shade of her skin (Stephens & Few, 2007). More specifically, those women and girls whose skin color and hair most closely resembled European women's were highly favored, compared to those whom had darker skin or coarser hair (Banks, 2000; Harris, 2008; Stephens & Few, 2007).

The colorist legacy of slavery lives on in modern society. In a study conducted by Pope, Corona, and Belgrave (2014) participants reported the desire to change their skin color. This desire is actualized in the multi-million-dollar industry of skin bleaching and cosmetic surgery (Hunter, 2007). African American women were found to be least satisfied with their skin tone compared to other women of African descent (Mucherah & Frazier, 2013). Buchanan, Fischer, Tokar, and Yoder (2008) found that African

American females who engaged in more skin tone monitoring had higher levels of general body image issues.

African American females have historically faced both intergroup and intragroup discrimination because of their skin tone (Burns, 2012; Burton, Bonilla-Silva, Ray, Bucklelew, & Freeman, 2010). Moreover, colorism is a common problem among African Americans in the United States (Hunter, 2007; Patton, 2006). Colorism is the preference for lighter skin, along with other associated factors such as facial features; eye color; straight hair; and the shape of the nose, eyes and lips (Harris, 2008; Thompson & Keith, 2001). Colorism is a key component in the systemic racism faced by various people of color (Hunter, 2007; Kerr, 2005). The physical features that embody colorism are used to shape norms, which affect self-esteem and body image (Thompson & Keith, 2001). Beyond simply being a preference for lighter skin, Hunter (2007) defined colorism as "the process that privileges light skinned people of color over dark in areas such as income, education, housing, and the marriage market" (Banks, 2000, pp. 237). Research reflects the advantages that lighter skinned African American females have compared to dark skinned African American females (Banks, 2000; Hunter, 2007; Patton, 2006).

Preferential treatment based on skin color has also been shown to take place in the school setting (Hunter, 2007). Moreover, literature suggests that teachers place different expectations and standards on African American students based on their skin color, viewing lighter-skinned students more positively and better behaved than dark-skinned classmates (Hunter, 2007; Keith & Thompson, 2001). African American females with lighter complexions were shown to have higher feelings of self-efficacy (Keith &

Thompson, 2001). Therefore, skin tone may have implications for African American girl's performance in school. An African American girl may feel more (or less) capable of particular school-related tasks depending on the darkness (or lightness) of her skin.

These findings suggest that not only can colorism have implications for an African American girls' body image and self-esteem, but also for other cognitive factors such as how effective she perceives herself to be in school. These research findings support the need to conduct research on colorism in the school setting.

Hair-Esteem

African American women and girls have been known to be creative and versatile with their hairstyles (Patton, 2006). Hair salons have a reputation for being a place of refuge and fellowship among the African American community (Patton, 2006). Historically, the prominence placed on African American's hair was stripped from the experiences of African slaves. Slaves' heads were shaved, thus taking away their core identities. Thus, it soon became a survival strategy to adapt more of the Eurocentric traits of beauty (Patton, 2006). "Assimilation, in essence, made African Americans more socially mobile" (Patton, 2006, p.41). Patton (2006) further expanded that assimilating to more Eurocentric values came to be a form of survival and a way to enhance an African American's status in society.

A common trend studied among African American women and girls, are the experiences they have with hair texture and maintenance (Burns, 2012; Pope et al., 2014). Patton (2006) described the historical outcry that took place among the African American community when women and girls began straightening their hair, it was viewed by some as a form of self-hatred, and this controversy continues to this day. Hinton-Johnson

(2005) reported hair as an additional indicator of race where African American females have been historically degraded. Historically, advertisements have depicted African American females' hair in terms of "good hair" and "bad hair" in which African American females were depicted undergoing a transformation where their hair was made "good" after being straightened and silky to ascribe to more Eurocentric beauty standards (Hinton-Johnson, 2005, p.29). Moreover, African American hair was judged as more feminine if it was straight and long. Conversely, natural and short hairstyles were considered masculine (Hinton-Johnson, 2005; Patton, 2006).

Research highlights internalized self-hatred among African American girls (e.g. Pope et al., 2014). African American girls reported wanting to modify their hair, with over half of the participants in a study indicating the desire for longer hair, or hair of a different hair color (Pope et al., 2014). Hair beauty standards are not stable. "One never knows where one stands because the standards shift" (Poran, 2006, p.746). Additionally, "…there is no place for full confirmation of one's place on the beauty scale." (Poran, 2006, p. 746). The implications that African American females experience their body image as a shifting concept, suggest that others' appraisals of her body and appearance are associated to overall feelings about herself (Poran, 2006). African American females have historically navigated their worth in terms of their hair, undergoing transformations from wearing their hair in its natural state in order to be more socially accepted. Over time, the value placed on an African American females' hair has impacted various areas of her life such as her self-esteem.

Self-Esteem Among African American Women and Girls

Broadly speaking, self-esteem has been defined by how individuals feel or judge themselves (Lohan, 2016). Stated another way, one's self-evaluation can be related to their sense of self-worth known as 'self-esteem'" (Lohan, 2016). Research has shown self-esteem to have significant impacts on school performance and emotional wellbeing (Lohan, 2016). However, self-esteem is a complex factor to measure. There are challenges related to impression management and limits to self-awareness (Krause et al., 2016). Moreover, self-reports of self-esteem are not always able to capture automatic self-evaluations in response to relevant self-esteem stimuli (Krause et al., 2016).

Historically, psychologists developed scientific systems to justify intellectual differences between African Americans and European Americans (Guthrie, 1976). Furthermore, African Americans were classified as physically and intellectually inferior compared to European Americans (Guthrie, 1976). African Americans were often viewed as inhumane, being regarded at the bottom of the racial classification hierarchy (Guthrie, 1976). Additionally, physical observations were made, indicating the physical status of African Americans was lesser than that of European Americans (Guthrie, 1976). This notion of being physically substandard remains a common issue faced among the African American community.

Body image and self-esteem are positively correlated in younger individuals (Paxton, Neumark-Sztainer, Hannan & Eisenberg, 2006). Research has shown a drastic decline in self-esteem among all girls during adolescence (Green & Pritchard, 2003; Paxton et al., 2006; NANAD, 2012; Shapiro, n.d.). This decline is arguably due to the pubertal change females encounter that commonly move their body away from the

standard ideal of physical attractiveness (Stice et al., 2006). Thus, the further away an

African American female was from her body ideal, the less satisfied she is with herself

(Cox et al., 2010). A young girls' self-esteem has been commonly attributed to the

feelings she has toward her body (Green & Pritchard, 2003; Paxton et al., 2006; National

Association of Anorexia Nervosa and Associated Disorders, 2012). In fact, a girl's self-

esteem is more strongly linked to how she views her own body shape and body weight,

than how much she actually weighs (Linton, n.d.).

According to Shapiro (n.d.), seventy percent of girls believe that they are not

good enough or don't measure up in some way, with a major insecurity being their looks.

Stephens and Few (2007) argue that identity development is a pivotal stage for African

American adolescents between childhood and adulthood. Erikson (1968) noted that peer-

influence is an important component to consider in terms of self-definition among the

adolescent stage. Leon Festinger's Social Comparison Theory posits that we judge our

beliefs to be valid or invalid based on the norm of the group (Festinger, 1954).

Moreover, the desire to conform in order to be accepted is a common experience among

adolescents (Stephens & Few, 2007). Self-esteem is influenced by social comparison as

well as the reactions that others have toward us (Thompson & Keith, 2001). Stephens

and Few (2007) further explain that worth and value among African American

adolescents must be recognized in terms of both gender and race. Furthermore, the way

in which African American adolescents make meaning of themselves is dependent on

where they are situated in their family, community, and society (Stephens & Few, 2007).

Historically, African Americans have been viewed as the inferior ethnic group

compared to European Americans (Livingston, McAdoo, & Mills, 2008; Guthrie, 1997).

These messages of inferiority continuously promoted in society may have a great impact on African American girl's self-esteem and other psychological factors such as body image. According to Lesane-Brown (2006) African American children are often socialized to mainstream values and standards, often challenging standards of their culture of origin. Researchers have found race-related messages and cultural values to significantly influence the self-esteem of African American girls (Clark & Clark, 1939; Constantine & Blackmon, 2002; Davis & Stevenson, 2006; Hughes, Hagelskamp, Way, & Foust, 2009; Lesane-Brown, 2006).

Constantine and Blackmon (2002) reported that peer and familial influences have an impact on African American female adolescents' self-esteem. Researchers found that greater cultural pride reinforcement socialization messages were likely to predict higher levels of self-esteem in African American youth (Constantine & Blackmon, 2002). Literature shows racial socialization to be a key component in the healthy development of an African American child's self-esteem (Lesane-Brown, 2006; Hughes et al., 2009). Racial pride was found to be positively correlated with higher levels of self-esteem and higher levels of body satisfaction in African American adolescents (Constantine & Blackmon, 2002). Maxwell, Brevard, Abrams and Belgrave (2015) found an association between racial pride and skin color satisfaction among African American participants. Specifically, dark-skinned females who were more satisfied with her skin tone were also more proud of her African American group membership.

Skin tone was found to be a significant predictor in an African American female's self-esteem (Thompson & Keith, 2001). African American females who were darker skinned report lower levels of self-esteem. It is also important to note that attitudes

toward skin tone may vary across geographical location (Stephens & Few, 2007).

Lighter skin was found to be more attractive to African Americans living in the southeast.

This tendency indicates the need to conduct intervention work in a sample of African

American girls in Georgia, such as the participants in P.O.I.S.E.

Maxwell et al. (2015) argue that skin color research can play a significant role in

intervention work. When working with African American girls, it is important to

understand the contextual factors, as well as the significance that body image and self-

esteem play among African American girls. Much of the literature has identified various

factors that contribute to negative body image and self-esteem (Stephens & Few, 2007;

Thompson & Keith, 2001). However, newer research suggests the need for a shift toward

a more strength-based approach to body image and self-esteem (Lindsay-Dennis et al.,

2011; Pope et al., 2014).

Protective Factors against Negative Body Image and Low Self-Esteem

In the African American community, great value is placed on strength, resilience,

and confidence (Williams et al., 2012). African American females have been found to

commonly reject the thin ideal, and place great value on internal attributes to achieve

self-esteem and positive body image (Choate, 2005; Kelch-Oliver, 2011; Pope et al.,

2014; Stephens & Few, 2007). Intragroup group comparisons among African American

women and girls have also been found to be a useful coping mechanism for this group

(Choate, 2005; Williams et al., 2012). Thompson and Keith (2001) argue that a personal

connectedness to other African Americans can foster positive feelings about oneself.

African American females reported that the African American community was accepting

of a wide variety of beauty ideals (Kelch-Oliver et al., 2014). Thus, exposure to various

types of beauty may make it easier for African American girls to find where they fit in society, and impact their identity development.

Researchers report that an African American girl's racial identity is an important factor that serves as a buffer to negative psychological wellbeing such as body, and self-esteem issues (Bernard, 2004). African American girls reported acceptance with themselves, recognizing that there were features of themselves that were unchangeable (Pope et al., 2014). The "Black is beautiful" movement during the 1960s served as a vehicle in promoting natural beauty among African American women (Hill, 2009). Pope et al. (2014) argue that in a culture that defines body image more broadly, there may be more room for tolerance and acceptance of more diverse body types.

Additionally, compliments and encouraging words from family members and other influential sources played a significant role in how African American girls judged their bodies (Choate, 2005; Pope et al., 2014). Social support from peers and teachers has also been recognized as a protective factor for adolescents (Benard, 2004). Research suggests that social support is associated with various positive outcomes among this population.

Group Interventions and School Settings

The Office of Disease Prevention and Health Promotion (2014) argued the development of positive youth interventions as way to combat adolescent health in the years to come. Lifestyle behaviors developed during adolescence often continue into adulthood and influence long-term health and risk for chronic disease (Blum, McNeely, & Nonnemaker, 2002). Good health allows youth to optimize their teenage years, while preparing a strong foundation for life as an adult. Thus, adolescence provides an

opportunity for youth development interventions to promote positive outcomes for the future (Birkhead, Riser, Mesler, Tallon, & Klein, 2006).

"In addition to producing students who are culturally literate, intellectually reflective, and committed to lifelong learning, high-quality education should teach young people to interact in socially skilled and respectful ways; to practice positive, safe, and healthy behaviors; to contribute ethically and responsibly to their peer group, family, school, and community; and to possess basic competencies, work habits, and values as a foundation for meaningful employment and engaged citizenship" (Greenberg et al., 2003). The term *social and emotional learning* (SEL) was developed as a conceptual framework to address both the needs of young people and the fragmentation that typically characterizes the response of schools to those needs (Elias, 2006). Researchers believed that, unlike the many targeted prevention programs that address specific problems, SEL programming could focus on underlying causes of problem behavior while supporting academic achievement (Elias, 2006). Through developmentally and culturally appropriate classroom instruction and application of learning to everyday situations, SEL programming builds children's skills to identify and control their emotions, understand the viewpoint of others, create constructive goals, make responsible choices, and handle interpersonal situations effectively (Greenberg et al., 2003). Implications from these findings lend support for the implementation of school-based group interventions. These interventions can provide relief from the daily stressors of teachers while also enhancing connections for students to address social, emotional, and mental health needs that may not adequately be addressed elsewhere.

Many youth interventions have been found to increase prosocial behaviors among adolescents (Jemmott, Jemmott, Fong, & Morales, 2010; Resnick, Bearman, Blum, 1997; Blum et al., 2002; Resnick et al., 1993; CDC, 2009; Wilson et al., 2001; Office of Disease Prevention & Health Promotion, 2014). Adolescents who perceive that they have good communication and are bonded with an adult are less likely to engage in risky behaviors (Resnick et al., 1997). The school social environment affects students' attendance, academic achievement, and behavior. A safe and healthy school environment promotes student engagement, and protects against risky behaviors and dropping out (CDC, 2009; Wilson et al., 2001). Research has demonstrated that facilitating social connectedness influences health and well-being in many ways, and that social connectedness can promote multiple health objectives, as well as lead to broader community and societal benefits (Institute of Medicine, 2003; CDC, 2009; National Research Council and Institute of Medicine, 2002; Wilson et al., 2001). The Center for Disease Control (2009) reported that the more likely students feel connected at school the less likely they will display emotional distress and disordered eating (Resnick et al., 1997; Blum et al., 2002; Resnick et al., 1993).

Today schools are expected to do more than they have ever done in the past (Greenberg, Weissberg, O'Brien, Zins, Fredericks, Resnick, & Elias, 2003). Teachers often serve as counselors to their students, attending to each student's educational and emotional needs (Elias, 2006). Research finds that after-school programs increase willingness to learn, confidence, and positive peer associations among adolescents (Kahne, Nagaoka, Brown, O'Brien, Quinn, & Theide, 2001; Quane & Rankin, 2006). Youth are shown to be more invested and successful in school when they participate in

after school programming (Belgrave et al., 2004; Broh, 2002; Fashola, 2002). Health-related after school programs have the potential to provide enrichment after a conventional school day (Durlak, Weissberg, & Pachan, 2010). While educational policies have devoted a lot of time and attention to utilizing standardized tests to assess youths' academic achievement, schools have overlooked the need to integrate social and emotional development into the learning environment (Gottfredson, Cross, Wilson, Rorie, & Connell, 2010; Heckman & Rubinstein, 2001). After-school is an ideal time to conduct group intervention work with adolescence because it encourages adaptive behaviors and decreases the risk factors (Belgrave et al., 2004). More specifically, health focused after-school programs can encourage youth to develop coping and life skills, acquire new knowledge, and develop healthy interpersonal relationships (DeBate, Pettee, Zwald, Huberty, & Zhang, 2009; Durlak et al., 2010; Gardner, Roth, & Brooks-Gunn, 2009; Pittman, Irby, & Ferber, 2000; Redd, Cochran, Hair, & Moore, 2002; Young, Felton, & Grieser, 2007). Researchers identified a variety of key components that contribute to a successful after-school program (Jones & Deutsch, 2013).

Jones and Deutsch (2013) reported that the relationship between youth and adults are a key component in a successful after school program. After school programs have an enriching way of introducing positive adult role models into academic spaces for youth (Gottfredson et al., 2010). Additionally, peers are influential in the success of these programs. Therefore, the intersection between youth's relationship with adults and with their peers encourage the development and motivation of program participants (Jones & Deutsch, 2013). Bolshakova (2017) recognized that student voices should be at the center of after school programing, where students' perspectives drive the learning

environment. After-school programming is steadily increasing in the United States, with need for after-school care and accountability in education being the driving forces for this rise in popularity (Gottfredson, et al., 2010). Multiple funding efforts invest in these programs at the state, federal, and local level (Gottfredson et al., 2010). While money are increasingly being invested in to the school system's after school programming, so too are adults who serve as facilitators for these programs.

Given that teachers are already overwhelmed by the responsibilities that accompany teaching, policy makers and school officials are inviting more qualified adults to serve in these roles after-school (Noam, 2013). One of the added benefits of having community members' serves as facilitators and instructors of these afterschool programs is that they connect the school to other community links whom are often like-minded and committed (Noam, 2013). Additionally, while alleviating some of the responsibilities of classroom teachers, these adults who volunteer to work with youth afterschool have more opportunities to provide a mentor role as well (Noam, 2013).

School systems are required to address various risk factors among diverse populations, often with very limited resources. Additionally, schools are faced with the challenges of optimally meeting the needs of ethnically diverse students (Greenberg et al., 2003). However, risk and protective factors may manifest differently in the lives of diverse groups (Reese & Vera, 2007). Additionally, researchers suggest that integrating what is known about a particular population and framing that information in an invaluable way in that target group, can effect change (Kean, Prividera, Howard, & Gates, 2014). Furthermore, it is important to use sources with which the target group can relate (Kean et al., 2014). Lastly, after-school programming, including community

officials prove optimal in fulfilling these needs (Noam et al., 2013). Therefore, it is important to develop after-school interventions that are culturally relevant to African American girls.

Group Interventions and Cultural Relevance

Cultural relevance is the "extent to which interventions are consistent with the values, beliefs, and desired outcomes of a particular community" (Reese & Vera, 2007, p. 766). Kumpfer, Alvarado, Smith, and Bellamy (2002) argued that when an intervention is culturally relevant it enhances recruitment, retention, and program effectiveness. Developing a culturally relevant school-based intervention for African American girls is also an innovative way to address the mental health needs of this population. Lynch and colleagues (2014) stress the importance of understanding cultural definitions related to aspects of mental and physical health, as these cultural definitions influence health-related outcomes among diverse groups.

Lewis, Andrews, Gaska, Sullivan, Bybee, and Ellick (2012) noted cooperative learning and an emphasis on communalism as a key component in African American youth reaching their true potential in a learning environment. They also highlighted the importance of group cohesion and collective responsibility (Lewis et al., 2012). Additionally, the Office of the Surgeon General noted that ethnic minorities are less likely to have access to or utilize mental health care services so it is important to reduce risk factors that lead to mental health challenges among these populations while also altering modes of service delivery to increase accessibility (U. S. DHHS, 2001).

Many intervention programs are tailored toward white, middle-class, and/or male normed samples (Corneille, Ashcraft, & Belgrave, 2005). These programs do not address

the cultural context through which diverse samples negotiate their lives (Thomas, Davidson, & McAdoo, 2008). The goals of culturally relevant learning is to help African American girls stay true to their cultural identities while empowering them to excel socially, emotionally, and intellectually (Lindsay-Dennis et al., 2011).

The Valentine Foundation suggests nine benchmarks when developing culturally relevant programming for girls: establishment of safe spaces; guidance from peers and elder women; develop trust and interdependence; tap into cultural strengths of girls; program content is comprehensive; offering opportunity to create positive change at the individuals, peer, and communal level; actively recruit the involvement of families peers, school, and communities in the development; and providing the girls with an active voice throughout the program design, implementation and evaluation (n.d.). Stuart and Tuason (2008) encourage researchers designing culturally relevant interventions to use language and expression that is familiar to participants. Therefore, understanding the role of culture in health decisions and behaviors is essential in intervention work among this population (Corneille, Ashcraft, & Belgrave, 2005).

Group Interventions and African American Girls

African American adolescent girls face countless health challenges related to behavioral, social, and developmental factors. Researchers argue that culturally relevant interventions impact the recruitment, retention, as well as risk and protective factors among participants (Corneille et el., 2005). Literature suggests that adolescence is good age to implement a cultural intervention (Belgrave, Reed, Plybon, Butler, Allison, & Davis, 2004). Group work has shown to be beneficial among ethnic minorities where they can benefit from group support while also encroaching on new information and

experiences (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004; Stuart & Tuason, 2008). Gender and culturally relevant interventions are crucial for addressing the challenges faced by African American girls (Lindsay-Dennis, Cummings, McClendon (2011). Programs that include a mentoring component is a popular strategy implemented by school systems and communities to address resiliency among African American girls (Holcomb-McCoy, 2004). Moreover, group interventions often supplement the social support for African American youth where they lack support in their family, peers, or school (Lindsay-Dennis et al., 2011). Additionally, having access to an African American role model was found to increase an African American girl's feeling about herself (Lindsay-Dennis et al., 2011). Group interventions have been argued to be a good way for African American girls to explore factors related to their development that are commonly not talked about such as body image and self-esteem (Buchanan et al., 2008).

Literature in group work found that participation in these groups aided in group members' expression of genuine feelings, and an increased value of expressing their true feelings (Stuart & Tuason, 2008). Group members also reported learning to communicate in healthier ways, feeling accepted, and feeling more comfortable expressing themselves externally. Moreover, adolescents accumulate various resources and skills that foster their positive development necessary for a successful transition into adulthood (Thomas et al., 2008). Lastly, critical consciousness fosters empowerment among youth because it allows them to critically assess both how they exist in the world and how the world exists around them (Freire, 1970).

Further research posits that groups that are more process-oriented or psychoeducationally oriented may be most beneficial (Buchanan et al., 2008) than

individual interventions. Additionally, groups that meet consistently had the most significant effects on African American youth (Bandy & Moore, 2011). Another component mentions the importance in highlighting the societal and cultural messages, as well as the healthy messages about body image and self-esteem (Buchanan et al, 2008). Lewis et al. (2012) reported that African American youth's exposure to messages about cultural and historical information encourages youth to be proud of their group membership within the African American culture. Literature has emphasized the need to tap into cultural strengths in group intervention work with African Americans using culturally adapted strategies (Lindsay-Dennis et al., 2011).

Womanism and Group Intervention

Culturally grounded theory is an important mechanism necessary to guide the development and implementation of group interventions for African American girls given their complex and dynamics needs (Few, Stephens, & Rouse-Arnett, 2003). Scholars argue that African American girls need a safe space to openly voice their concerns, develop their identities, and develop coping strategies to navigate their realities (Lindsay-Dennis et al., 2011). Literature suggests that culturally sensitive theories like Womanism can facilitate the growth and development of more culturally responsive approaches to African American girls' wellbeing (Lindsay-Dennis et al., 2011). Womanism is the commitment to women of color- freedom from gender, racial, economic, or sexual oppression (Baker-Fletcher, 2006). Lindsay-Dennis (2015) argues that womanism allows for the exploration of the African American girls' being and experience by providing a relevant context.

The epistemological belief of womanism posits that only African American females can truly understand what is like to be African American and female in our society (Lindsay-Dennis et al., 2011). Collins (2000) reports that role models and mentors, whom have lived experiences of which African American girls can relate, are viewed to be more credible and trustworthy. The use of dialogue is another key component in the womanism theory. Scholars consider dialogue as a tool for "talking to" instead of "talking at" (Lindsay-Dennis et al., 2011, p.69). Additionally, womanism emphasizes individual expression, emotions, and empathy (Collins, 2000). Research has also stated that infusing Afrocentric values such as collectivism, transformation, and interdependence can create a significant change in the work with African Americans (Gilbert, Harvey, & Belgrave, 2009).

Pulitzer Prize winning African American author Alice Walker (1983) offered the theory of Womanism as an alternative to Afrocentric and feminist approaches, as a way to challenge the various stigmas placed on the African American female experience (Holiday, 2010; Williams & Wiggins, 2010). This theory addresses the various intersections of cultural oppression placed on African American women such as racism, classism, and sexism (Lindsay-Dennis, 2015; Williams, 2005). Womanism is a model where intersectionality and spirituality are its most central tenets (Holiday, 2010; Lindsay-Dennis, 2015; Williams & Wiggins, 2010; Williams, 2005). This theory employs a lens focused on the empowerment, enhancement, and strength of African American women's lived experiences (Holiday, 2010; Williams & Wiggins, 2010).

Womanism is a four-dimensional theory, addressing "lived experiences as criterion for meaning; use of dialogue in assessing knowledge claims; etic of caring; and

personal accountability" (Lindsay-Dennis et al., 2011, p. 69). The four goals of womanism are using people to solve problems, ending oppression, restoring balance between humans and nature, and reconnecting people with their spirituality (Lindsay-Dennis, 2015). Womanism encourages researchers to explore the generational survival strategies used to restore balance (Lindsay-Dennis, 2015). Mother (and other mothers) are a survival strategy used to socialize African American girls how to navigate various spaces (Lindsay-Dennis, 2015).

Womanism has made major contributions into the understanding of the social construction of race and gender (Williams & Wiggins, 2010). Moreover, Womanism complements relational cultural theory nicely given each theory's focus on compassion, community, and empowerment through the mode of resistance to oppression and interpersonal connection (Williams & Wiggins, 2010; Williams, 2005).

Relational-Cultural Theory and Group Intervention

During adolescence, individuals are developing their ability to empathize and hold a heightened desire of social belonging (Tucker et al., 2011). Moreover, adolescence is a time when individuals are spending more time with their peers (Corneille et al., 2005). The Relational-Cultural Theory (RCT) suggests that relationships that promote growth and development are necessary for human beings (Miller, 1991; Surrey, 1991). RCT is an approach used to understand development in terms of interpersonal relationships (Cannon, Hammer, Reicherzer, & Gilliam, 2012; Mereish & Poteat, 2015; Tucker, Smith-Adcock, & Trepal, 2011), with connectedness being one of the theory's most central tenets (Comstock et al., 2008). Moreover, this theory views a girl's connection with others as imperative to her psychological wellbeing.

Hartling (2008) posits that relationships are a major contributor to overcoming obstacles and hardships. For girls, and ethnic minorities, one's self is shaped in relation to her family (Lindsay-Dennis, 2015). Furthermore, the quality of these relationships impact a girl's identity, self-image, and other relationships (Miller, 1991). Brown and Gilligan (1992) explain the need for girls to build authentic and genuine relationships especially during adolescents. Jordan (1997) explained that "the deepest sense of one's being is continuously formed in connection with others" (p. 3). Girls arguably evaluate their roles in relation to others (Belgrave, 2002). Furthermore, African American girls are socialized to have a relational orientation, leading them to value interdependence (Corneille et al., 2005).

Relational-cultural theory (RCT) is comprehensive in nature and addresses the relational experiences of women, girls, and marginalized populations (Cannon et al., 2012; Comstock, Hammer, Strentzsch, Cannon, Parsons, & Salazar, 2008). RCT posits that the healing takes place within the contexts of relationships that foster growth and mutual empathy (Comstock et al., 2008; Mereish & Poteat, 2015; Tucker et al., 2011). Jordan (2000) reported the following tenets of RCT: (1) People grow through and toward relationship throughout the life span; (2) movement toward mutuality rather than separation characterizes mature functioning; (3) the ability to participate in increasingly complex relationships demonstrate psychological growth; (4) the core of growth-fostering relationships are mutual empathy and empowerment; (5) authenticity is necessary in relationships; and (6) when people contribute to the growth of a relationship, they also grow as a result.

Overall, RCT is an approach to addressing oppression, social injustice, and marginalization though the foundation of building meaningful and safe relationships (Comstock et al., 2008). Literature suggests that when people are able to be in authentic relationships, in a way that promotes mutual empathy, growth, and connection, growth and empowerment are produced (Tucker et al., 2011). Through the pairing of the Womanism theory and RCT, the P.O.I.S.E. program will address the culturally relevant factors that shape an African American girls' gendered, cultural, and relational experiences related to body image and self-esteem.

P.O.I.S.E. Pilot Study

Brief Description of Program

P.O.I.S.E. (Providing Outreach and Inspiration through Sisterhood and Education) is a school-based group intervention that sought to improve the self-esteem, body image, and general wellbeing of African American adolescent girls. The P.O.I.S.E. group was piloted during the 2015-2016 school year. Participants were referred to the group by teachers and counselors, and were asked to complete a 9-month group intervention including role play, journal entry, group discussion, expressive arts, and workshops. Collaboration among the B.R.I.D.G.E.S. research team of the University of Georgia's Counseling Psychology program, East Georgia Cancer Coalition, and Clarke Middle School (CMS) served to recruit, plan, implement and evaluate the P.O.I.S.E. intervention. College students and health professionals participated in co-facilitating the health/nutrition modules.

Recruitment

Through a collaborative effort with the researchers and CMS school officials, seventh and eighth grade African American girls were recruited to participate in the

group intervention. Researchers and school officials worked together to identify and develop modules most applicable and beneficial for this sample. CMS' school principal and school counselor agreed to pilot the P.O.I.S.E. program at their school. Both the Clarke County School District (CCSD) and UGA's Institutional Review Board (IRB) granted permission for the researcher to conduct her study. Consent to participate in the P.O.I.S.E. group was also obtained, via "opt out" forms sent home, from guardians of participants and participants themselves. Students were given a 2-week period to submit their "opt out" forms if they were not interested in participating in the P.O.I.S.E. group. No "opt out" forms were received by the researcher. Participants were primarily recommended to the P.O.I.S.E. group through teacher recommendation forms. Once select students were recommended, crossed check by the school counselor and Positive Behavior Interventions and Supports (PBIS) staff, teachers and other school officials were provided with an additional consent and assent forms to be sent home with students. The additional consent and assent forms that were sent home were used to obtain consent/assent to have the participants' data used for research. Students were given a 2-week period to submit their forms.

Participants

Thirty middle school girls were recruited to participate in the P.O.I.S.E. program. Middle school students, self-identifying as African-American girls attending Clarke Middle School were selected for the program. Attrition rates for the program were high, and likely impacted the outcomes of the data (see below; Graph 1).

Data Collection

At the beginning of the school semester, baseline data was collected. Prior to exposure to any course curricula, participants were asked to complete questionnaires about their body image, self-esteem, and health and wellbeing. The format of the intervention was designed to teach seven modules (one lesson a week) over the course of one school year. At the end of the intervention program, participants were again asked to complete the same body image, self-esteem, and health and wellbeing questionnaires. Approximately 50-60 minutes was allotted for the completion of questionnaires at baseline and at the end of the intervention program. Participants were asked to not write their names or any personal identifiers on their questionnaires. All surveys were kept confidential so that no one, other than the researchers, were able to connect individual participants to their responses. Participants turned in their completed questionnaires to researcher.

Measures

Participants of the P.O.I.S.E. program were asked to complete three surveys at the beginning, as well as at the end, of the intervention. These surveys assessed an African American girl's feelings about her hair, her body, and her over all self-esteem.

Bankhead-Johnson Hair-esteem Scale

Respondents were asked to indicate the level to which they agreed with each statement on a 5-point Likert scale (Strongly Disagree-Strongly Agree). Sample questions include: *I feel that my hair has a number of good qualities; I am able to care for my hair as well as most other people; and I feel I do not have much to be proud of about my hair.* The Cronbach's Alpha for this study was .79.

Body-Esteem Scale for Adolescents and Adults

Respondents were asked to indicate how often they experienced what was described in the given statement ranging from "never" (0) to "always" (4). Sample questions include: *I like what I look like in pictures; Other people consider me good looking; I'm proud of my body; and I am preoccupied with trying to change my body weight.* The scale consisted of three subscales: Body-Esteem Appearance (BEA), Body-Esteem Weight (BEW), and Body-Esteem Attribution (BEAt). The Cronbach's Alphas for each subscale was .85, .89, and .37, respectively. There is no global score for this scale.

Rosenberg Self-Esteem Scale

Participants are asked to indicate how strongly they agree or disagree with each statement dealing with their general feelings about themselves. Sample questions include: *On the whole, I am satisfied with myself; At times I think I am no good at all; I feel that I have a number of good qualities; I am able to do things as well as most other people.* The Cronbach's Alpha for this study was .88.

During the course of the intervention, participants took part in small group discussions. Researchers were also interested in collecting qualitative data to find out additional information about impact of the intervention on body image, self-esteem, health and wellbeing, and overall effectiveness of the program.

Number of Absenses Per Month
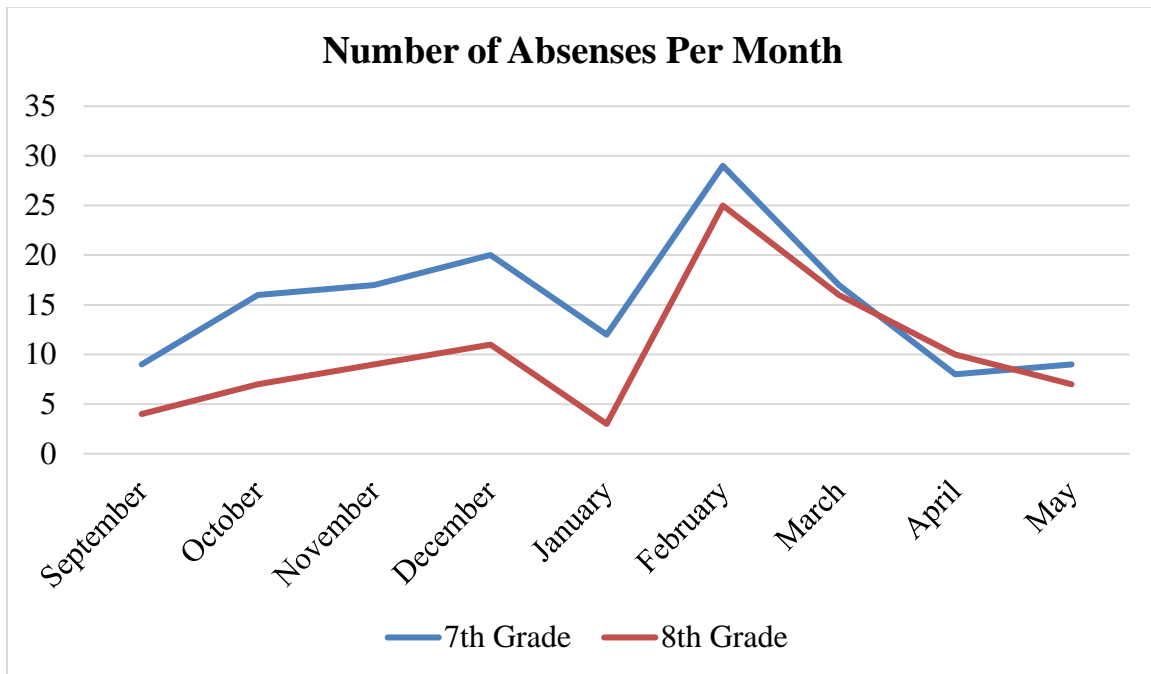
Duration of Program

       The group was run over the course of the fall (2015) and spring (2016) semesters.

More specifically, the program began in September 2015 and ended in May 2016.

Quantitative Findings

       A sample of 14 (N=14) participants provided usable data for the research**.** The

findings presented below should be interpreted with caution, as missing data, absences,

and sporadic answering patterns may have impacted the findings. Participants were

assessed on personal ideals and feelings related to their body image and self-esteem using

self-report measures. Body image was measured via the constructs of body-esteem

appearance (level of satisfaction with overall appearance), body-esteem weight (level of

satisfaction with weight), and body-esteem attribution (others' evaluations about one's

body and appearance). Participants' scores on the body-esteem attribution subscale

should be interpreted with caution, as the Cronbach's Alpha was low. The construct of

hair-esteem was also utilized to assess a more culturally specific area of body image,

measuring one's satisfaction with her hair in its natural state. Additionally, overall self-

esteem was measured to assess an individual's overall feelings about themselves.

Paired Samples Statistics (*Table 1*)

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	BEW	18.5640	14	8.54495	2.28373
	PostBEW	21.8175	14	7.21125	1.92729
Pair 2	BEA	28.8089	14	6.93086	1.85235
	PostBEA	30.5047	14	7.91019	2.11409
Pair 3	BEAt	12.9606	14	3.40946	.91122
	PostBEAt	13.6758	14	2.09979	.56119
Pair 4	SE	18.8783	14	5.70323	1.52425
	PostSE	18.8022	14	5.46664	1.46102
Pair 5	HE	18.2734	14	5.00941	1.33882
	PostHE	21.1429	14	3.97796	1.06315

The highlighted areas will be interpreted and depicted in visual representation.

P.O.I.S.E. Outcome Before and After the Group Intervention (*Graph 2*)
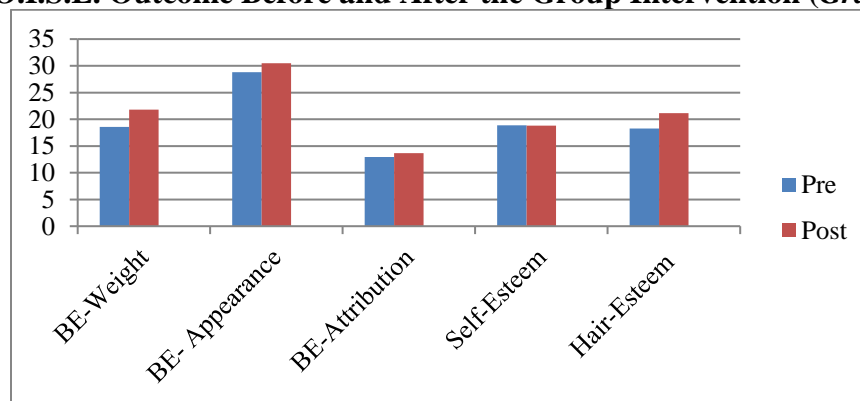
Paired Samples Test (*Table 2*)

		Paired Differences			95% Confidence Interval of the Difference				Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t	df	
Pair 1	BEW - PostBEW	-3.25351	5.84653	1.56255	-6.62919	.12218	-2.082	13	.058
Pair 2	BEA - PostBEA	-1.69588	8.47805	2.26585	-6.59096	3.19920	-.748	13	.468

Pair		Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t	df	Sig. (2-tailed)
Pair 3	BEAt - PostBEAt	-.71523	3.74322	1.00042	-2.87650	1.44604	-.715	13	.487
Pair 4	SE - PostSE	.07614	4.09454	1.09431	-2.28797	2.44026	.070	13	.946
Pair 5	HE - PostHE	-2.86946	5.36912	1.43496	-5.96949	.23058	-2.000	13	.067

Qualitative Findings

P.O.I.S.E. participants were asked to complete a program evaluation at the close of the program to obtain various perspectives on the effectiveness of the program. Participants were asked various questions about what they enjoyed, disliked, and learned from participating in the program. Responses to these questions are as follows:

1. Experiences that I enjoyed or valued…

    - "dancing, talking, being with my friends" (7th grader)

    - "magazine cut out" (7th grader)

    - "I liked when we danced" (8th grader)

    - "learning more about myself, being with others, having fun with others" (7th grader)

    - "learning new things, meeting people" (anonymous)

    - "cooking" (8th grader)

    - "group projects" (8th grader)

    - "talking about our beauty, healthy foods, ourself" (8th grader)

2. How am I beginning to think differently?

    - "confidence in skin color, confidence in weight, confidence" (8th grader)

    - "more thankful of my skin color" (8th grader)

- "I think differently about being black, about my grades, what I eat" (8th grader)

- "thinking more differently about grades, self-esteem, respect" (8th grader)

- "think differently about boys, school" (8th grader)

- "idk" (anonymous)

- "not being shy" (7th grader)

3. What do I hope to do differently?

    - "accept my appearance more often" (8th grader)

    - "work on myself" (8th grader)

    - "include myself in conversations" (7th grader)

4. What I want to further explore

    - "realizing what describes me by looking doing the magazine cutting out again" (8th grader)

    - "how to be confident in myself" (8th grader)

    - "self-esteem" (8th grader)

5. What helped my learning or development

    - "the self-esteem, body image slide show" (8th grader)

    - "I don't know" (8th grader)

    - "being quiet, listening" (8th grader)

    - "group projects, sharing ideas" (8th grader)

    - "nothing" (anonymous)

    - "this poise" (7th grader)

    - "talking to people about my lows and high self-esteem" (8th grader)

6. What hindered my learning or development

- "yelling, talking, fussing" (8th grader)

- "people was talking to much, doing to much" (8th grader)

- "being open to new ways to do certain things" (7th grader)

7. Ideas for improving P.O.I.S.E.

- "more dancing, fun games, more our choices" (7th grader)

- "more physical activities" (8th grader)

- "seeing how the teacher feels" (7th grader)

- "take students out who you know who's being disruptive" (8th grader)

Discussion

Graph #2 illustrates the mean difference across the variables before (pre) P.O.I.S.E. was implemented, and after (post) the participants completed the program. From these mean differences, it can be concluded that the participants who completed the P.O.I.S.E. program had more positive views about their weight, appearance, and hair at the close of the group intervention. Table #2 further explains the change in participants' perceptions regarding body image and self-esteem in terms of significance levels. The changes in body-esteem weight and hair-esteem were approaching statistical significance. This means that body-esteem weight and hair-esteem were found to have the attitudinal change among P.O.I.S.E. participants. Lastly, scores on the body-esteem attribution subscale were found to increase after participants' matriculation through the P.O.I.S.E. program. However, due to the low alpha level of this subscale, these scores should be interpreted with caution. The low alpha level on this score may be related to the relevance of the questions to the sample, as the Body-Esteem Attribution scale is

commonly used to assess body image among White samples. Another reason for the low

Cronbach's Alpha could be a low interrelatedness among the question on the body-

esteem attribution subscale.

Conclusion

In piloting P.O.I.S.E. at CMS the author identified several lessons learned from the

initial implementation of the group. These lessons were:

- Identify and maintain a core group of facilitators to increase trust, comfort, safety, and rapport among the group

- Allot an equal amount of time to conduct the lesson, and process the "take aways" from the lesson

- Focus on 1-2 main topics/modules for the semester, and build in activities to support those core topics

- Recruit a smaller number of participants for the group, to increase classroom management, participant-facilitator support, and overall rapport of the group

- Build in more team-building and ice breaker activities before the modules start

- Assign more leadership roles/responsibilities among the group participants

- Breaking into small groups, and then convening as a larger group assists with more meaningful discussion

The researcher believes that P.O.I.S.E. works and can help middle school African

American girls improve various areas of their self-esteem in culturally sensitive ways.

The researcher will implement the group at CMS again, with the advantage of the

knowledge gained from the pilot intervention.

CHAPTER III

METHODS AND PROCEDURES

Introduction

The purpose of this study was to develop a culturally relevant group intervention, called P.O.I.S.E., for African American middle school girls. This study evaluated the effectiveness of P.O.I.S.E. on influencing the body image and self-esteem among its participants, as well as explored how these African American girls experience body image and self-esteem during adolescence. The narrative inquiry approach will capture the essence of body image and self-esteem among P.O.I.S.E. participants. These participants were asked to reflect on their experiences of body image and self-esteem via questionnaires and focus groups. Moreover, participants' were asked to explore how matriculation through the P.O.I.S.E. group may have impacted their experiences negotiating body image and self-esteem.

This chapter describes the methods, procedures, and instruments utilized in this study. The chapter begins with a discussion of the mixed methods research tradition and the benefits of this methodology. The narrative inquiry, the theoretical framework used to inform this study, will then be explored. Narrative inquiry is discussed, and explained in terms of data collection and data analysis. Narrative inquiry is further discussed in relation to the following study components: the research design, sample selection, data collection, and data analysis. The chapter concludes with a subjectivity statement from the researcher, outlining potential biases she holds, as well as her role as the researcher.

The Mixed Methods Research Tradition

Greene (2007) refers to mixed methods as a way to "invite multiple mental models into the same inquiry space for purposes of respectful conversation, dialogue, and learning one from the other, toward a collective generation of better understanding of the phenomena studied" (pp.13). Greene (2007) further expands that a mixed methods way of thinking is aspiring to better understand social phenomena by utilizing multiple perspectives both informed by society and the researcher's mental models. Using this perspective, quantitative methods provides a framework for the frequency and intensity for which the body image phenomena are experienced among this population. Moreover, with quantitative methods, the researcher assesses the effectiveness of the program on body image using numerical data, compared before and after the participants complete the group. With qualitative data, the researcher explores the experiences of body image among the participants using a more in depth and dynamic approach. By mixing both quantitative methods and qualitative methods for data collection, the researcher can better understand the essence of body image among African American girls, during adolescence, in a more holistic perspective.

Rationale

The rationale for a mixed methods study was to capitalize on the methods strengths of both quantitative methods (i.e. questionnaires) and qualitative methods (i.e. focus groups) (Greene, 2007). Moreover, issues related to body image among African American women and girls have historically been captured solely utilizing assessments normed on White samples (Bagley, Character & Shelton, 2003; Roberts, Feingold, Cash & Johnson, 2006; Talleyrand, 2010). Therefore, exploring body image in a way that

meaningfully captures the African American experience was warranted. Researchers argue that gaining a deeper understanding of these issues warrant qualitative approaches such as focus groups (Mucherah & Frazier, 2013). Kumanyika (2007) noted qualitative research as a way to inform meaningful interventions to health professionals whom work with African American communities.

Researchers argue that solely using quantitative methods to collect data among the African American population is ineffective (Lindsay-Dennis, 2015). Moreover, research designs that allow African American girls the opportunity to name their experiences and speak for themselves in a way that facilitates open dialogue, that is often devalued in other spaces, is strongly recommended (Holiday, 2010; Lindsay-Dennis, 2015). Lindsay-Dennis (2015) argue that "Black girlhood is at the center of the analysis", when describing qualitative approaches to research (p. 514). Thus, researchers can provide more quality results by adding a story behind the numbers (Lindsay-Dennis, 2015).

Focus groups are credited as a valuable research tool among the social sciences (Madriz, 2000). Focus groups allow for a conversation, which calls for participants to collaborate with one another in order to form joint conclusions and questions (Poran, 2006). However, Poran (2006) emphasizes the importance of not misinterpreting consensus as a unified response. Proponents for focus groups highlight the benefit of individuals having the opportunity to work together to process information, feelings, and thoughts in order to come up with group, or individual, conclusions (Poran, 2006).

Focus groups have been found to be helpful to explore sensitive topics, collecting information on opinions and beliefs, and encouraging discussion on a particular topic

(Del Rio-Roberts, 2011). Calderón, Baker, and Wolf (2000) describe qualitative research, like focus groups, as a way to better assess the needs among minority populations. Madriz (2000) suggests that focus groups are especially useful in uncovering the overlooked experiences, feelings, and attitudes among females of color. Moreover, focus groups are shown to be advantageous for allowing genuine group process to occur in relation to exploring particular topics (Madriz, 2000).

Focus groups allow the researcher to examine group dynamics, while also understanding participants' responses within the context of group interaction (Stewart & Shamdasani, 1990). More specifically, focus groups allow us to better understand group processes and the content in which the group process is organized (Millward, 2012). The group process can be understood at two different levels- the intra-personal (individuals thoughts and feeling) and the intra-group (the way people interact and communicate within the group) (Millward, 2012). Another reason for the use of a focus group instead of individual interviews is because values and beliefs, especially during adolescence, is often formed through the interaction of peers. Adolescence is a period where peers play a major role on participants' individual narratives (Blakemore & Choudhury, 2006). Therefore, the purpose of this method of data collection was to capture this dynamic process through focus groups. Rothwell (2010) argues that processes occurring among focus groups are reflective of the discussion participants encounter during their daily lives (Gamson, 1992; Sasson, 1995; Wilkinson, 1998a). Moreover, focus groups are a tool that can help examine the interaction between the social and the personal, simultaneously (Millward, 2012).

The focus group data collection context is arguably beneficial to the participants because it gives participants the opportunity to understand that others share similar experiences, thus validating their thoughts and feelings (Madriz, 1998; Frith, 2000; Wilkinson, 1998b). A social constructionist's perspective argues that ideas are constructed through the process of interaction. Therefore, considering conformity, groupthink, and social desirability as limitations is incorrect. Rather, these concepts, influences through social interactions, are in fact the data because they are elements included in our daily lives (Hollander, 2004).

Purpose

Complementarity was used to provide a deeper and richer understanding of how African American girls experience self-esteem and body image. Complementarity refers to one set of results expanding on, and clarifying the other (Greene & McClintock, 1985; Greene, 2007). This more comprehensive approach will tap into multiple facets of the study's phenomenon- body image and self-esteem. Using the perspective of complementarity, quantitative methods provides a framework for the frequency and intensity for which the body image and self-esteem phenomena are experienced among this population. Moreover, with quantitative methods, the researcher assessed the effectiveness of the group on body image and self-esteem with numerical data, compared before and after the participants complete the group. Using qualitative data, the researcher explored the experiences of body image among the participants using a more in depth and dynamic approach. By mixing both quantitative methods and qualitative methods for data collection, the researcher can better understand the phenomenon of body image among African American girls in a more holistic perspective.

Philosophical Framework

Narrative inquiry is the method used to capture the nature of participants' stories (Hickson, 2016; Kennedy-Lewis et al., 2016; Seiki, 2014). Social scientists began to develop the concept of narrative as a research methodology in the late 1980s (Clandinin et al., 2017). Connelly and Clandinin (2006) defined narrative inquiry as a way by which "people shape their daily lives by stories of who they and others are and they interpret their past in terms of these stories. Story, in the current idiom, is a portal through which a person enters the world and by which their experience of the world is interpreted and made personally meaningful" (p. 90). Mischler (1986) and Riessman (1993) promoted the importance of listening to participants' stories and seeking to understand the context, construction, and position of those stories. Narrative inquiry is distinct from other methods in that the stories have a beginning, middle, and end (i.e., a sense of temporality) (Dodge et al., 2005).

Chase (2008) describes narrative inquiry as a way of meaning making regarding our own, and other's, actions as well as exploring the outcomes of said actions and events over time. Narratives consider participants' voices, understood as verbal actions, and interpreted within the contexts of social resources and circumstances (Chase, 2008; Hickson, 2014; Reissman, 2002). Moreover, narratives are "socially situated interactive performances" (Chase, 2008, p. 479). Lastly, the narrative approach encourages the co-construction of the researcher and participant, as the researchers takes an active role in interpreting the participants' stories (Chase, 2008). Narrative is co-reflective in that the participant is reflecting on their experience while the inquirer is reflecting on the words of the narrator (Jones, 2016).

Dodge and colleagues (2005) gives weight to several assumptions of narrative inquiry. For example, narratives carry practical knowledge that individuals have learned through their experiences. Additionally, individuals shape narratives for their own purposes, while also giving meaning to the social constructs in which they are positioned (Gergen, 1985). Furthermore, many scholars approach narrative in various ways- a language, knowledge, and as a metaphor.

For the purpose of this study, narrative inquiry is defined as language, as way to convey meaning (Dodge et al., 2005). Narrative inquiry is a medium by which to express oneself to others. Taking the language approach, people create narratives to provide meaning and context for the life experiences. Because narratives convey meaning of lived experiences, this methodology is used to better understand African American middle school girls' experiences with body image and self-esteem. It is also important to note that onus is placed on the version of the narrative that the narrator is willing to convey (Dodge et al., 2005). An important implication of this assumption is that people are purposeful agents who create stories as a way to communicate meaning to others (Feldman et al., 2002; Riessman, 2002). As such, the researchers witness a snapshot of the participants' world as filtered by the participants' meaning making process (Dodge et al., 2002).

The "narrative as knowledge" approach utilized in this study proposes that narratives are a way of understanding (Dodge et al., 2005). This view underscores the potential of storytelling to generate practical knowledge and an overall learning experience (White, 1999). The assumption states that narrative as a form of knowing generates insights that could improve future practice (Hummel, 1991; Schall, 1997).

Therefore, the information gathered from the outcomes of this study will help improve

P.O.I.S.E., as well as other group initiatives. Additionally, the narratives told by the

participants of the P.O.I.S.E. group can impart unique knowledge regarding body image,

self-esteem, and the relational dynamics among African American girls.

"Narrative as a metaphor" is also implemented in the current study. This suggests

that individuals enter into systems. Additionally, this approach "unveils the powerful but

invisible meanings embedded in institutional life and to identify suppressed or competing

narratives" (Dodge et al., 2005, p. 293). Consistent with the womanism theory utilized

for the design of the P.O.I.S.E. group, narrative inquiry can be used as a tool that has the

ability to call into question existing knowledge while giving voice to marginalized

populations (Jones, 2016). To add to the benefits of narrative inquiry, this approach

honors the experiences of participants (Jones, 2016). More specifically, narrative inquiry

encourages a dialogue that considers participants' perspectives regarding Clandinin and

Connelly's five dimensions of narrative inquiry (Clandinin & Connelly, 2000). These

five dimensions are inward (participant's feelings, values, and reactions); outward

(external conditions or environment); backward and forward (temporality); and place

(position in the world, physical or otherwise) (Clandinin & Connelly, 2000; Reissman,

2002). The focus of narrative inquiry is not only on the individual's experience but also

on the systems and context within the individual is positioned (Clandinin et al., 2016;

Clandinin & Rosiek, 2007). Narrative inquiry is also relational (Jones, 2016). Therefore,

it requires the closeness of participants and researcher. Consistent with the theory of

narrative inquiry, inquirers tend to adopt an interpretivist, rather than positivist,

perspective (Dodge et al., 2005).

Interpretive Biography

Interpretive biography is a methodological approach to narrative research that "emphasizes a particular portion of participants' lives (Denzin, 1989; 2005). Interpretive biographies do not aim to capture an objectively accurate account of a person's life, rather they aspire to capture an interpreted reflection of participants'' experiences (Josselson, 2011). This approach enables an understanding of participants' stories, within their individual contexts, as they understand it (Clandinin, 2013). The inquirer and the narrator play a collaborative role in the meaning making process. As such, the inquirer responds to participants' cues and vice versa regarding life events (Denzin, 1989). The inquirer comes in with the assumption that participants' accounts are "facticities" - "subjective experiences of events" (Denzin, 1989, p.23). Narrative inquiry has many connections with constructionism (Riessman & Quinney, 2005). More specifically, narrative inquiry has its roots in the epistemology of constructionism (Dodge et al., 2005).

Epistemology

Constructionism suggests that "we know the world not by objectively observing an external reality, but by constructing how we understand it with others" (Berger & Luckmann, 1966; Crotty, 1998; & Gergen, 1985). Proponents of constructionism believe that all reality, made meaningful to the individual, is socially constructed (Crotty, 1998). Consistent with the constructionist epistemology, the inquirer is directly involved in the process of co-constructing narratives.

I do not position myself as the inquirer, as more knowledgeable or experienced than the participants. Nor is it my role to unveil any absolute truths, or factors that may

be out of the narrators' awareness (Kennedy-Lewis et al., 2016). I do, however, acknowledge that my role as the inquirer is accompanied with power due to the developmental stage of the narrators (Kennedy-Lewis et al., 2016). I also understand that by serving as an interpreter of my middle-school participants' stories, I run the risk of misrepresenting their stories or interpreting their stories through my own worldview. Additionally, as the researcher I insert my own perceptions of participants' stories based on their shared experiences of both the interview and given context (Kennedy-Lewis et al., 2016). Therefore, I will take steps, outlined below, to ensure that I represent the stories of the participants as accurately as possible. The social constructionist approach was also fitting particularly with the use of focus group, as well as the self-report measure, because it allows the researcher to bear witness to the way that reality is constructed, defended and modified (Wilkinson, 2003).

Research Design

The type of research design utilized is an explanatory sequential, experimental design. Moreover, a pre-test and post-test design were implemented. The study is quantitatively dominant, with the support of qualitative methods during collection, analysis, and interpretation of data. The experimental group participated in an 8-week group intervention called P.O.I.S.E. where they were surveyed at two different time points: before the intervention and after the intervention. The experimental group also participated in a focus group conducted at the close of the intervention.

The focus groups were used to further explore the responses provided on the survey measures, and add to the researcher's understanding of how focus group participants experience themselves, their bodies, and external factors that may influences

these phenomena. Moreover, the researcher evaluated how matriculation through the P.O.I.S.E. group impacted participant's experiences negotiating body image and self-esteem.

The control group also complete the pre-tests and post-tests. The control group participants did not receive the P.O.I.S.E. group intervention, but participated in a similar after school program (*see figure 1*).

Graphical representation

Figure 1

Experimental Group

Control Group (Treatment as usual)
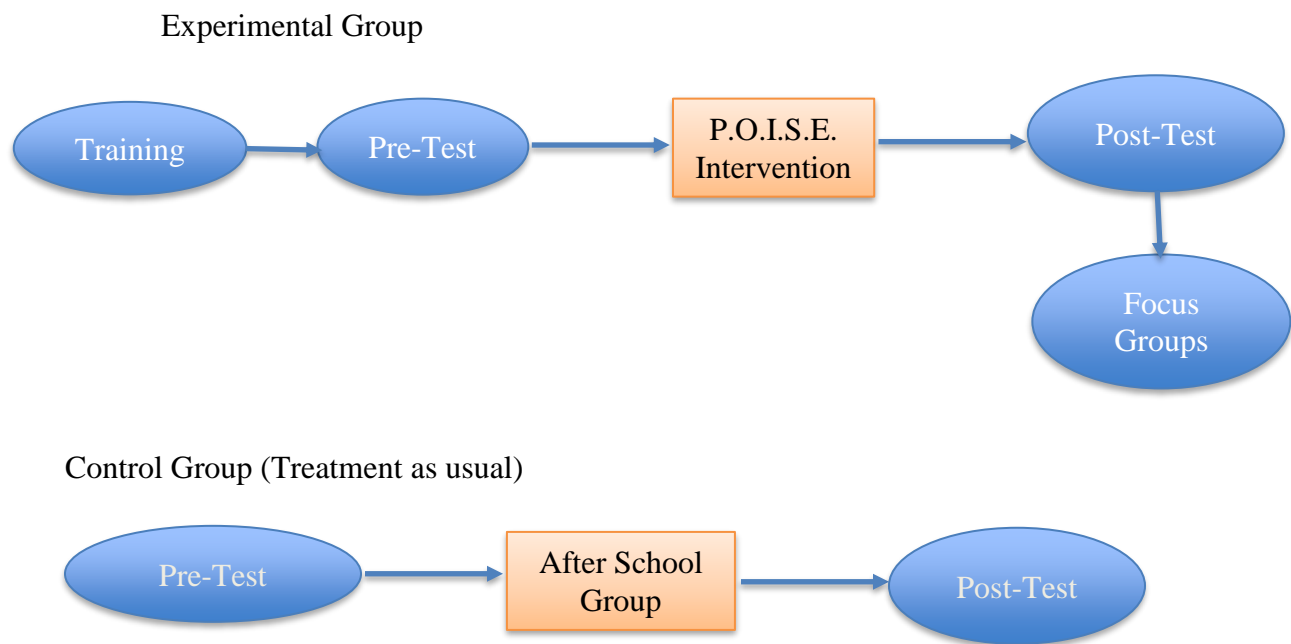
Sample Selection

Participants were sampled using both the purposive sampling and convenience sampling approaches. Participants were recruited based on the specific purpose of exploring particular phenomena among African American girls. Therefore, the sampling selection approach used a small sample size of African American middle school girls in

order to provide a greater depth of information on the phenomena of body image and self-esteem among this group (Cozby & Bates, 2012; Teddlie & Yu, 2007).
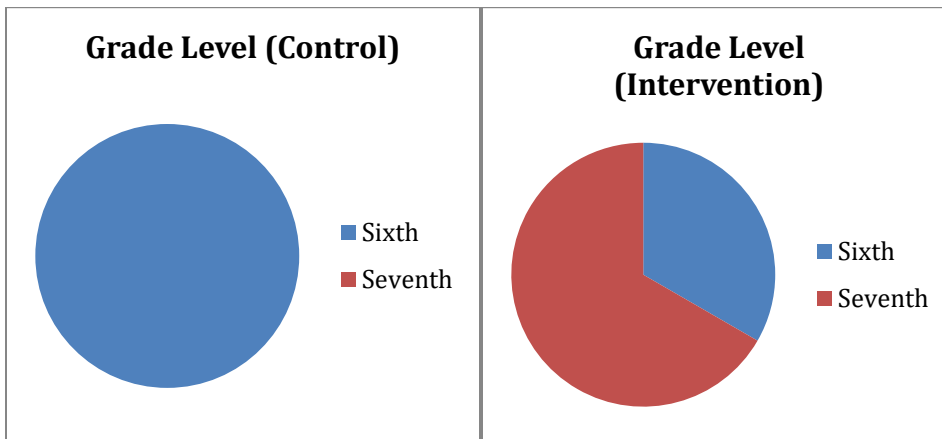
Further, participants were selected through convenience sampling. More specifically, the sample was selected through an after school program at a local middle. The researcher had an intact working relationship with the middle school from which participants was sampled. This partnership began during the researcher's first year as a doctoral student at the University of Georgia, after piloting P.O.I.S.E. at this middle school. Twelve participants were selected from an after school program to participate in the P.O.I.S.E. group. Sixth and seventh grade girls were selected for participation in the program. The researcher, and group interventionists, attended multiple after school sessions where they held information sessions about the P.O.I.S.E. group. Participants were mainly recruited via self-selection, with the first 12 girls with signed parental/guardian permission slips selected to participate.

For the current study, eight participants completed time points one and two of data collection (eight intervention; two control group). Originally, six participants completed the pre-test measures. However, due to scheduling conflicts five participants were unable to complete the post-test measures at time point two. Regarding the focus group, nine participants from the intervention group (P.O.I.S.E. group) participated. One focus group included five, sixth graders and one focus group consisted of four, seventh graders.

The demographics of the participants' who completed the data collection phase of the study are included in the table below.

Quantitative (Pre-Test/Post-Test Demographics)

Graph 3 & 4

Grade Level (Control) — Sixth, Seventh

Grade Level (Intervention) — Sixth, Seventh

Graph 4 & 5

Lives With (Control) — Mother, Mother and Father

Lives With (Intervention) — Mother, Mother and Father

Graphs 6 & 7

Skin Tone (Control) — Medium Brown, Very Dark Brown, Dark Brown, Light Brown

Skin Tone (Intervention) — Medium Brown, Very Dark Brown, Dark Brown, Light Brown

Graphs 8 & 9

Religion (Control) — ■ Christianity

Religion (Intervention) — ■ Christian
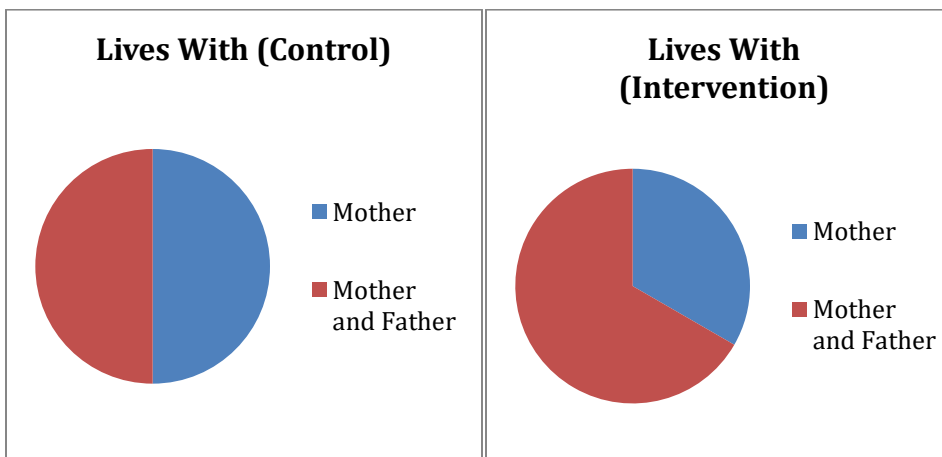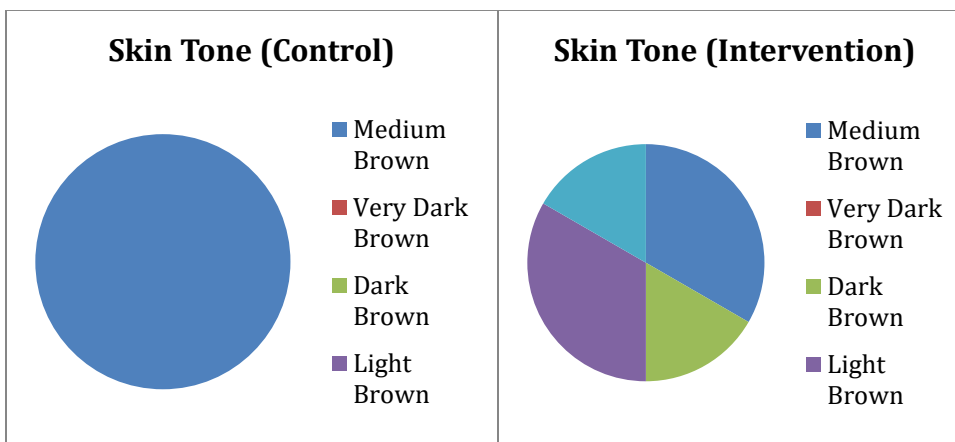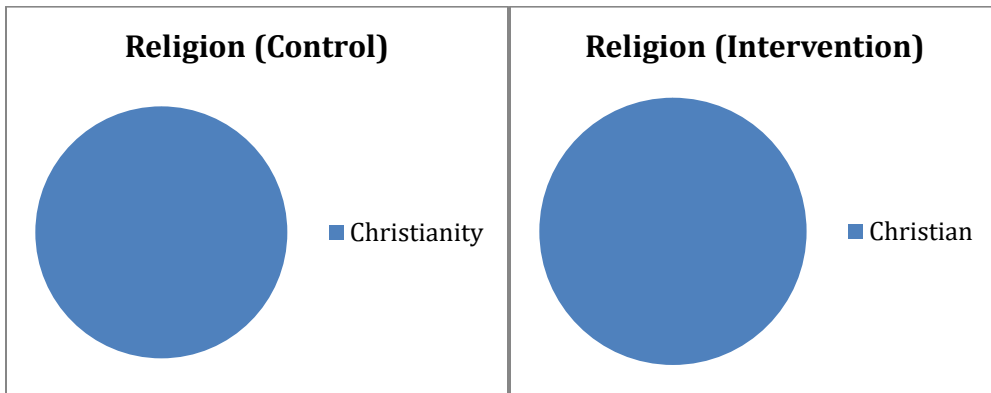
Qualitative (Focus Group Demographics)

Graphs 9 & 10

Lives With (6th) — ■ Mother ■ Mother and Father

Lives with (7th) — ■ Mother ■ Mother and Father

Graphs 11 & 12

Skin Tone (6th) — ■ Very Dark Brown ■ Dark Brown ■ Medium Brown ■ Light Brown ■ Very Light Brown

Skin Tone(7th) — ■ Very Dark Brown ■ Dark Bown ■ Medium Brown ■ Light Brown ■ Very Light Brown

Graphs 13 & 14

Religion (6th)	Religion (7th)
■ Christianity	■ Christianity
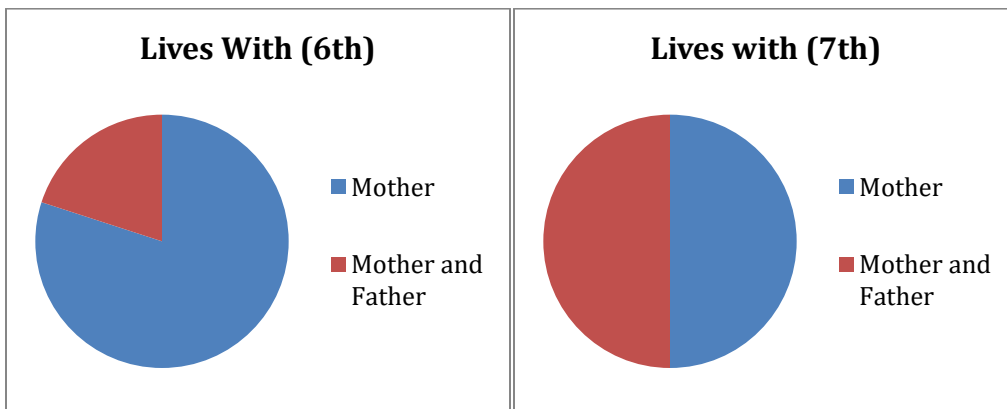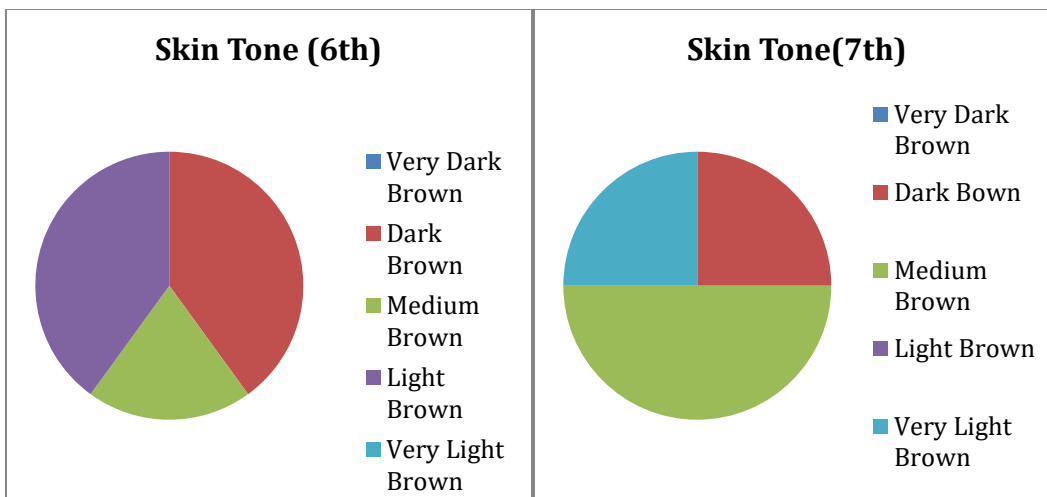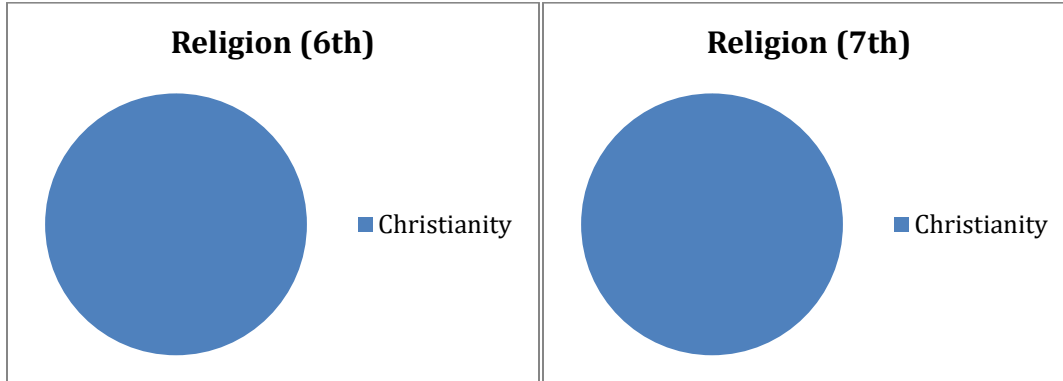
Data Collection and Analyses

The methods used to collect data in this study were both quantitative and qualitative in nature. Participants were asked to complete surveys, answering questions regarding feelings about their bodies, hair, skin tone, as well as overall feelings about themselves. Data was also collected through focus groups, asking questions that explored participants' experiences with body image, self-esteem, and participation in the P.O.I.S.E. group.

Procedures

Intervention procedures

The P.O.I.S.E. group began meeting in January of 2017, convening during after-school programming. The P.O.I.S.E. group consisted of team building/rapport building, an eight-week intervention, workshops, pre-testing, post-testing, and focus groups. Participants completed various team building and rapport building exercises for the beginning three sessions, at the beginning of the spring semester. Then, all participants completed a demographic survey and pre-tests that assessed their baseline body image and self-esteem (including feelings about skin tone and hair) before the start of the

intervention. The participants then completed the eight-week intervention, with modules

focusing on body image and self-esteem (*see table below*).

Table 1

Module	Session #	Objectives	Activity Example
Pre-Intervention (Building Rapport)	I.	Learning names; Understanding the purpose of the group; Establish group norms; build rapport	*"The Skittle Game"*
	II.	Build rapport; Increase group cohesion; Identify group roles; Explore previous group experiences	*"When Somebody Claps Twice"*
	III.	Build rapport; enhance group cohesion	*"Musical Paper Bags"*
Pre-Intervention Assessment			
Self-Esteem	I.	Define self-esteem; Identify positive personal attributes	*"Selfie"*
	II.	Identify factors that influence self-esteem; Enhance media literacy	*"Reality TV"*
	III.	Identify personal strengths; Identify protective factors for self-esteem; Learn coping mechanisms for managing self-esteem	*"Self-Esteem Toolbox"*
Body-Image	I.	Define body image; Explore messages about bodies and beauty; Identify ways to counteract negative messages	*"DM (Direct Messages)"*
	II.	Identify how messages about bodies and beauty are transmitted; Explore the role music plays in perceptions of beauty and body image	*"Body Image Scavenger Hunt"*
	III.	Identify the various ways your body functions; Identify various things that we appreciate about our bodies	*"Power poses"*
Post-Intervention Assessment			

The P.O.I.S.E. group utilized a tiered model, in which the researcher's faculty

advisor provided direct supervision to her and the P.O.I.S.E. program coordinator, while

the program coordinator and researcher provided direct supervision to the P.O.I.S.E.

group facilitators, and then the facilitators and the researcher provided guidance to the middle school participants. Four core group facilitators facilitated all P.O.I.S.E. sessions in the spring semester. Facilitators were African American women whom are graduate, undergraduate, and alumni of the University of Georgia. Group sessions consisted of lectures, guest speakers, peer learning, group activities, discussion, media analysis, reflective exercises, dance, and group projects.

Each session lasted two hours, and included approximately 45 minutes of completing the lesson and approximately 30 minutes of processing the lesson. Weekly sessions also included mood check-ins, quotes of the day, attendance, warm-ups/ice breakers, and didactic learning. Participants' completed a short-survey after each session where they were asked various questions assessing the level of comfort with the session's activities and topics. They were asked open-ended questions, reflecting their take-ways from the day.

After the intervention ended, participants completed a post-test, completing the same measures from the beginning of the program. Self-report measures were also administered to the "treatment as usual" control group participants at the beginning of their intervention and the end of their intervention. Treatment as usual (TAU) or routine has been used as both a control condition in clinical trials of evidence-based psychotherapy (EBP) and care in the context of psychotherapy (Kazdin, 2015). Current research uses TAUs as a viable control or comparison condition. Typically, the trial is conducted in a setting where ongoing services are routinely provided (Kazdin, 2015). In the case of the current study, the treatment as usual control group was a part of the larger after-school programming.

There are several benefits for TAUs, in comparison with no treatment or placebo control groups. First, TAUs better address ethical issues because "treatment is not withheld (no-treatment) nor delayed (wait-list) nor is a "fake" treatment provided that is not intended to work" (Kazdin, 2015, 170). Participants in the study have the opportunity similar services (or treatment) to what they might normally receive anyway. Secondly, it may be easier to decrease attrition rate if TAU is the default condition to which clients are assigned. Finally, including TAU in a study helps address whether a new intervention really surpasses in outcome effects what is ordinarily done in a given setting.

Focus Groups

Two semi-structured focus group sessions were held, each lasting approximately 45-minutes. P.O.I.S.E. participants took part in the focus groups at the end of the P.O.I.S.E. group intervention. One focus group included five, sixth graders and one focus group consisted of four, seventh graders. The researcher separated groups in terms of grade to encourage the ease and comfort of self-disclosure, as the middle school site usually kept students separated by grade. Morgan and colleagues suggests that when participants have enough in common such as age and gender, they will be more likely to share freely among peers (Morgan, 1995, 1988; Stewart & Shamdasani, 1990). The purpose of the discussion was for each group to explore the various ways that they experience body image, self-esteem, and group work. The researcher facilitated the focus groups. The purpose of the facilitator was to follow and encourage discussions, rather than lead participants. The facilitator utilized a semi-structured interview, asking open-ended questions. Focus group questions were developed from a review of the literature

on body image and self-esteem among African American adolescent girls, as well as a review of participant responses from questionnaires.

At the beginning of the focus group session, the researcher explained that participation in the focus group was voluntary, and that their anonymity will be ensured through the use of numbers. With participants' consent, the focus groups were audio recorded. Finally, the participants were notified that the researcher, carefully selected individuals from the researcher's research team, and the research advisor has access to the audio tapes and transcripts. Participants were further informed that the written transcriptions, and notes, will be used for data analysis and interpretation. Participants were also informed that upon completion of the study, they will receive a debriefing regarding the study outcomes.

Quantitative Data Analysis

Data from the surveys were coded and entered into the most recent version of SPSS. Analyses were conducted on aggregated data by treatment condition (intervention vs. control), to compare outcomes of the P.O.I.S.E. intervention to a similar after-school program (utilized as the treatment as usual control). Totals for all subscales were calculated, normality confirmed, and outliers removed. First, the researcher conditioned the data to assess for missing data and outliers. Secondly, the researcher deleted individuals who were not in both pre-test and post-test groups. Data points were also removed if participant's response was difficult to understand (i.e., they selected more than one answer choice on the surveys). Thirdly, regarding the missing data points, the researcher utilized the median of nearby points input for this missing data point.

Out of participants that were retained (n =8) there was no missing data in the pretests. Descriptive statistics and exploratory analyses were conducted for the variables of skin color satisfaction, self-esteem, hair-esteem, and sociocultural attitudes toward appearance.

A repeated measures ANOVA was used to compare group means before the P.O.I.S.E. group intervention and at the end of the group intervention to assess changes in body image and self-esteem among African American girls. A one-way ANOVA was utilized to compare group means across the P.O.I.S.E. group and the control group. The limited sample size meant that it would be more appropriate to evaluate effect sizes in order to appropriately asses the magnitude of the differences between groups.

Qualitative Data Analysis

Data from the focus groups was collected and analyzed using the narrative inquiry approach. The researcher recruited individuals to participate in the qualitative data analysis process to ensure trustworthiness. Recruitment emails were sent to the researcher's departmental research team. Recruitment also took place via word of mouth to other potentially interested individuals. Once interested individuals (n = 4) contacted the researcher, a meeting schedule was developed. The dissertation research team consisted of four women, three self-identified as Black and one as White. Three women were graduate students of a counseling psychology program and one was an undergraduate student in Psychology.

Prior to coding training, and familiarity with the data, the dissertation research team discussed previous research experiences, interests, as well as biases and experiences related to the study. Data analysts composed subjectivity statements to identify and

process these biases and experiences. The data analysts completed a coding training that required them to complete readings and watch instructional videos about coding. The research team also participated in several practice exercises, allowing them to apply the didactic information they learned to practice data sets. They were given access to DropBox to utilize relevant reading materials and recourses for coding. The researcher also uploaded de-identified copies of the focus group transcripts and a blank copy of the coding manual.

To gain an in-depth understanding of the focus group narratives, the researcher adopted a thematic analysis approach. Moreover, the interview transcripts were analyzed using manual coding techniques. The researcher and her research team analyzed the focus group interview material using Aronson's (1995) four stage thematic analysis methods.

In the first step of the data analysis, the data was organized in the form of interview transcripts. A contracted transcriptionist transcribed the audio-recordings of the two focus groups. Second, the researcher and the research team identified key direct quotes, and paraphrased common ideas. A discourse analytic approach took place throughout the analyses process, taking into consideration the content and group processes (Millward, 2012). Additionally, the researcher is interested in not only what participants explicitly say, but also what they did not discuss. The researcher, and her research team independently read, and re-read each of the transcripts to identify recurring ideas, as well as omissions by participants (i.e., codes). Additionally, they highlighted participants' comments and recorded notes in the margins of transcripts. Each analyst

then, individually, identified any codes that overlapped in meaning and intent. They

considered words or phrases that were similar in meaning.

Once the analysts independently identified their own codes they came together to

triangulate the findings and make decisions about the final codes to be presented.

"Triangulation in the analysis of in-depth interviews or focus groups involves research

team members presenting and discussing the codes and sub-codes each identified through

careful readings of the transcripts" (Rosenthal, 2016, p. 513). Discussion regarding each

researcher's transcription and codes produced the final set of codes that represent the

content of the focus groups. The final list of codes was taken back to the original

transcripts by all research team members to verify the applicability of the codes to the

actual data.

Thematic analysis and inductive analysis were utilized to develop themes among

the data. The research team developed themes, given the codes produced by the research

team. The research team grouped codes into categories based on commonalities of the

codes' definition and quotes associated with that code. The researchers then titled each

group of codes utilizing an overarching short phrase or word that captured the common

thread among all included codes. During the process of identifying how each code, under

a certain theme, connected with the others, the researchers decided that certain categories

could be split up into sub-themes. Additionally, the research team also found that some

codes could be reflective of various themes, or that certain codes originally thought to

belong with a particular theme was actually a better fit in another category. The

researcher also utilized an approach suggested by Auerbach and Silverstein (2003) called

the "starter idea". Auerbach and Silverstein (2003) recommend identifying one code to

start with, then reading the code list to identify which codes are related to the starter idea. As one identifies related codes to the starter idea, you group them together to develop your theme.

The fourth stage was making a trustworthy and reliable argument in regards to the selection of the themes for analysis and creating a storyline that would help readers to understand the process and motivation of the research. The researcher utilized "member checking" as an additional validity and credibility check. The researcher took the results of the analysis back to interviewees to perform "member checking," as a way to ensure the credibility of the analytic process (Rosenthal, 2016). Two participants completed the member check, indicating that the researcher's themes were reflective of what was said during the focus groups.

Instrumentation

Body image was assessed using the Skin Color Satisfaction Scale (SCSS), developed by Falconer and Neville (2000) to assess skin color satisfaction, self-perceived skin color, and ideal skin color. The full scale consists of nine items rated on a 9-point Likert scale, ranging from 1 (extremely dissatisfied/strongly disagree) to 9 (extremely satisfied/strongly agree). The full SCSS asked participants to respond to items such as: "How satisfied are you with the shade (lightness or darkness) of your own skin color?"; "Compared to most African-American people, I believe my skin color is...;" and "I wish my skin was lighter". Scores were summed and averaged, with higher scores indicating higher skin color satisfaction (Falconer & Neville, 2000). Reliability estimates for this study at pre-test was .65 and .73 at post-test.

Body image was assessed using the Sociocultural Attitudes Toward Appearance Scale-3 (Third-Edition) (SATAQ-3). It was developed by Thompson, Van der Berg, Roehrig, Guarda, and Heinberg (2003) to measure societal influences on body image and eating disturbances. The SATAQ-3 includes 30 items (Internalization-General, nine items; Information, nine items; Pressures, seven items; Internalization-Athlete, five items). Cronbach's alpha for this survey at pre-test was .85 and .83 at post-test. Responses range from 1-definitely disagree to 5-definitely agree in which responses are indicated on a 5-point Likert scale. The SATAQ-3 asked participants to respond to items such as "TV programs are an important source of information about fashion", "I've felt pressure from TV or magazines to lose weight", and "I do not care if my body looks like the body of people who are on TV". Subscale scores are calculated as means of the relevant items. There is no global score calculated for this scale, given the diversity of items.

The Bankhead-Johnson Hair-Esteem Scale was used to measure hair-esteem, another component of body image. This scale was used to assess how satisfied participants were with their hair. The Hair-Esteem Scale was adapted from the Rosenberg Self-Esteem Scale, and consists of 10 items. Participants were asked to rate their feelings about their hair on a 4-point Likert scale, with responses ranging from 1-strongly disagree to 4-strongly agree. Participants were asked to responds to statements such as "on the whole, I am satisfied with my hair", "at times I think my hair is no good at all", and "I am able to care for my hair as most other people". Responses from each item are summed, with higher scores equating to more positive feelings about one's hair. Scores between 20 and 30 represent the normal range, and scores below 20 indicate low

hair-esteem (Bankhead & Johnson, 2014). The Cronbach's alpha for this scale at pre-test was .60 and .80 at post-test.

Self-esteem was measured by the Taylor Self-Esteem Inventory (Taylor & Tomasic, 1996). This 16 item, 9-point Likert scale measured participants' acceptance of self and personal regard. This scale consists of two subscales: positive self-esteem (rewards), 8 items and negative self-esteem (costs), 8 items. Subjects were asked to respond to such statements as "I later regret things I've said" and "I think about things I've done well". Responses are ranged from never (0) to always (8). The Taylor Self-Esteem Inventory was first developed for the African American population and first administered to African American women. The Cronbach's alpha for this scale was .59 at pre-test and .90 at post-test. Scores were summed and can range from, 0 to 128 once the negative items are reverse coded. A higher the score indicates a higher level of self-esteem.

The instruments were counterbalanced across both treatment groups, as well as both time points. The researcher included four different versions in which the measures were ordered chronologically, staggered according to the version number. Counterbalancing was utilized to control for order effects, given the repeated measures design of the current study (Shuttleworth, 2009).

Data Management

Consistent with university IRB Human Subjects standards, data will be locked in the researcher's office in a file cabinet. Only the principal investigator, Courtney Williams, her research advisor, and research team have access to the data. Data will be stored in the research office for a period of 3-5 years. Confidentiality will be maintained

through the use of pseudonyms and special identification codes created for each participant. Pseudonyms were created during the transcription portion of the study in order for the participants to be de-identified. Additionally, identification codes were created for each participant to put on their questionnaires.

Statement of Subjectivity

Reflexivity in qualitative research highlights the importance of the researchers acknowledging their own worldview and biases (Jones, 2016). Moreover, introspection is highly encouraged, required even, for all qualitative researchers. In the spirit of transparency, and consistent with my approach to narrative inquiry, I share with you my story.

Growing up, I was always considered the "White" Black girl. I was never "White" enough for the White kids or "Black" enough for the Black kids. I was always told I "talked like a White girl". By "talking white", people were speaking to the fact that I was articulate. I enunciated my words. I used "proper English". I was often teased by my Black friends for being well spoken and smart. As a result, I tried to "talk more Black". As society claims, this meant I was using more slang and "broken English". Furthermore, I tried to "act black"- using slang, rolling my neck while talking to friends, and talking with my hands. I also felt pressured to dress more like my Black friends- wearing Timberland boots or air force one sneakers, and name brand designers like FUBU (For Us By Us). The messages transmitted to me about being Black, are much like the Miseducation attitudes found in the revised nigrescence model (Worrell & McFarlane, 2017).

I came from a middle class family, and grew up in suburbia America. Though my clothes were not always name brand, my family worked extremely hard to give me the many opportunities to which I was privileged- my own room, pets, toys, team sports. Many of the friends that I went to school with came from lower socioeconomic backgrounds. In fact my closest friends lived in government-assisted housing, but wore designer clothes. I used to think that if my family lived in "the projects" like my friends, we could afford more name brand clothing. I spent many of my formative years trying to understand how to belong. Although I had many friends, I struggled with negotiating my identity within the group.

I internalized a lot of messages about being a black girl, not only based on my interactions with peers, but also by what I saw on TV. Every music video I watched, or magazine that I read, women wore revealing clothing and were often half naked. They danced on (not "with") the male rappers/singers. They were gawked at, handled, talked at (not "to"). The leading ladies in the videos were often light-skinned, with long hair, round butts, slender figures, big breasts, and clear skin. Light-skinned Black women represented many of the ideals of beauty popularized throughout the media. She was sought after, beautiful, popular, and talented. She was idolized.

Then there was me. In early adolescence, I had buck teeth. It took FOREVER to grow into them. To add to that, while other people were developing breasts, I walked around with a training bra and nothing to train. I yearned to have bigger breasts in 5th grade, middle school, and high school. I went so far as to stuff my bra with Kleenex in middle school and high school. Then transitioned into push up bras to create the illusion of a fuller cup size. Another experience that significantly shaped my views on body

image was the influence of my family, more specifically my grandparents. My

grandparents are a very well-meaning, God-fearing, Southern people. They show love

through preparing meals and feeding their family. They are also known for their fixation

with weight. Every time my family visited, or brought a friend home, the first comment

was: "You've gained weight" or "You lost weight". Paradoxically, my grandparents tried

to feed us every couple of hours, during each visit. If we declined, we "must be on a

diet". It was a confusing and frustrating task to navigate- on the one hand I felt judged

and constantly evaluated in terms of my appearance, yet on the other hand my

grandparents were trying to feed me and support me.

 Another insecurity that I battled with, until recently was acne. Transitioning into

middle school, acne spread all over my face. I was so self-conscious I covered my face

in makeup to hide the blemishes. I wore a full face of makeup, daily. The few attributes

that I was proud of during this time were my long hair, slender figure, and butt. My hair

was thick and my mother often styled it with braids, twists, curls, and barrettes.

 Because I did not look like what I saw on TV, I used to ask myself did this mean I

was not pretty or acceptable. As an adolescent, my satisfaction with my body, and how I

looked often impacted my self-esteem and my identity. I desired to have light skin, long

hair, and full breasts. Because of what I thought was socially desirable, I went years

straightening my hair and wearing hair extensions to fit the beauty ideal. I used to live for

the times when people would complement me for having "white" hair (hair that flowed

and moved in the wind) or "good" hair (used interchangeably with "white" hair).

 At a very young age, my mother gave me my first relaxer. As an adult, she tells

me of the story of how my hair fell out because of the relaxer, and how we took care of it

so that it would grow back. I remember countless times of anxiously waiting for the hot comb to heat up, and for my mother to "get the kitchens" (straighten the tightly coiled parts of my hair) on the back of my neck. Just the other day, I turned on the stove to cook and it sent chills up my spine as I remember weekend days of getting my hair straightened by the hot comb. The burning smell of the hot comb and the "on fire" feeling my scalp felt from the relaxers were not in vain, or so I thought. I was often praised for having nice hair. Some even said I had "good hair" or "White girl hair" meaning it was long, thick and flowing- it blew across my face every time the wind blew. "Black hair" is often thought to be kinky, short, even damaged. It did not flow, it was stiff and hard to comb through. The compliments I received about my hair insinuated that I was pretty. I also remember receiving more attention from men when I wore hair extensions. I felt like the pretty girl for once.

My hair soon became one of my salient identities- what I was known for, what people noticed about me, what I took pride, what I took care of. Into my teenage years, I learned to relax my hair on my own. If I did not go to the stylist to have it relaxed regularly (once every 6 to 8 weeks), I would relax the perimeter of my hair-the edges- so they would lie down. I would also flat iron my hair to maintain the "good hair" compliments. I took it a step further and started wearing extensions in college. But, I had to make sure that my extensions looked like they were growing out of my own scalp. Because I had "good hair" I could blend it with curly, wavy, and straight extensions.

Though considered to be a historically White institution, the population of Black students was significantly high at the University of North Carolina at Greensboro (UNCG). Among the Black students, it was like being in a fashion show at UNCG- well-

fashioned clothes and hair. Popularity seemed to be based on status in college- athletes, modeling troupes, fraternities and sororities, or any connection to any of these groups. Because, I was not in a sorority, was not an athlete and did not have close friends whom were athletes, it was difficult for me to establish a sense of belonging at first. At this age, in a new environment I still felt like a kid on the playground trying to figure out who to play with in the sandbox. Overtime, I joined clubs and made friends with people whom I made meaningful relationships with. Overall, college turned out to be some of the best 4 years of my life. However, my identity and aesthetic was still driven by societal and Eurocentric standards which strongly relied on my hair. After my freshman year in college I began to notice a change in my hair. It was thinning. I started to wear hair extensions to make my hair appear fuller. The thinning of my hair continued into my master's program.

As a master's student, particularly the first semester, I wore hair extensions. Till this day, a close friend from that program tells me "Girl, I thought that was your real hair when I saw you on the first day of class. I said to myself 'she has some pretty hair'". I carried that with me as a sense of pride. The fact that she thought my hair was that long and luscious. The fact that I could create the illusion of length and fullness. Once I took my extensions out, there were other methods that I would utilize to create the illusion of fullness and length, often getting the question of whether I was wearing my real hair or not. Throughout the course of my time in my master's program, I began to admire my mother and sister's hair. My mother, for several years, wore her hair naturally curly-tightly coiled. My sister's hair patterns was wavy. They both seemed to be able to wear the "wash n go" look. I wanted to wear my hair like theirs. I wanted to "go natural"

which meant I would no longer chemically process my hair, would no longer wear extensions in my hair, and would use limited heat on my hair. Transitioning to more natural hair styles was a commitment. I had to "train" my hair to develop its own curl pattern, after being straightened for so many years. I had to use curling products, creams, moisturizes, shampoos, and hair styles that would encourage my curls to flourish, an ongoing process.

I committed to this process during the second year of my master's program. It took me months, years of Bantu knots and other "protective styles" (hair styles that maintain the health of your hair), and loads of curling creams, to get my hair to styles I was comfortable with and fully embraced. My hair felt difficult to manage and style at the start of my journey. My natural curls would last approximately three days before I had to completely restyle it again. Initially, transitioning to wearing my "natural hair" was for aesthetics- it was pretty and in trend. However, I wear my natural hair now for a multitude of reasons- rebellion of Eurocentric values, to optimize the fullness of my hair, and cultural pride.

Though it has been an ongoing journey, I am grounded in my identity as a Black woman. This journey has included opportunities for growth, everlasting connections, and a reach for new limits. The first step in this journey was in middle school when I participated in a girls group for Black girls. Some of my teachers served as mentors for the program. It was in this space that I began to feel more connected and more understood. The insecurity, the identity development, the trying to fit in, was all normalized for me during the process conversation in that group. I vaguely remember what we learned or what activities we had in this group, but I do remember how it felt to

be a part of that group. I felt connected, like I belonged somewhere- fully. Finally!

Secondly, attending an HBCU where Black excellence was valued, and Black pride was

promoted, I no longer heard I was not good enough. I no longer felt like I had to compete

with my White counterparts. The new narrative was "I am capable. I am enough". I

worked with professors and students whom talked like me and looked like me. It was a

sense of belongingness and validation that I could have never experienced by any other

means.

I have held these experiences with me and used it as motivation to create my own

group for black girls, to find their sense of belonging. P.O.I.S.E. is group that originally

began as community service project. However, over the years I have worked toward

making it a sustainable manualized group intervention. I experienced pressure to "prove"

P.O.I.S.E.'s worth and validity- a similar experience I negotiated as a Black girl growing

up in White spaces. P.O.I.S.E. is just as much a part of my identity as my womanhood,

my educational status, and my racial identity so it matters to me what people think of it.

Just as I exited the G.E.M.S. program feeling encouraged, understood, and

important, I have many hopes that the P.O.I.S.E. group has done the same for other Black

girls. Developing and implementing P.O.I.S.E. over the years has consisted of countless

efforts to provide evidence that this group model is effective, and the P.O.I.S.E. model is

empirically sound. Many trials and errors have yielded various results to answer the

question "is this group intervention effective"? With the help of various health

professional, college students, mentors, colleagues, advisors, teachers, school officials,

and middle school girls, P.O.I.S.E. has become to what it is today. I have approached my

dissertation research as a mission to provide the same feeling to these P.O.I.S.E. girls as the G.E.M.S. program gave to me.

As a founder of this group, and now principal investigator of P.O.I.S.E., I feel the pressure to do any and everything that I can to make P.O.I.S.E. work. I bring with me many biases of what body image and self-esteem can look (and feel) like among African American girls. I hold assumptions of how body image and self-esteem are influenced among African American girls and I carry heavy pressures to provide an impactful service to middle school girls who may be struggling with body image and self-esteem issues.

P.O.I.S.E. changed my life, given my experiences as a little girl. The little girl whom longed to belong, and to fit in the world, has found her sense of belonging through the birth of P.O.I.S.E. Developing this group gave me meaning and purpose. Over the years, I have met so many wonderful people through this work. In many ways, I designed P.O.I.S.E. with me in mind. The design and facilitation in the program come from all the desires, messages, and hopes that I had as a little girl. By creating a corrective emotional experience for other little Black girls, I am also creating a relearning experience for myself- rewriting my own narrative as well as the narrative for little Black girls like me. I much relate to the girls of P.O.I.S.E. whose hair comes in various colors, lengths, textures, and volumes; whose bodies come in different shapes; whose skin comes in different tones. I connect with the various stories of daily hair management and how they feel about their hair, bodies, and appearances. In so many ways, I am the P.O.I.S.E. girl with whom I work.

CHAPTER IV

RESULTS

Introduction

The purpose of this study was to explore how sociocultural factors impact body image and self-esteem among African American girls through a group intervention that specifically addressed issues related to body image, and self-esteem among African American culture. Furthermore, this study was designed to assess the effectiveness of the culturally relevant group intervention on increasing body image, and self-esteem among African American middle school girls, as well as explore the ways in which African American girls make meaning of their body image and self-esteem. The primary research questions informing this study were:

1. Will participation in a culturally relevant, school-based, group intervention called P.O.I.S.E. significantly positively impact the body image among African American middle school girls?

2. Will participation in a culturally relevant, school-based, group intervention called P.O.I.S.E. significantly positively impact the self-esteem among African American middle school girls?

3. What are African American females' experiences with body image and self-esteem during adolescence?

A mixed methods study was conducted to provide a deeper and richer understanding of how African American girls experience self-esteem and body image.

Data collected from the study included both quantitative and qualitative methods and methodologies. Regarding the quantitative portion of the study, the researcher implemented a pre-test and post-test design. More specifically, P.O.I.S.E. participants, as well as control group participants, completed surveys asking questions about body image, self-esteem, hair-esteem, and sociocultural factors before their respective interventions and after the completion of the intervention.

Table 2

Instrument	Time Two		
	df	*F*	*p*
SCSS	7	.95	.37
HE	7	1.50	.27
SE	7	.11	.76
SATAQ-Pressure	7	.05	.84
SATAQ- Information	7	.23	.65
SATAQ-Internalization General	7	.21	.66
SATAQ- Internalization Athlete	7	.15	.71

Table 3

Instrument	Time Two		
	df	*F*	*p*
SCSS	7	.33	.59
HE	7	.20	.67
SE	7	.99	.36

SATAQ-Pressure	7	.01	.93
SATAQ- Information	7	2.82	.14
SATAQ-Internalization General	7	.03	.87
SATAQ- Internalization Athlete	7	.65	.45

There were no statistical differences for all variable comparisons (p > .05).

However, to isolate the magnitude of the variables of interest, partial eta squared was

utilized when assessing between group differences. Eta squared was utilized to assess

between group differences.

Quantitative Findings

Skin Color Satisfaction Scale (SCSS)

The researcher hypothesized that participants' positive body image, as measured

by the SCSS, would increase from time point one to time point two. However, this

hypothesis was not supported. A 2 x 2 RM ANOVA found no main effect for Time, F (1,

6) = .97, p=.36 and no main effect for Condition, F (1, 6) = .78, p=.41. The "SCSS x

TxGroup" was also not statistically significant, F (1, 6) =.12, p=.74.

Regarding satisfaction with skin color, results yielded a small, within group,

effect (*partial η^2*= .14) for girls who participated in P.O.I.S.E. This finding reflects an

increase among P.O.I.S.E. participants from time point one (M=5.76, SD=1.24) to time

point two (M=6.07, SD=1.34), suggesting that participants became more satisfied with

their skin color. Findings also reflect an increase among control group participants from

time point one (M=4.86, SD=.20) to time point two (M=5.50, SD=.30).

Graph 15

Skin Color Satisfaction Scale
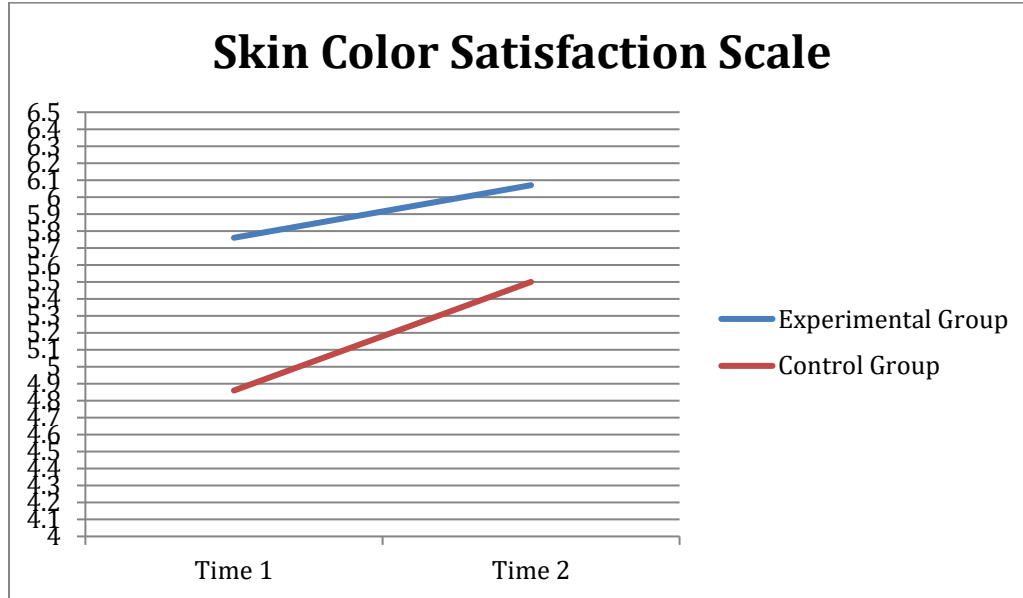
Bankhead-Johnson Hair-Esteem Scale (BJHES)

The researcher hypothesized that participants' positive body image, as measured by the BJHES, would increase from time point one to time point two. However, this hypothesis was not supported. A 2 x 2 RM ANOVA found no main effect for Time, $F (1, 6) = 2.12$, $p=.20$ and no main effect for Condition, $F (1, 6) = .81$, $p=.40$. The "HE x TxGroup" was also not statistically significant, $F (1, 6) =.53$, $p=.49$.

Regarding hair-esteem, results yielded a within group effect size approaching the moderate level (*partial $\eta^2 = .26$*) for girls who participated in P.O.I.S.E. This finding reflects an increase among P.O.I.S.E. participants from time point one (M=28.50, SD=3.83) to time point two (M=31.50, SD=3.67), indicating that participants' had higher regard for their hair. Findings also reflect an increase among control group participants from time point one (M=32.00, SD=.00) to time point two (M=33.00, SD=5.66).
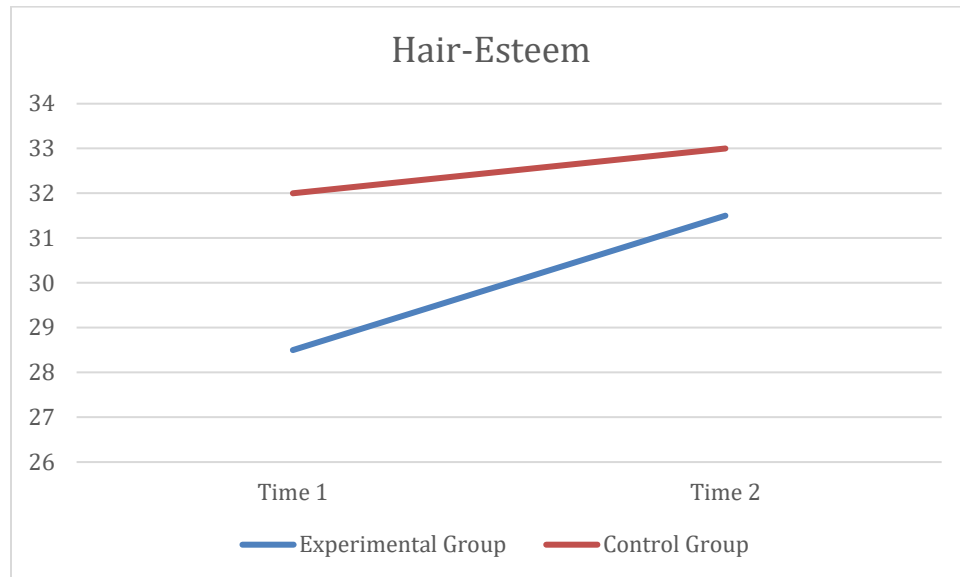
Graph 16

Taylor Self-Esteem Inventory (TSEI)

     The researcher hypothesized that participants' self-esteem, as measured by the TSEI, would increase from time point one to time point two. However, this hypothesis was not supported. A 2 x 2 RM ANOVA found no main effect for Time, $F_{(1, 6)} = .05$, p=.82 and no main effect for Condition, $F_{(1, 6)} = .30$, p=.60. The "SE x TxGroup" was also not statistically significant, $F_{(1, 6)} = 1.75$, p=.24.

     Regarding self-esteem, results yielded a small within group, effect (*partial η^2=*.01) for girls who participated in P.O.I.S.E. This finding reflects a decrease in self-esteem among P.O.I.S.E. participants from time point one (M=78.50, SD=5.89) to time point two (M=73.50, SD=5.17), indicating a drop in self-esteem. Findings also reflect an increase among control group participants from time point one (M=77.00, SD=4.24) to time point two (M=80.50, SD=17.68).
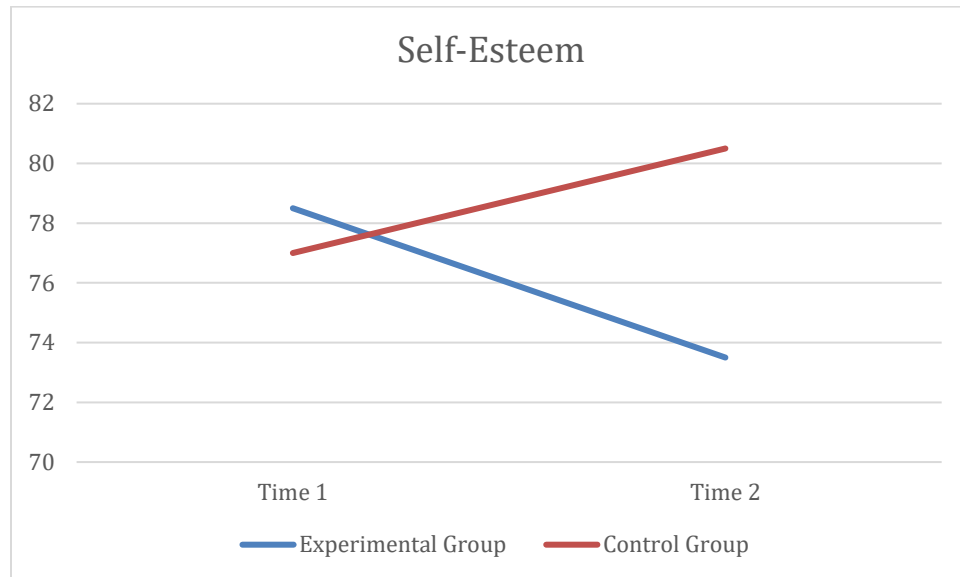
Graph 17

Self-Esteem chart showing Experimental Group (blue) and Control Group (red) across Time 1 and Time 2.

Sociocultural Attitudes Towards Appearance Questionnaire- Pressures (SATAQ-Pressures)

The researcher hypothesized that pressures to ascribe to sociocultural messages regarding appearance would decrease, as measured by the SATAQ-Pressures subscale, would increase from time point one to time point two. However, this hypothesis was not supported. A 2 x 2 RM ANOVA found no main effect for Time, $F (1, 6) = 3.29$, p=.12 and no main effect for Condition, $F (1, 6) = .00$, p=.95. The "SATAQ x TxGroup" was also not statistically significant, $F (1, 6) =.49$, p=.51.

Regarding the SATAQ- pressures subscale, results yielded a moderate, within group, effect (*partial η^2= .36*) for girls who participated in P.O.I.S.E. This finding reflects a decrease among P.O.I.S.E. participants from time point one (M=2.33, SD=.87) to time point two (M=2.14, SD=.93), suggesting that participants felt left pressure to conform to ideal images of beauty promoted through popular media. Findings also

reflect a decrease among control group participants from time point one (M=2.50, SD=1.31) to time point two (M=2.07, SD=.91).
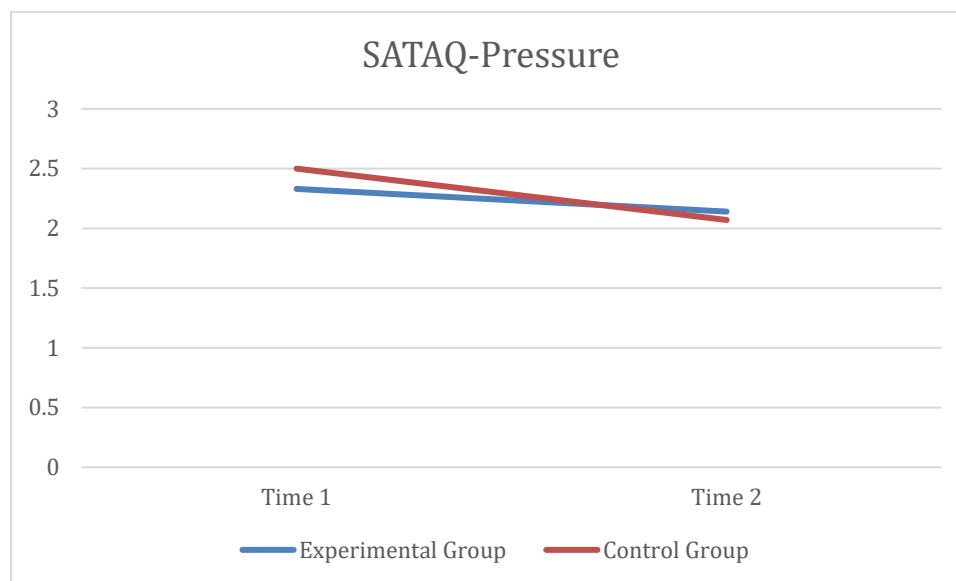
Graph 18

Sociocultural Attitudes Towards Appearance Questionnaire-Information (SATAQ-Information)

The researcher hypothesized that pressure to ascribe to sociocultural messages regarding appearance would decrease, as measured by the SATAQ-Information subscale, would increase from time point one to time point two. However, this hypothesis was not supported. A 2 x 2 RM ANOVA found no main effect for Time, $F (1, 6) = .97$, p=.36 and no main effect for Condition, $F (1, 6) =1.53$, p=.26. The "SATAQInfo x TxGroup" was also not statistically significant, $F (1, 6) =2.22$, p=.19.

Regarding SATAQ-information subscale, results yielded a small, within group, effect (*partial η^2= .14*) for girls who participated in P.O.I.S.E. This finding reflects an increase among P.O.I.S.E. participants from time point one (M=2.91, SD=.81) to time point two (M=3.06, SD=.79), indicating a higher likelihood to endorse media platforms

as important sources of information related to attractiveness. Findings also reflect a decrease among control group participants from time point one (M=2.61, SD=.39) to time point two (M=1.89, SD=1.10).

Graph 19

Sociocultural Attitudes Towards Appearance Questionnaire- Internalization General (SATAQ-Internalization General)

The researcher hypothesized that pressures to ascribe to sociocultural messages regarding appearance would decrease, as measured by the SATAQ-Internalization General subscale, would increase from time point one to time point two. However, this hypothesis was not supported. A 2 x 2 RM ANOVA found no main effect for Time, F (1, 6) = 3.79, p=.10 and no main effect for Condition, F (1, 6) = .03, p=.87. The "SATAQIntG x TxGroup" was also not statistically significant, F (1, 6) =.95, p=.37.

Regarding SATAQ- internalization general subscale, results yielded a moderate, within group, effect (*partial η^2= .39*) for girls who participated in P.O.I.S.E. This finding reflects a decrease among P.O.I.S.E. participants from time point one (M=2.28, SD=.97)

to time point two (M=2.06, SD=.82), suggesting that participants were less likely to internalize the ideals of attractiveness promoted in popular media. Findings also reflect a decrease among control group participants from time point one (M=2.61, SD=.08) to time point two (M=1.94, SD=.71).

Graph 20
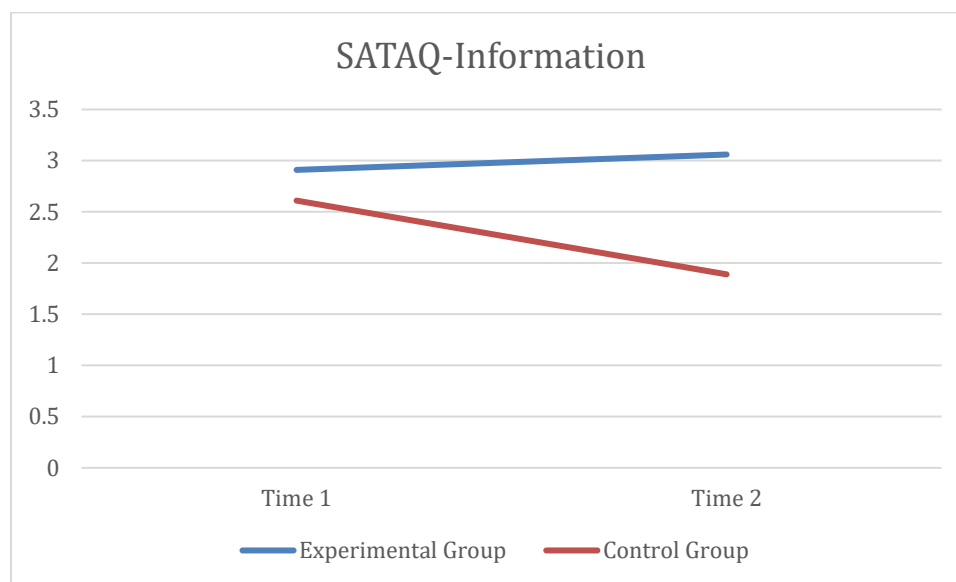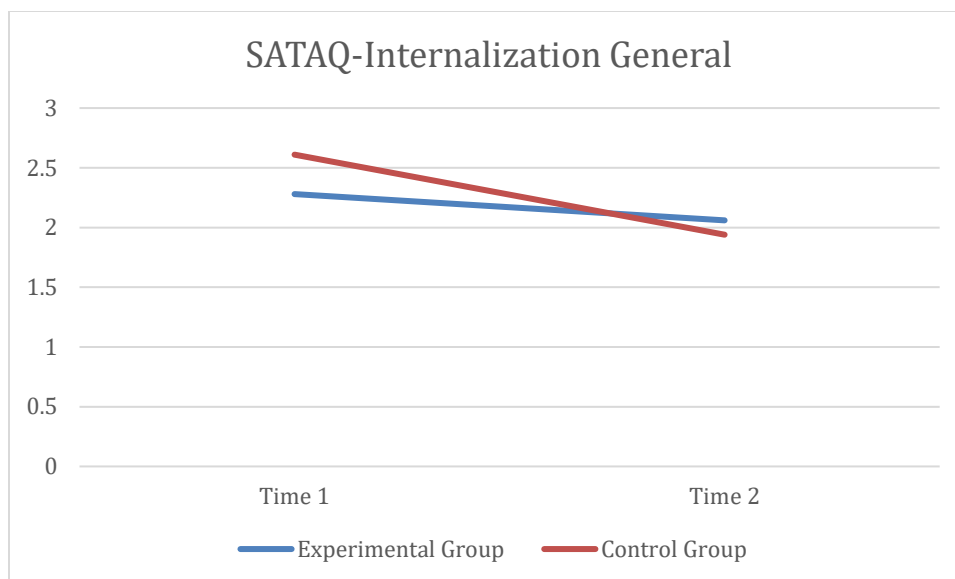

Sociocultural Attitudes Towards Appearance Questionnaire- Internalization Athlete

(SATAQ- Internalization Athlete)

The researcher hypothesized that pressures to ascribe to sociocultural messages regarding appearance would decrease, as measured by the SATAQ-Internalization Athlete subscale, would increase from time point one to time point two. However, this hypothesis was not supported. A 2 x 2 RM ANOVA found no main effect for Time, $F_{(1, 6)}$ = .77, p=.41 and no main effect for Condition, $F_{(1, 6)}$ = .06, p=.81. The "SATAQIntA x TxGroup" was also not statistically significant, $F_{(1, 6)}$ =2.67, p=.15.

Regarding SATAQ-internalization athletes subscale, results yielded a small, within group, effect (*partial η^2* = .11) for girls who participated in P.O.I.S.E. This finding

reflects a decrease among P.O.I.S.E. participants from time point one (M=2.87, SD=.88) to time point two (M=2.20, SD=.92), indicating that participants were less likely to internalize the images of the athletic aesthetic promoted in popular media. Findings also reflect an increase among control group participants from time point one (M=2.60, SD=.57) to time point two (M=2.80, SD=.85).
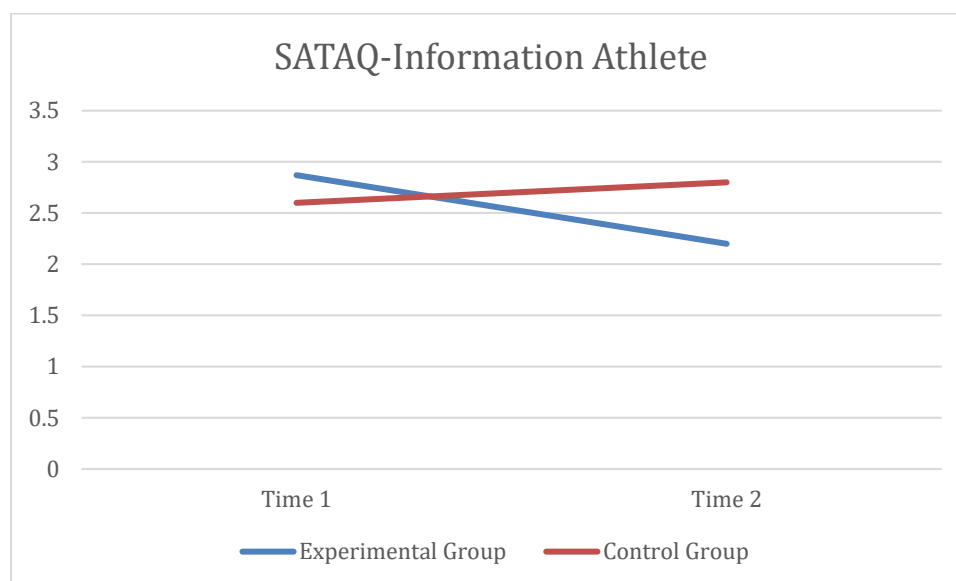
Graph 21

Summary of Quantitative Findings

There were no statistical differences for all variable comparisons (p > .05). However, partial eta squared was utilized when assessing within group differences and eta squared was utilized to assess between group differences. The quantitative findings yielded the following effect sizes for the study: *partial η^2 =* .14 (skin color satisfaction); partial η^2 = .26 (hair-esteem); *partial η^2 =* .01 (self-esteem); *partial η^2 =* .36 (SATAQ-pressures); *partial η^2 =* .14 (SATAQ-information); *partial η^2 =* .39 (SATAQ-internalization general); *partial η^2 =* .11 (SATAQ-internalization athlete). Additionally, on skin color satisfaction and hair-esteem there were increase in scores from pre-test to

post-test. On all the SATAQ pressures and internalization general subscales, participants experienced a decline in scores from time point one to two. Self-esteem scores increased for control group participants, while declined for experimental group. This same trend was reflected on the SATAQ-information subscale. While the reverse happened on the SATAQ-internalization athlete subscale-, the control group's scores increased while the experimental group's scores decreased.

Qualitative findings

Interview data was used to construct the participants' stories about body image and self-esteem as African American middle school girls. Narrative was the form of inquiry, reasoning, and presentation. The outcome captured each participants' unique and collective experience with body image, self-esteem, and the group process. Each theme was examined to determine how it explained or was explained by the quantitative results. The researcher connected the results from the quantitative and qualitative analyses, and examined the results in relationship to existing literature using the lens established in the theoretical framework. Participants were given pseudonyms for the purpose of this study.

Using thematic analysis, the researcher identified the following themes: 1) Salient Identities: "Who you are", 2) Peers and Media: "Because the DM Tells Me", 3) Resilience: "Don't let nobody bring you down", 4) Covering new ground: "Before P.O.I.S.E., I wasn't really thinking about it".

Theme 1: Salient Identities: "Who you are"

The focus group began with participants' sharing their most salient identities. I asked participants to describe themselves, highlighting their most important identities. A

majority of participants (n=7) described themselves using mostly non-physical characteristics.

> "I said funny and active… I do active because I don't sit around. I said funny because I be making Amanda laugh at home."

Monica added a distinction into the conversation about her willingness to help, but also understanding that one cannot help everyone.

> "I said, I'm selfish, …and willing to help. The reason why I put I'm selfish is because it's actually a good thing because you can't share with everybody …And I really think it stands out in me because that's my personality, I like being selfish. And I said I love helping because I like helping, I'm willing to help everybody".

However a majority of participants (n=6) described themselves in terms of their appearance or physical characteristics. The norm became to include "pretty" or "cute" as a self-descriptor. The conversation soon evolved into the impact of hair on one's identity. Participants' relationship to, and regard for, their hair developed for some participants (n=4). Hair was illustrated as a significant piece of one's identity. Ashley used her hair as a descriptor of herself:

> "I love to have my hair did because I don't want to walk around nappy headed".

When asked how participants perceived "nappy", they proceeded to describe the term.

> Simone: "like really curly, like…like tangled"

Sierra: "Like all over the place…like you can't comb it and all that…I don't know. And when you comb it be hurting…I get frustrated…when I try to comb my hair it will be hurting and I'll be crying"

Interestingly, participants spent more time discussing their feelings with the maintenance and management of their hair.

Simone: "If I were to wear it likes natural and out, I would put it in plaits before I go to sleep so it makes it easier to have it down and full the next day".

Brittany: "when I try to comb my hair it will be hurting and I'll be crying"

Participants denied any negative feelings about how their hair looked, and denied that their feelings toward their hair affected their body image or self-esteem. Ashley stated:

"Because like – when my hair is just like – when I'm wearing my real hair, I feel the same, I don't feel no different".

All participants portrayed a sense of confidence during the focus group.

Theme 2: Peers and Media: "Because the DM tells me"

Social media was a major theme referenced as a main source of information, by the majority of participants (n=5). Participants noted Instagram and other social medial platforms (not named) provided both social validation as well as perpetuated negative messages about African American girls. Moreover, a high sense of value was placed on what was conveyed among these media platforms. It appeared that social media served as a form of validation for the girls' beauty. As Charlotte declared:

"I'm pretty because the DM tells it"

Conversely, participants reported that social media transmits negative messages about black girls. When asked where they hear/see these negative messages, Amanda shared:

"It be Instagram, it be all…social media"

The theme of negative messages about Black girls emerged when participants were asked what messages they heard about Black girls and women. The primary theme of those messages was negative. Participants shared that these negative messages were mainly perpetuated by external sources such as peers and social media. Some of the messages participants shared were:

"They get attitudes and stuff. They get attitudes and they're so disrespectful and they're so mean. They look like burnt charcoal…that we ugly… that we too black….That we talk too much. That we ugly and if we get in the sun we're going to burn".

Moreover, the messages that they shared seemed to highlight stereotypes commonly perpetuated in the media. Amanda reported:

"And that they be yelling and then they loud and stuff".

Relational aggression or "haters" was a prominent theme that participants addressed. Many participants' stories captured how their peers judged them in regards to their appearance. Some expressed their frustrations with the frequency of the "hate", while others were bothered by the overall negative attention being focus on them. Joy stated:

"When folks be saying like you fat and stuff like that, they just mad like, I

know I'm thick, you just mad because you ain't got nothing".

Two other participants acknowledged their unchanging features, suggestive of an

acceptance of how their bodies were made.

Charlotte: "But it kind of be annoying like because it's not my fault that

I'm made like this"

Amanda: "People will always be calling me big lips and it get on my

nerves every day, but like I got – it's like not my really fault because like

I got it from my dad because he got big lips also. But – and I hate it when

folks be calling me that and it gets on my nerves, like people call me that

every single day".

Theme 3: Resilience: "Don't let nobody bring you down"

In spite of the negative messages the girls reported about Black girls and women,

resilience was another prevalent theme that shaped the focus group discussions. All girls

whom participated in the focus group described various protective factors against the

negative messages they received via popular media. Cognitive restructuring, and the

dismissal of negative messages, was an observed coping mechanism for Amanda in

dealing with adversity:

"Like when folks be talking about you, that just make you feel like

you up here, that don't make me feel like I'm at the bottom because

when folks talk about you that means they thinking about you. It

makes you feel special".

A consensus among the participants reflected an understanding that there may/will be a lifetime of adversity and the way to cope is to accept that not everyone will like you. Amanda added:

> "And if folks talk about you, they just talk because folks going to be talking about you until you die."

Resilience strategies seemed to develop from the affirmations participants heard in their interpersonal relationships. The strength and support from family members and friends helped participants learn how to negotiate negative messages they were exposed to in school and social media. One participant shared an experience in which she was bullied about her appearance. However, through the support and reassurance from her mother and sister, she was able to work through some of her feelings of insecurity. Amanda noted:

> "Like the situation, it would be like every day and it got on my nerves, but then I told my mom and my big sister and they said, don't worry about that, that's just a hater and all she doing is trying to hate because she ain't got what you got. She mad because she's not thick like you."

Charlotte highlighted the importance of having consistent validation in her life. This consistency of validation impacted the participant's body image and self-esteem. Referring to how she knows she is pretty, Charlotte noted:

> "…my mama tell me like every day".

Amanda described her experience of being support by her friends:

"You know how you talk to your best – like your closest, closest, closest

friend, like we – like they stick up for you when other folks – when other

people be talking about you"

Throughout both days of the focus group, participants shared their personal

experiences and perspective on body image and self-esteem. Many shared life

experiences before participating in P.O.I.S.E., as well as their life as a result of P.O.I.S.E.

The theme of confidence was the most consistent issue that permeated through the

focus groups. The majority of participants (n=8) reported an overall sense of self-

assurance about their appearance and personal beliefs. More specifically, participants

reported confidence not only in how they felt about themselves but also in how they

interacted with other people. Amanda indicated that others' perceptions of her, or her

appearance, did not impact how she felt about herself. She stated:

"I don't need nobody else to tell me I'm ugly because I don't care

about other folk. I don't care about other people, what they've got to

say".

Additionally, a majority of participants (n=5) held high positive regard for their

appearance. For example, Charlotte reported:

"I wake up every morning and I like see myself and I smile".

Furthermore, participants' confidence was further affirmed when asked how they

came to know they were beautiful. Their answers captured an unspoken truth about their

beauty, an explanation that may not have been directly explained to participants. The

participants discussed their beauty as if it was common knowledge, and no in depth,

explanation was necessary.

"And I'm cute because I am"

Another participant added:

"I know I am"

Another stated:

"I just know I am"

Theme 4: Covering new ground: "Before P.O.I.S.E., I wasn't really thinking about it"

The theme covering new ground reflects the newfound experiences that P.O.I.S.E. participants had because of participating in the program. All participants reported having prior knowledge and exposure to body image and self-esteem. They all indicated learning of self-esteem in their health classes.

> Ashley: "Well self-esteem, we already – we had already did that in one of our classes, like we talk about self-esteem in one of our classes"
>
> Brittany: "It was a reading lab but we learned about self-esteem and…"
>
> Charlotte: "So I already knew about self-esteem because we talked about it in one of my teacher's classes".

Simone described her self-awareness since coming to P.O.I.S.E.

> "I didn't really think about it much before I came, but then when I came to P.O.I.S.E. I noticed that it was like a big deal and that we should care about our bodies" and
>
> "Some of these questions I never thought before that's all".

She described how P.O.I.S.E. encouraged an alternate way to think about herself.

"So, if in the future I don't get – like if I were to think my body is not as

good as I want it to be, instead I might feel like it's bringing me down, I

don't have to think about it that way"

Amanda added:

"It helps us understand, because I really didn't think about body image

like that and it helped – that basically helped us how to get through it and

all that…Body – it like made me change like how to stick up for yourself.

And when people like be talking about you. Like black girls this and that

and that. It like teach you how to stand up for yourself."

Group Processes

The following group processes were observed by the researcher, during the focus group:

Group norming was a major process observed by the researcher, especially during

the beginning of the sixth grade focus group. One participant described themselves as

"pretty and mean or selfish" and the participants that followed used the same adjectives

in their descriptor. It seemed to set the tone for the group discussion as, another group

norm became that participants did not share their insecurities or negative feelings about

their experiences with bullying.

Participants were willing to acknowledge that negative experiences happened-

bullying and negative messages about Black girls. However, they chose to take a more

strength-based approach to reporting these challenges. There seemed to be some

ambivalence and contraction occurring as a result of the group dynamics and question

topics. I experienced a couple of instances where participants seemed like they had more

to say, but then stopped themselves. Again, it became the norm to present as a self-

assured and confident person or to say nothing at all. When I posed the question "Do you think that your hair, the way that it looks, makes a difference on how you feel about yourself", I observed one person nod their head in agreement while the remaining participants said "no". However, when asked to elaborate one person stated that they felt no different and the others said nothing.

While the group norm was, overall to sit with silence in times of uncertainty or provide the prosocial response, there was a moment in one group where the participants rallied around a participant whom shared her personal experience with bullying. She expressed a moment of vulnerability, which allowed other people to feel safe doing the same. Other girls in the group began to discuss their experiences being bullied, expressing the confusion, discomfort, hurt, and anger they felt. Some girls felt surprised and disappointed to learn that their peers had been bullied and not told anyone in the group. Others recommended coping strategies to deal with the bullying- reaching out, telling authorities, and ignore it/discount the experience.

Another process theme was the distractedness of participants. Given the developmental stage of the participants, it makes sense the presence of distractibility. The girls were constantly talking to each other while the focus group was occurring, discussing various topics unrelated to the focus group questions, as well as fidgeting with various objects in their book bags or close to their seats. I had to maintain focus through constant redirection and repetition of the questions.

Overall, the girls interacted with one another in an empathic way in the sixth grade focus group, showing both care and relatedness to one another. They all were excited to talk, sometimes they interjected at the same time. Among this group, the flow

of conversation unfolded organically, with girls building off of each other's responses. Their energy level was high, and they were engaged in conversation. Participants in the sixth grade group were thoughtful and reflective in their responses. The seventh grade focus group's interactions with each other was very minimal. They appeared more attentive and reserved throughout the focus group interview process, with some seeming lethargic. This group tended to talk less to each other and more directly to me. They were very quiet, some being reflective in responding while others appeared to be more reserved.

CHAPTER V

DISCUSSION

Study Findings

Given the low sample size in group completion, no statistical differences were detected. As such, it was more appropriate to evaluate the effect sizes in order to appropriately assess the magnitude of the differences between groups.

Skin Color Satisfaction Scale

Scores on the Skin Color Satisfaction Scale were shown to increase from time point on to time point two across both groups. This is consistent in how the participants verbally reported throughout the focus groups. They reported an overall satisfaction with oneself. Though no discussion occurred where the participants disclosed how they felt about their personal skin tone. They did, however, illustrate how colorism was portrayed in society. The participants shared examples of media messages that referred to Black girls in negative ways, if they were darker skinned. These messages are consistent with literature that reflects the advantages that lighter skinned African American females have compared to dark skinned African American females (Banks, 2000; Hunter, 2007; Patton, 2006).

Bankhead Johnson Hair-Esteem Scale

Scores on the Hair-Esteem Scale were shown to increase across time point one and two, across both groups. This finding is consistent with the participants reporting no negative feelings about their hair during the focus groups. However, the conversation shifted to participants discussing their frustrations with managing their hair, another

component of hair-esteem. Participants in the seventh grade focus group discussed how difficult it was to clean, comb, and style their hair.

Taylor Self-Esteem Inventory

Findings indicated that P.O.I.S.E. participants' self-esteem decreased after completing the intervention. This is inconsistent with what was verbally displayed by the participants during their focus groups. Participants made reports consistent with high self-esteem. However, there are many reasons to explain why participants' scores on the self-esteem measure decreased. One reason may be attributed to the fact that participants developed an awareness about the impact of their marginalized identities after participating in P.O.I.S.E. Group discussions in P.O.I.S.E. may have brought up feelings related to confusion, anger, or even internalization (Lewis et al., 2012). The process of learning about negative stereotypes and the potential to encounter discrimination is called preparation for bias (Lewis et al., 2012). Preparation for bias has been found to produce both protective and harmful benefits (Lewis et al., 2012), which can also help to explain the decrease in self-esteem.

Additionally, it is possible that measuring the process of increased self-esteem will become more evident over a longer time span than a 6-week intervention (Lewis et al., 2012). Thus, future research should design a more longitudinal study to see a more accurate intervention impact on self-esteem. Furthermore, self-esteem may be more accurately measured if we consider that this construct has multiple dimensions. Kernis (2005) argues that self-esteem researchers have tried to combine all aspects of self-esteem (unsuccessfully so) into one overarching construct. More specifically, the concept "self-esteem stability" refers to the magnitude of short-term fluctuations that

people experience in their contextually based immediate feelings of self-worth (Kernis, 2005). Therefore, it could be that results from the self-esteem reports have more to do with what students were feeling in that current moment and less with their global self-esteem. Given that information, these fluctuations can depend on the salience of specific aspects of self or the experiences of self-relevant events (Kernis, 2005). Termination of the group, for example could have been attributed to the decrease we see in self-esteem post-P.O.I.S.E. The intervention group may have experienced P.O.I.S.E. as a self-relevant space that they belong, and the close of the group may remind them of this difficulty to fit in other spaces.

SATAQ

The Pressures and Internalization General subscales showed decline in scores, across both group, from pretest to posttest. This suggests that participants were less likely to feel pressure to look like celebrities in the media when they graduated from their respective interventions. Additionally, Internalization Athlete subscale scores reflected an increase among control group participants but a decline among the experimental group. So it can be interpreted that the control group felt more pressure to have an athletic build (body shape) after their intervention, while the experimental group did not feel this same pressure. These findings are consistent with the tone of the group discussions, participants did not mention celebrities as major influences in their lives, but instead peers and family. This is consistent with what Choate (2005) outlines as the factors that lead to positive body image among African American females- familial and peer support and less cultural emphasis on the thin ideal (Kelch-Oliver & Ancis, 2014).

Lastly, the Information subscale depicted the control group decreasing while the experimental increased in terms of scores. This theme mirrors the themes of previous research highlighting participants find media to be a major influence on body image (Kelch-Oliver & Ancis, 2014). A major theme emerged from the focus groups regarding social media. Participants illustrated social media as a main source of information, particularly in the validation of beauty.

Themes

Participants engaged in a discussion that exuded their strength and confidence about themselves. Pope et al. (2014) highlight that African American girls have the capacity to engage in positive self-talk. Participants also found it important to describe themselves in terms of non-physical characteristics as salient pieces to their identities. This is similar to the "beauty reflective of internal attributes/strengths" theme that emerged from Kelch-Oliver and Ancis' 2014 study. There also seemed to be a recognition that there are things about their bodies that they cannot change (Pope et al., 2014).

The focus group discussion also highlighted the negative generalizations that are often made about black women in the media (Peers and Media: "Because the DM tells me" theme). However, they shared coping mechanism that helped them counter these messages. Some mentioned the importance of their families in buffering these challenges while others discussed ignoring the negative feedback from peers and countering the negative messages with positive self-talk (Resilience: "Don't let nobody bring you down" theme). Research suggests that African American girls are socialized with cultural pride messages from an early age (Bowman & Howard, 1985; Caughy et al., 2010; Davis &

Stevenson, 2006; Hughes et al., 2009). Similarly, the girls participating in P.O.I.S.E. discussed receiving messages about self-worth from family members which helped them in times of adversity.

Group Processes

The group dynamic of portraying self-assurance and confidence reflect broader social contexts of Black women in society. Black women are socialized to be strong and confident. This strength has served as a resilience and protective factor through times of adversity. The same process seemed to be mirrored among focus group participants. As is learned within the context of middle school, but also the broader contexts of being a participant of a marginalized population, showing weakness, vulnerability or insecurity can be used against you. "A need to project self-love", used as a way to cope with the adversity from society and peers has also been found to be a common strategy among Black females (Kelch-Oliver & Ancis, 2014). Additionally, impression management was at play as some participants were reserved in some of their responses- either saying minimal or nothing at all.

Implications

Consistent with Mendelson et al. (1997), it is crucial to assess body image as a multi-faceted construct. As is represented in this study, specific factors such as hair and skin tone, may contribute to an African American girl's body image and self-esteem. Therefore, in future studies it may be inappropriate to make global statements about body image without a clear conceptualization of the term (Harris, 1995). Results from the current study may provide a better understanding of the degree to which African American women ascribe to messages about race, cultural values and standards, as well as their subsequent influence on perceptions of attractiveness, self-concept, and

psychological well-being. Additionally, findings can offer researchers and health professionals a stronger foundation on the importance of understanding cultural diversity across ethnically diverse populations.

Moreover, implications from these findings may prove valuable in the development of body image measures and intervention programs that specifically address issues that African American women and girls may face regarding body image and self-esteem. To date, literature on body image has been focused around European American cultural influences. However, this study and future research may warrant a shift in this field of study. By conducting future research in this domain, researchers and mental health professionals may become more informed about several components of body image among African American women and girls. For example, if researchers and health professionals are more knowledgeable about body image related to African American women and girls, cultural biases and racial stereotypes may have less of an impact on the detection and diagnoses of body image pathology among this population. Additionally, mental health professionals will be more knowledgeable of the factors related to body image within the African American population.

It is recommended that multicultural responsive approaches to therapy understand that body image may include factors outside of just body weight and shape satisfaction (Buchanan et al., 2008; Williams & Wiggins, 2010). Additionally, it is important for counselors and other helping professionals to consider their own experiences and feelings related to skin tone, body image and race (Buchanan et al., 2008). Moreover, therapists should explore how their own values and assumptions could affect their therapeutic work with African American girls (Kelch-Oliver & Ancis, 2014). Furthermore, it is important

to consider how sociopolitical issues such as oppression, slavery, and colorism might

impact African American girls' views of themselves and their bodies (Kelch-Oliver &

Ancis, 2014).

Given that adolescence is such a poignant age where the media is a major source

of information, it is important to teach media literacy in order to develop critical thinking

skills (Pope et al., 2014). Parents and teachers have to be mindful of social media usage

and the potential impact of social media on self-esteem. Bullying was an issue that was

discussed, at length, by the girls, and it was impactful for the group process. The issue of

how African American girls experience bullying in the context of the factors of this study

is an important area for future research. Given the implications regarding bullying and

relational aggression on adolescent wellbeing, it is important to be thoughtful about

group development.

Group developers should ensure of a safe and healthy environment to foster

intimacy and security among group members (Njapa-Minyard, 2010). Moreover, if

participants feels safe and comfortable in a group of their peers, rapport, morale, and

growth can occur. When developing a group, especially for African American girls, it

can be important to build a group that includes a mentorships component, someone

participants can relate to and learn from (Njapa-Minyard, 2010). Additionally,

developing clear goals, relevant activities, responsiveness, and flexibility can increase

participation while decreasing the likelihood of attrition (Njapa-Minyard, 2010). Njapa-

Minyard (2010) also noted the following as imperative factors to a successful group:

well-trained and energetic group facilitators and team leaders; frequent assessments

conducted at group participants and facilitators levels; and integration of community and family.

Study Strengths

This study is reflective of how theory can be turned into practice, and how research is transformed beyond the laboratory. The research upholds the value of Counseling Psychology (Delgado-Romero, Lau, & Shulman, 2012) to bridge the gap among the community, mental health, and research. Through my work with P.O.I.S.E., I have upheld my commitment to not only providing meaningful research but also maintaining a meaningful presence in the community. During the recruitment process, the participants self-selected into the study. They attended an informational session about P.O.I.S.E. and then made their own informed decision whether or not to enroll in the P.O.I.S.E. group. Another strength of my study were the multiple forms of data collection.

Because my study employed a mixed methods approach to data collection, I was able to understand the participants' experiences of body image and self-esteem, beyond their forced responses on the pretests and posttests. Providing them with the opportunity to discuss their experiences, in their own voice, was empowering. Hall, Yip, and Zarate' (2016) argue that multicultural psychology strictly aims to give voice to underrepresented populations in research. The authors recommend that researchers work alongside members of these underrepresented groups to generate research that works from their perspective (Hall et al., 2016). Furthermore, the sixth grade participants provided rich data, and were thoughtful and reflective toward answering the focus group questions. A reason I think they were so open was because we had a significant connection prior to the focus group. Considering, cultural and developmental implications, it felt most beneficial

for me to facilitate the focus group interview. Me identifying as a Black woman, helped

create an air of safety and comfort, thus encouraging a level of vulnerability that may

have not been there had the focus group facilitator not been a Black woman.

Another strength of the group, was the size of the group. The group consisted of

11 girls, which allowed for more immediacy and intimacy. More specifically the

facilitator to participant ratio was 4:11 (1 facilitator to every 2 to 3 participants).

Study Limitations and Challenges

While working in the school system has provided many positive experiences,

there were also numerous challenges. First, there is always an inherent tension when

conducting research in a real-world setting versus a laboratory. In the real world, the

researcher has less control over internal validity, yet the results can be more applicable to

setting (Gelso, 1979). Thus, the decision to implement the intervention at a middle school

presented several challenges about the internal validity of the study, and a lack of control

over the availability and compliance of participants.

One limitation of the study may have been the length of the survey packet given

to participants to complete. While the researcher tried to alleviate participant fatigue and

social desirability bias, answering approximately 72 survey questions may have induced

minor restlessness. Thus, the results may have been impacted by the way in which

participants responded or if they chose to respond at all.

Additionally, during the seventh grade focus group, participants were

significantly less talkative compared to the sixth grade focus group. Seventh graders had

far less to say in response to the focus group questions and probes. When the researcher

asked participants to elaborate on a particular response or just asked for their opinion, she

was met with silence or a response of "I don't know". Moreover, it may also be

important to consider that the participants may have answered in a social desirable way in both questionnaire and focus group format. More specifically, in the focus groups participants may have responded in a manner they felt would be most appealing to me as the interviewer and group founder.

Wellings, Braningan, and Mitchell (2000) suggested that personal disclosure may also be challenging within a group context, particularly if the participant is negotiating their safety, comfort, or self-preservation. Groupthink is a process where people endorse more extreme ideas in a group than they normally would express on an individual level (Janis, 1972). Additionally, social desirability in group settings is also possible. Group participants may feel pressured to endorse certain beliefs or fulfill a particular role, given their perceived expectations of the group or of the group facilitator (Aronson, Ellsworth, Carlsmith, & Goffman, 1959). Something else to consider is the long-term costs that may come with participating in a focus group and engaging in self-disclosure. While a focus group will end, a participant's relationships with the school and other group members will continue. Given the risks associated with transparency and vulnerability, a participant may hold back certain comments because of their perceived consequences (Hollander, 2004).

The sample size was a strength in an earlier section, it can also be considered a limitation from a quantitative standpoint. Given the small number of the sample, it was difficult to reflect statistically significant results from the quantitative arm of the study. To add to the low participant number, it left little room to control for attrition. However, in the P.O.I.S.E. group, two participants dropped out of the group. Moreover, collecting data at both time points for each participant was also difficult. Participants missed data

collection days due to absences and then make-up data collection days were not accounted for due to the rigor and natural flow of the group. Time constraints, as well as the prioritization of P.O.I.S.E., was also a challenge related to data collection. P.O.I.S.E. facilitators, as well as myself, developed connections with participants both individually and collectively. However, certain barriers surfaced over the course of the program.

First, P.O.I.S.E. is an outside group, spending one afternoon a week with the participants. As outsiders, we were not as familiar with the climate and general dynamics of the school. Second, we did not hold as much authority as teachers of the middle school would, therefore this made it more difficult to hold the girls accountable. Third, it took a bit longer to build rapport with the girls because we only saw them once a week.

Regarding timing/planning, other extracurricular activities sometimes trumped the attendance to P.O.I.S.E. Sometimes participants would leave P.O.I.S.E. early or miss a session of P.O.I.S.E. due to other commitments. Lastly, the focus groups were held at the end of the school year. This allowed for a small window of time of which to complete the focus groups. Because of the time constraint, I was unable to conduct a focus group for the control group. Moreover, one participant from the P.O.I.S.E. intervention was unable to participant in the focus group because of her class schedule. Furthermore, I had limited time to meet with each group. The limited time scheduled for each focus group impacted my ability to set up material ahead of time, build rapport, and complete the consent process in its original format. Additionally, we were given a room non-conducive to a focus group conversation, as vacant classrooms were limited that day. Lastly, we did not have access to the internet or computer as originally planned. Having access to these resources may have helped facilitate the conversation, allowed

participants more time to process questions, or answer the question in alternative, non-invasive ways.

Another limitation of the study was not having a moderator or note taker. I served as the interviewer and note taker. Having a moderator and/or note taker would have been beneficial in terms of capturing body language, group dynamics, and anything else not able to be picked up from an audio recording. To add, I did not take as many notes related to behavioral responses, non-verbal and body language because I felt it best to designate most of my attention to the group and keep the conversation going as fluidly as possible.

Participants' attention span posed as another challenge. Though developmentally appropriate, the participants are at an age where they get distracted easily. It became difficult, at times, to engage the participants. It became challenging to both redirect and simultaneously engage the participants. Additionally, I recognize the privilege of position that I do have as an adult and authority figure over the participants. I assert my position as both interviewer and researcher. Furthermore, it is also important to acknowledge the participants' perceptions of me as an authority figure might have shaped the research process.

Another challenge was lack of grant funding. This posed a limitation across various levels. The group facilitators participated in P.O.I.S.E. on a volunteer basis. Serving as facilitators, on a project that is not theirs, while working with the temperament of adolescences can be severely taxing. Not having incentives to supplement this challenge could have impacted the way that the group was implemented and facilitated.

Additionally, more funding for the school as well as the study participants may have provided incentives to better comply with research goals.

Future Directions

The goal of this study was to explore African American girls' experiences of/with body image and self-esteem through a mixed method's approach. Additionally, my study aimed to understand the impact of group work, P.O.I.S.E., on their experiences of body image and self-esteem. I conducted focus groups to reflect the group dynamics and their impact in the participants' interactions. While the focus groups provided rich data, future research should also conduct individual interviews to encourage intimacy, transparency, and authenticity in responses. Typical to peer pressure and social relations during adolescents, peer influence is significant. In order to control for this threat to trustworthiness future studies may conduct both focus groups and follow up with individual interviews.

It is important to acknowledge that while there are many benefits to group work, there can be challenges accompanied with this type of work. Future research should make sure to provide a safe environment for group members to feel secure and comfortable enough embarking on new territory while also exploring their own experiences. Moreover, the group environment should encourage honesty and transparency, which is also related to the group feeling safe.

Additionally, it is important for future studies involving group work and intervention to make sure that the intervention is culturally adapted to the specific target group. One important way to do this is to get to know the group ahead of time. Researchers should prioritize spending time building relationships with the sample of

interest before the group begins. Team building and rapport building are important components to group work, and should be encouraged throughout the life of the group.

Future research should also conduct off-campus groups. Focus groups in this study took place at the middle school the participants' attended. Holding the focus groups on campus, where the participants are socialized by a certain set of standards may have affected the way they answered the questions, and interacted in the group. Thus, off-campus group may have provided a different context where the girls felt they could be more candid and open. As noted by Hollander (2004), the associational context of school and conducting the focus group in the band room at the participants' school may have affected the discussion. Thus, the girls may be more accustomed to holding school related, monitored group discussions at school, so the environment of the school could have encouraged "habitual topics of modes of conversation" (Hollander, 2004, p. 614).

Future studies should implement a moderator during the focus group to help facilitate the conversation. The moderator can add additional perspective as well as relieve the burden and responsibility of a sole interviewer. Additionally, having a note take to observe body language and non-verbal cue can be helpful to fill in the gaps that the words do not provide. Furthermore, video recording is another component that future researchers might utilize. Video recording can capture visuals of body language and non-verbal cues.

Future studies should utilize a multi-modal focus group, including videos, pictures, and experiential activities. Using a multi-modal approach will decrease distractedness of participants and discomfort, while increasing engagement and group

participation. This approach can also reduce some of the barriers and reservations participants have about answering questions in a group setting.

Regarding assessing research outcomes and program evaluation, using a mid-point assessment in addition to the pre and posttest can allow researchers to track progress. Future research should also study self-esteem as a multi-faceted construct. Given prior research findings on the inconclusiveness of measuring self-esteem, it may be more helpful to examine this construct with focus on it various components.

Lastly, previous literature has primarily focused on African American cis-gender, heterosexual women and girls. Future research should be more mindful to explore how body image and self-esteem is experienced in groups having additional marginalized identities. Research has discussed how the male gaze influences an African American woman and girls perception of beauty and self-image (Stephens & Few, 2007). However, influences may be different for African American women and girls who are members of the Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) community.

Conclusions

For the current study, the researcher created a school-based group intervention for African American middle school girls. The group addressed issues related to body image, and self-esteem among African American women and girls. The researcher assessed the effectiveness of the culturally relevant group intervention on increasing body image, and self-esteem among participants using pre and posttest measures. Additionally, the study employed a focus group to explore the ways in which African American girls make meaning of their body image and self-esteem.

Findings showed an increase in skin color satisfaction and hair-esteem pre-test to post-test. On all the SATAQ pressures and internalization general subscales, participants

experienced a decline in scores from time point one to two. Self-esteem scores increased for control group participants, while declined for experimental group. This same trend was reflected on the SATAQ-internalization athlete subscale. While the reverse happened on the SATAQ-information subscale, the control group's scores increased while the experimental group's scores decreased. The following themes from the study emerged: 1) Salient Identities: "Who you are", 2) Peers & Media: "Because the DM tells me", 3) Resilience: "Don't let nobody bring you down", and 4) Covering new ground: "Before P.O.I.S.E., I wasn't really thinking about it". The researcher discussed findings in terms of implications and future directions. Moreover, the study discussed implications and recommendations for the field of research, clinical, and group work on body image among African American women and girls.

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Appendix A

Skin Color Satisfaction Scale (SCSS)

Written by Jameca Woody Falconer and Helen A. Neville
University of Missouri, Columbia

Directions: Please read each statement/question carefully before circling the most appropriate answer.

1. How satisfied are you with the shade (lightness or darkness) of your own skin?

1	2	3	4	5	6	7	8	9
Extremely Dissatisfied				Somewhat Satisfied			Extremely Satisfied	

2. Compared to most African American people, I believe my skin color is…

1	2	3	4	5	6	7	8	9
Extremely Light			About the Same Color				Extremely Dark	

3. If I could change my skin color, I would make it….

1	2	3	4	5	6	7	8	9
Much Lighter			About the Same Color				Much Darker	

4. Compared with the complexion (skin color) of members of my family, I am satisfied with my skin color.

1	2	3	4	5	6	7	8	9
Strongly Disagree				Neutral			Strongly Agree	

5. I wish the shade of my skin was darker.

1	2	3	4	5	6	7	8	9

Strongly Disagree   Neutral   Strongly Agree

6. I wish my skin was lighter.

1	2	3	4	5	6	7	8	9

Strongly Disagree   Neutral   Strongly Agree

7. Compared to the complexion (skin color) of other African Americans, I am
    satisfied with my skin color.

1	2	3	4	5	6	7	8	9

Strongly Disagree   Neutral   Strongly Agree

Appendix B

SATAQ-3

Please read each of the following items carefully and indicate the number that best reflects your agreement with the statement.

Definitely Disagree = 1
Mostly Disagree = 2
Neither Agree Nor Disagree = 3
Mostly Agree = 4
Definitely Agree = 5

1. TV programs are an important source of information about fashion and "being attractive."   _____

2. I've felt pressure from TV or magazines to lose weight.   _____

3. I <u>do not</u> care if my body looks like the body of people who are on TV.   _____

4. I compare my body to the bodies of people who are on TV.   _____

5. TV commercials are an important source of information fashion and "being attractive."   _____

6. I <u>do not</u> feel pressure from TV or magazines to look pretty.   _____

7. I would like my body to look like the models who appear in magazines.   _____

8. I compare my appearance to the appearance of TV and movie stars.   _____

9. Music videos on TV are <u>not</u> an important source of information about fashion and "being attractive."   _____

10. I've felt pressure from TV and magazines to be thin.   _____

11. I would like my body to look like the people who are in movies.   _____

12. I <u>do not</u> compare my body to the bodies of people who appear in magazines.

_____

13. Magazine articles are <u>not</u> an important source of information about fashion and "being attractive."   _____

14. I've felt pressure from TV or magazines to have a perfect body.   _____

15. I wish I looked like the models in music videos.   _____

16. I compare my appearance to the appearance of people in magazines.   _____

17. Magazine advertisements are an important source of information about fashion and "being attractive."   _____

18. I've felt pressure from TV or magazines to diet.   _____

19. I <u>do not</u> wish to look as athletic as the people in magazines.   _____

20. I compare my body to that of people in "good shape."   _____

21. Pictures in magazines are an important source of information about fashion and "being attractive.   _____

22. I've felt pressure from TV or magazines to exercise.   _____

23. I wish I looked as athletic as sports stars.   _____

24. I compare my body to that of people who are athletic.   _____

25. Movies are an important source of information about fashion and "being attractive."   _____

26. I've felt pressure from TV or magazines to change my appearance.   _____

27. I <u>do not</u> try to look like the people on TV.   _____

28. Movie starts are <u>not</u> an important source of information about fashion and "being attractive."   _____

29. Famous people are an important source of information about fashion and "being attractive."   _____

30. I try to look like sports athletes.   _____

Appendix C

Bankhead-Johnson Hair-Esteem Scale

On a whole, I am satisfied with my hair.	Strongly Agree	Agree	Disagree
	Strongly Disagree		
At times I think my hair is no good at all.	Strongly Agree	Agree	Disagree
	Strongly Disagree		
I feel that my hair has a number of good qualities.	Strongly Agree	Agree	Disagree
	Strongly Disagree		
I am able to care for my hair as well as most other people.	Strongly Agree	Agree	Disagree
	Strongly Disagree		
I feel I do not have much to be proud of about my hair.	Strongly Agree	Agree	Disagree
	Strongly Disagree		
I certainly feel my hair is useless at times.	Strongly Agree	Agree	Disagree
	Strongly Disagree		
I feel that hair is of value, at least on an equal plane with others.	Strongly Agree	Agree	Disagree
	Strongly Disagree		
I wish I could have more respect for my hair.	Strongly Agree	Agree	Disagree
	Strongly Disagree		

All in all, I am inclined to feel that my hair has failed me.

Strongly Agree   Agree   Disagree

Strongly Disagree

I take a positive attitude toward hair.

Strongly Agree   Agree   Disagree

Strongly Disagree

Appendix D

Taylor Self-esteem Inventory

0	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Never	**Almost never**		**Sometimes**		**Almost Always**		**Always**	

_____ 1. I am satisfied with the kind of person I am.

_____ 2. I later regret things I've said.

_____ 3. I feel happy inside.

_____ 4. My behavior is inconsistent with my values.

_____ 5. I tackle my problems head on.

_____ 6. I criticize myself over the least little things.

_____ 7. I defend my opinions.

_____ 8. I feel ashamed of things I do.

_____ 9. I feel proud of the way I do things.

_____ 10. I distrust my judgment.

_____ 11. I think about things I've done well.

_____ 12. My problems get the best of me.

_____ 13. I have a sense of purpose.

_____ 14. I worry.

_____ 15. I follow through on decisions that I make.

_____ 16. I dwell on my faults.

Appendix E

UNIVERSITY OF GEORGIA
PARENT PERMISSION FORM
Permission to use Data from The P.O.I.S.E. Program

Researcher's Statement
Because your child is already a participant in the P.O.I.S.E. program, we would like to use the data collected as a way to evaluate the program's effectiveness and continue the program in the future. Before you decide if your child's data should be included in our research, it is important that you understand what data we are seeking to use for research purposes. This form is designed to give you the information about the data we would like to use so you can decide whether to allow your child's data be included in our research or not. Please take the time to read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information. When all your questions have been answered, you can decide if you want your child's data to be included in our research or not. This process is called "informed consent." A copy of this form will be given to you.

Principal Investigators: *Dr. Edward Delgado-Romero*
                               Counseling and Human Development Services
                               edelgado@uga.edu

Co-Principal Investigator: *Courtney Williams*
                               Counseling and Human Development Services
                               cw67401@uga.edu

Purpose of the Study
We would like to determine the benefits of the P.O.I.S.E. program, as well as ways to make it better. By using the data collected about your child from the beginning of the program to the end, we can find ways to make the program better, and even perhaps offer it to other school systems.

Procedures
As part of your child's participation in the intervention program, she will be asked to…
Allow us to use data that includes the following: surveys, questionnaires, focus group discussions, journal entries, expressive arts and peer workshops. This data includes, but is not limited to, information about body image, self-esteem, and overall health and well-being.

Risks and discomforts
Risks to your child are minimal. The only foreseeable risk is a breach of confidentiality. Please see the Privacy/Confidentiality section of this form for details on the measures that we will take to preserve your child's confidentiality. If at any point during data collection your child feels that information is too sensitive for her to share for research purposes, you child can change her mind about participation and withdraw her data.

Benefits
Your child will not benefit directly from allowing us to use her data for research purposes, but your child's data may help us make changes to the P.O.I.S.E. program to make it even more effective. It may even help us to get other schools to want to have the program, as well. This would make it so even more people have access to the potential benefits of the program.

Privacy/Confidentiality
All data collected will be confidential and will not be shared outside the research team unless otherwise required by law. All information collected from you will be de-identified upon completion of data collection. This means that no personal information (i.e. name, phone number, address, SSN, etc.) will be collected from participants. Completed questionnaires will be kept confidential and stored in a secure location only to be accessed by the researcher, Courtney Williams, and research advisor, Edward Delgado-Romero, PhD.

Taking part is voluntary
Your child's involvement in the program is completely voluntary, she may refuse to participate at any time, with no consequences or loss of benefits to which you are otherwise allowed. If your child decides to stop or withdraw from the study, the information/data collected up to the point of withdrawal will be kept as part of the research data and may continue to be used for research, unless you make a request in writing to remove all of your child's data. Your decision for your child to take part in the research will have no effect on her grades or class standing.

If you have questions
The main researcher conducting this project is Courtney Williams, a doctoral student at the University of Georgia. If you have questions, you may contact Courtney Williams at [cw67401@uga.edu] or at [919.671.6555]. You may also contact the principal investigator, Dr. Edward Delgado-Romero at [edelgado@uga.edu]. If you have any questions or concerns regarding your child's rights as a research participant in this project, you may contact the Institutional Review Board (IRB) Chairperson at 706.542.3199 or irb@uga.edu.

Research Subject's Consent to Participate in Research:
I, _____ voluntarily agree to the use of my child's information for this research (Your Name)   project, you must sign on the line below and return to school to the attention of Ashlee Perry (School Counselor)

Your signature below indicates that you have read or had read to you this entire consent form, and have had all of your questions answered.

Courtney Williams_____   _____   _____
Name of Researcher   Signature   Date

_____
Name of Participant

_____   _____   _____
Name of Parent   Signature   Date

Please sign both copies, keep one and return one to the researcher.

Appendix F

UNIVERSITY OF GEORGIA
STUDENT ASSENT FORM
Permission to use Data from The P.O.I.S.E. Program

Researcher's Statement

Because you are already a participant in the P.O.I.S.E. program, we would like to use the data collected as a way to evaluate the program's effectiveness and continue the program in the future. Before you decide if your data should be included in our research, it is important that you understand what data we are seeking to use for research purposes. This form is designed to give you the information about the data we would like to use so you can decide whether to allow your data be included in our research or not. Please take the time to read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information. When all your questions have been answered, you can decide if you want your data to be included in our research or not. This process is called "informed consent." A copy of this form will be given to you.

Principal Investigators: *Dr. Edward Delgado-Romero*
Counseling and Human Development Services
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Co-Principal Investigator: *Courtney Williams*
Counseling and Human Development Services
cw67401@uga.edu

Purpose of the Study

We would like to determine the benefits of the P.O.I.S.E. program, as well as ways to make it better. By using the data collected about you from the beginning of the program to the end, we can find ways to make the program better, and even perhaps offer it to other school systems.

Procedures

As part of your participation in the intervention program, you will be asked to…
Allow us to use data that includes the following: surveys, questionnaires, focus group discussions, journal entries, expressive arts and peer workshops. This data includes, but is not limited to, information about body image, self-esteem, and overall health and well-being.

Risks and discomforts

Risks to you are minimal. The only foreseeable risk is a breach of confidentiality. Please see the Privacy/Confidentiality section of this form for details on the measures that we will take to preserve your confidentiality. If at any point during data collection you feel that information is too sensitive for you to share for research purposes, you can change your mind about participation and withdraw your data.

Benefits
You will not benefit directly from allowing us to use your data for research purposes, but your data may help us make changes to the P.O.I.S.E. program to make it even more effective. It may even help us to get other schools to want to have the program, as well. This would make it so even more people have access to the potential benefits of the program.

Privacy/Confidentiality
All data collected will be confidential and will not be shared outside the research team unless otherwise required by law. All information collected from you will be de-identified upon completion of data collection. This means that no personal information (i.e. name, phone number, address, SSN, etc.) will be collected from participants. Completed questionnaires will be kept confidential and stored in a secure location only to be accessed by the researcher, Courtney Williams, and research advisor, Edward Delgado-Romero, PhD.

Taking part is voluntary
Your involvement in this program is completely voluntary, you may refuse to participate at any time, with no consequences or loss of benefits to which you are otherwise allowed. If you decide to stop or withdraw from the study, the information/data collected up to the point of withdrawal will be kept as part of the research data and may continue to be used for research, unless you make a request in writing to remove all of your data. Your decision to take part in the research will have no effect on your grades or class standing.

If you have questions
The main researcher conducting this project is Courtney Williams, a doctoral student at the University of Georgia. If you or your parents have questions, you may contact Courtney Williams at [cw67401@uga.edu] or at [919.671.6555]. You may also contact the principal investigator, Dr. Edward Delgado-Romero at [edelgado@uga.edu]. If you have any questions or concerns regarding your rights as a research participant in this project, you may contact the Institutional Review Board (IRB) Chairperson at 706.542.3199 or irb@uga.edu.

Research Subject's Consent to Participate in Research:
I, _____voluntarily agree to the use of my information for this research
      (Your Name)   project, you must sign on the line below and return to school to the attention of Ashlee Perry (School Counselor)

Your signature below indicates that you have read or had read to you this entire consent form, and have had all of your questions answered.

_____   _____   _____
Name of Researcher   Signature   Date

_____   _____   _____
Name of Participant   Signature   Date

Please sign both copies, keep one and return one to the researcher.

Appendix G

Counseling Resource List

1. **Pathways**

   (http://pathwayscounselingathens.com/families.htm)
   (706) 207-7683
   Sliding scale offered

2. **Family Counseling**

   (http://www.fcsathens.com/)
   1435 Oglethorpe Ave
   Athens, GA 30606
   706.549.7755
   Sliding scale offered

3. **Center for Counseling and Personal Evaluation**

   110 Carlton Street
   424 Aderhold Hall, University of Georgia
   Athens GA 30602
   (706) 542-8508

4. **The Banyan Tree Counseling Center**

   1 Huntington Rd Ste 103
   Athens, Georgia 30606
   (706) 933-0500

5. **Dr. Sydney Felker-Ross**

   1150 Milledge Ave. Ste. 4
   Athens GA 30605
   706) 548-6744

6. **Georgia Suicide Hotlines:**
   a. 1-800-SUICIDE (1-800-784-2433)
   b. 1-800-273-TALK (1-800-273-8255)

7. **Georgia Crisis Line:** 1-800-715-4225 (available 24 hours a day, 7 days a week)
   a. Please state clearly to the on-call mental health worker that you are in a crisis situation and are in need of emergency care. If a critical need is not conveyed the mental health worker may not be able to properly assess your status.

Appendix H

<u>P.O.I.S.E. Focus Group Protocol/Guide</u>

Time Allotted: 30-45 minutes

Number of participants per group: 5-6 girls

Informed through the use of: Womanism & Narrative Inquiry

Research Question(s)

◦ What are African American females' <u>positive</u> experiences with body image and self-esteem during adolescence?

Protocol/Guidebook

1. Refreshments served

2. Introduction and Explanation
   a. Brief summation of the P.O.I.S.E. year
   b. Importance of program evaluation
   c. Importance of P.O.I.S.E. girls' perspectives

3. Informed consent/assent
   a. Reminder of assent and consent forms that were sent home at the beginning of the year
   b. Review of assent forms with participants
   c. Explanation of voice recorder
      i. IF participants are hesitant to share due to voice recorder and compromise of their identity, suggests participants selecting pseudonyms for confidentiality purposes
      ii. Assign pseudonyms or numbers (either way) for note taking purposes

4. Ice breaker
   a. On a piece of paper list which identities (or parts of yourself, or roles you play) are most important to you
      i. Provide examples if necessary: sister, mentor, Christian, African American, PhD student, woman
   b. –OR- If you can describe yourself, what would you say?
   c. **Question:** Why did you select the identities/adjectives that you did?
      i. What does it mean to you to be a (fill in the blank)?

5. Focus Group Interview Begins (*the option to journal will be offered*)

<u>Plan of action</u>

*(1) Participants will be posed focus questions to **verbally respond to**…. If participants are non-responsive, move to #2*

*(2) Participants will be given the option to journal their responses. They will then be asked to **share what they wrote**….If participants are non-responsive, move to #3*

*(3) Participants will **complete alternative activities** (see below)*

   a. **Question**: How did you think about body image before P.O.I.S.E.? –or-
      What kind of messages have you received about body image?
          i. Probes:
              1. What words came to mind when you thought about body image before?
              2. How did you describe body image before P.O.I.S.E.?

   b. **Question**: How was P.O.I.S.E. helpful in how you think about body image now?
          i. Probes:
              1. What things changed in how you think about body image?

   c. **Question**: What gives you confidence?
          i. Probes:
              1. About yourself
              2. About your body
              3. What influences give you confidence?

   d. **Question**: How did you think about self-esteem before P.O.I.S.E.? –or-
      What kind of messages have you received about self-esteem?
          i. Probes:
              1. What words came to mind when you thought about self-esteem before?
              2. How did you describe self-esteem before P.O.I.S.E.?

   e. **Question**: How has P.O.I.S.E. influenced/impacted how you think about self-esteem now?

    i. Probes:
      1. Has P.O.I.S.E. changed your thinking about self-esteem? (yes or no)
      2. If yes, how was it helpful?
      3. If no, how was it not helpful?

<div align="center">BREAK (5 minutes)</div>

f. **Question**: What was it like to share this experience with other African American girls?
  i. Probes:
    1. What was it like to talk about yourselves with other African American girls?
      a. Were there challenges in working with other African American girls?
      b. Were there things you liked or disliked about working with African American girls during P.O.I.S.E.? What were they?
      c. What was it like to talk about body image with other African American girls?
      d. What was it like to talk about self-esteem with other African American girls?
  ii. Activity Options
    1. Journal
    2. Draw a picture

g. **Question**: Tell me about your experience in working with the P.O.I.S.E. facilitators. (Researcher will provide an explanation about why she intentionally selected African American women to run the group)
  i. Probes:
    1. What was this experience like working with African American women? Did the fact that they were African American females matter to you? Did that make a difference?
    2. Were there challenges in working with African American women?
    3. Tell me about what you liked and disliked about working with African American women during P.O.I.S.E.?
    4. What was it like to talk about body image with older African American women?

          5. What was it like to talk about self-esteem with older African American women?
- ii. Activity Options
  1. Journal
  2. Draw a picture

---------------ALTERNATIVES IF DISCUSSION DOES NOT HAPPEN---------------

- Video Clip and Discussion (stop 8 minutes into the video)

  https://www.youtube.com/watch?v=UX0FWfkcfZk

  1. What are your initial thoughts/reactions about the video?

  2. What do you think it is like to be her?

  3. Can you relate to her? Do you know anyone who can?

  4. If you were her how do you think you would you feel?

- View various images of African American women/girls of various body types, hair styles/textures, and skin tones

  1. Each participant will select photo(s) from a Black-American magazine.

  2. Participants will be instructed to list their initial thoughts/reactions about the photo, related to body image and self-esteem

     - Rate each photo on level of attractiveness

     - Rate each photo on likelihood the women/girls struggle with self-esteem

     - Rate each photo on likelihood the women/girls struggle with body image

  3. Repeat process with 3-5 more photos

  4. **Question:**

     - Please share what you wrote and how you decided to write these things.

     - Share how you rated the pictures the way you did.

- Listen to/Watch video of "I am not my hair" by India Arie

  1. What are your initial thoughts/reactions about the video?

2. What do you think is the purpose of this song?

3. What does this song mean to you?

   ▪ Probes:

      • What is the artist trying to say?

      • What message is the artist trying to send?

4. How do you think this song can help young girls like you?

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6. Group photo
7. Goodbyes, Thank you's,

Focus Group Details

Date:

Time total:

      Start: Stop:

Place:

Interviewer:

Participants:

(Pseudonyms??)

Notes/Reflections: