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The Effectiveness of a Body Image Group Counselling Program on Adolescent Girls in High School*

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ABSTRACT

The aim of this study was to investigate the effect of a body image group counselling program on adolescent girls in the context of Positive Psychology and Positive Psychotherapy. The sample set consisted of 22 female students, 11 in the experimental group and the other 11 in the control group, and they are all in the 9th grade and have negative body images. Research was conducted based on a pattern of a pre-test, post-test and follow-up test with control and experimental groups. A Body Image Scale, Body Image Coping Strategies Inventory and Program Evaluation Form were used as data collection tools. The positive body image group counselling program was conducted on the experimental group for ten sessions. The Wilcoxon sign rank test, Mann-Whitney U test and repeated-measure of analysis of variance (ANOVA) were used for data analysis. According to the results, the program was statistically significant. Additionally, the results revealed statistically significant increases in positive body images and coping strategies in the intervention group when compared with the control group. The program may be used to increase positive body image.

Keywords:
Body image, coping strategies, adolescents, positive

1.Introduction

As with individuals at all developmental stages, one of the main concerns for adolescents is their body. Because adolescents sense the world and its components with their body and their experiences are dependent on their perception of themselves, they organize their lives based around body image. The feelings they have for the body, mind and their response to it is also an important and key provision in this process. To have a healthy, productive and happy life, adolescents need the tools to create a more positive perception of their body. One of these tools can be a positive intervention program for adolescents girls based on positive psychology and positive psychotherapy.

In psychology, feelings for the human body, thoughts and concepts used to express responses are considered "the body image" (Cash & Pruzinsky, 1990). Body image is considered either positive or negative (Cash, 2004, 2008). Negative body image is defined as an individual having negative feelings and thoughts about their body and at the same time giving negative reactions to their body (Farell, Shafran & Lee, 2006). People's body images are open to change in each developmental period; however, adolescence is of critical importance in terms of body image.

Adolescence is a period in which many physical, cognitive, emotional and social changes occur (Steinberg, 2007). Especially with puberty, adolescents experience many physical and hormonal changes (Papalia, Olds & Feldman, 2004). These changes affect the body image of adolescents (Cash, 2002). In addition, the negative experiences they have as a child about their bodies, personality traits and ideal body image, as presented by

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the media and factors such as the diet industry, are important. As a result, some adolescents must deal with both rapid changes in their body and the negative body image they have created (Cash, 2008). Adolescents are resorting to various positive and negative coping strategies, such as an extreme preoccupation with appearance, avoidance (to accept the body in a positive way and to gain social approval) and harm to the body (Cash, 2002, 2004, 2008).

When adolescents are unable to cope with negative body image in a healthy way, the results cause many problems. For example, negative body image has a negative impact on adolescents' problem-solving skills, the ability to fulfil cognitive tasks and academic achievement (Cash, 2002, 2004, 2008). In addition, negative body image is an important risk factor in the development of eating disorders (Yanover & Thompson, 2008). In addition to these aspects, negative body image affects adolescent girls more. In this context, for adolescents with a negative body image, depression (Levine, Smolak, 2002), unhealthy diet and a constant desire to lose weight (Johnson, Grieve, Adams & Sandy, 1999; McCaba & Ricciardelli, 2005), social anxiety and school absenteeism (Yanover & Thompson, 2008), substance abuse (Neumark-Sztainer, Paxton, Hannan, Haines & Story, 2006), unsafe sexual experience (Schooler, 2013), self-harm (Muehlenkamp & Brauch, 2012), loneliness (Caccavale, Farhat & Iannotti, 2012) and eating disorders such as anorexia and bulimia nervosa (Moe, 1999) have been observed. These findings reveal the importance of interventions for those with a negative body image.

In regard to the interventions of negative body image and their importance, two different approaches are discussed in the literature. The first of these approaches is a pathology-based approach that focuses on the negative aspects of body image (Tylka, 2011). However, this situation, while helping to a better understand the negative body image, insufficiently addresses the understanding regarding positive body image. At this point, there have been two positive approaches. One of them is a positive psychology and the other is a positive psychotherapy.

Positive psychology is concerned with an individuals' happiness. This approach has three components of a happy life based on pleasuring life, engaging life and meaningful life (Seligman, 2002). Pleasuring life is divided into two categories: pleasure and gratification. The body lies in the pleasure category. Examples of factors that increase the pleasure of the flesh could be fragrances, flavors, reading, cooking and involvement in sports (Rashid, 2009). In addition to these factors, the human body can experience pleasure and positive emotions trigger this capability (Hefferon & Boinvell, 2011).

There are also explanations of positive psychology on body image. The positive psychology approach contends that positive adaptive features cannot be taught to individuals based on negative features. Furthermore, resolving a negative body image will not create a positive body image automatically. Similarly, a positive body image cannot be defined as the opposite of a negative body image. This approach focuses on improving positive emotions because there are many more benefits of positive emotions than negative emotions such as widening one’s perspective, building capacity, tailoring and increasing an individual’s protection and resistance to disease (Fredericson, 2001; Tylka, 2011). Because of these properties, in positive psychology-based studies, the characteristics of individuals with positive body image are used as a means of coping (Holmqvist & Frisen, 2012; Tylka & Wood-Barcalow, 2005).

One of the positive-oriented approaches is positive psychotherapy. In the literature, there are two different positive psychotherapy approaches. One of them was proposed by Peseschkian (1987) and is more of a theory-based approach - Positive Psychotherapy. The other is the more research-based Positive Psychotherapy, which was developed by Seligman and his colleagues (2006). Both approaches advocate that the characteristics of individuals with positive features should be used as a coping mechanism for those with a negative body image.

Because negative body image affects adolescents globally, it also affects Turkish adolescents. In regards to the body image of adolescents in Turkey, pathological focused research studies have observed characteristics such as eating disorders, self-esteem and anxiety (Okan & Şahin, 2010; Örsel, Canpolat, Akdemir & Özbay, 2004). Experimental studies are conducted in response to negative body image in the international literature (Holmqvist & Frisen; 2012; Asberg & Wagaman, 2010; Winzelberg, Abascal & Taylor, 2002). However, there are no experimental studies in Turkey on preventing negative body image and interventions. Consequently,

this study is aimed at female adolescents to test the effectiveness of a group counselling program based on positive psychology and positive psychotherapy to enable them to cope with negative body image.

2. Method

2.1. Research Design

The purpose of this study: to cope with negative body image and to examine the effectiveness of positive psychology and positive psychotherapy based group counselling, a program was developed for adolescents girls. The study was conducted using an experimental pattern based on a pre-test, post-test and follow-up design as experimental and control groups (2×2×2). The independent variable of the study is a group counselling program while the dependent variable is the level of a female adolescent's body image and coping with negative body image. The experimental application was developed as a single session per week (90 minutes) and was conducted over a total of ten weeks in the 2014-2015 academic year. Implementation of the follow-up study was conducted after six months.

To examine the effectiveness of the program, the Wilcoxon sign-rank test, Mann-Whitney U test and repeated-measure of analysis of variance (ANOVA) were used. Additionally, individuals in the experimental group were asked about the effectiveness of the program with an open-ended questionnaire and the technique of the content analysis on the basis of each sentence was conducted for the received responses.

2.2. Study Groups

This study was conducted in a district in Ankara on adolescent girls attending a high school. In the study, a purposive sampling method was used, which gives importance to the specific objectives of the research. In addition to these principles, the usability and practicality of this method were also important (Fraenkel & Wallen, 1994). Using this information, there are two important reasons for the students being studied in the context of the aforementioned school. The first of these is the literature. According to the literature, negative body image is common in adolescence; approximately 70% of female adolescent and 45% of male adolescents are not satisfied with their body weight and shape (Smolak, 2012). A second reason is that one of the researchers in this study is serving as a counsellor at the school.

In determining the students who would be entered into the experimental and control group in the study, "the involvement of female students under a standard deviation obtained from the arithmetic mean of Body Image Scale" principle was adopted. In accordance with this principle, a total of 130 female students applied to the relevant scales. General conversations regarding work done by one standard deviation below the arithmetic mean of the remaining 38 students were given. A meeting was held with 38 students who fall below one standard deviation of the arithmetic mean and general information about the study is provided. Overall, 24 students wanted to participate in the study as volunteers.

These volunteer students were assigned to experimental and control groups using the random assignment method. In this way, the presence of 12 subjects in each group was ensured. However, one of the students assigned to the experimental group, although they volunteered to participate in the research, was removed from the group (for personal and familial reasons), and the number of subjects in the experimental group dropped to 11. In the following process, a person in the control group was randomly removed from the group with the draw method. In conclusion, the study was conducted on a total of 22 female high school in the 9th grade including (11) in the control group and (11) in the experimental group. The average age of the female students in the experimental group was 15.4. The average age of the girls in the control group was 15.6.

2.4. Instruments

Body Image Scale (Body Image Test): the "Body Image Scale" was developed by Secord and Jourard (1953). The scale aims to measure how satisfied people are with various parts of their body and a variety of body functions. Balogun previously assessed the validity and reliability of the scale in his study (1986). The test-retest reliability coefficient was found to be $\alpha = 0.89$. The scale is in the form that is used in our country and consists of 40 items measuring five answers with a ratings tool (1 = I like it very much, 2 = I like it, 3 = Neutral, 4 = I do not like it, 5 = I do not like it ever). The most positive expression is 1 point; the most negative statement is 5 points. According to this rating scale, the lowest total score can be 40 points while the highest total score

is 200. The increase in the total score from the scale indicates that the satisfaction of the person's body part or function increases while the decrease of the score indicates a decrease in satisfaction. The Turkish adaptation of the scale was conducted by the Hovardaoğlu (1992). In a study conducted on college students, the validity of the scale assessed by a Cronbach alpha reliability coefficient of two half-α = 0.75 was found. In this study, reliability studies have also been conducted on all female students studying at the school of concern, and the Cronbach alpha reliability coefficient of the scale was found to be α = 0.96.

Body Image Coping Strategies Inventory-BICSI: To measure coping strategies related to individual threats and negative body image, an inventory was developed by Cash et al. The scale consists of three subscales: appearance fixing, positive relational acceptance and avoidance. The answers to the phrase are in the range of "disagree (1)" and "I totally agree (4)". The scale's subscale consists of; 1-10 items "Appearance Fixing", 11-21 items "Positive Relational Acceptance" and 22-29 items "Avoidance". The height of the average score represents the height of the strategy in the relevant dimensions. The original scale's Cronbach's alpha coefficient; the "Appearance Fixing" subscale is 0.90 for women and 0.93 for men; the "Positive Logical Acceptance" subscale is 0.80 for women and 0.85 for men; the "Avoidance" subscale is 0.74 for both women and men. The Turkish adaptation of the Body Image Coping Strategies Inventory (BİBSÖ) was made by Dogan, Sapmaz and Totan (2011). BİBSÖ is a 29-item self-report style measuring tool. The Cronbach's alpha coefficient scale "Appearance Fixing" subscale is 0.84 for women and 0.87 for men; the "Positive Relational Acceptance" subscale 0.83 for women 0.81 in men; and the "Avoidance" subscale is 0.84 for both women and men. In this study, reliability studies have also been conducted on all female students studying at the school of concern. Accordingly, the scale's Cronbach's alpha coefficient "Appearance Fixing" subscale is 0.90, the "Positive Relational Acceptance" subscale is 0.97, and the "Avoidance" subscale is 0.86

Program Evaluation Form: The effectiveness of the program was evaluated qualitatively after the post-test and follow-up work. For this, an interview form was formed, and in this form, two open-ended questions were included for each application along with the demographics. The questions asked after the last test session were as follows:

- What are the beneficial aspects of the program?
- What are the negative aspects of the program?

The questions asked after the follow-up study were as follows:

How did you deal with negative thoughts about your body in the six months after the end of the program?

What did you do to protect your body in the six-month period after the end of the program?

2.4. Procedure

In the program, sessions and activities were based on the results of the research in the literature such as Positive Psychology and Positive Psychotherapy theory and practice studies. In this section, the two approaches, in terms of program content, are evaluated.

Positive psychology-based aspects of the program: The content and activities of the program in this study are based on data obtained from the results of the theoretical and empirical studies in the field of positive psychology (Eryılmaz, 2015; Yager & Ark., 2013; Holmquist & Frisen, 2012; Tylka, 2011; Neumark-Sztainer et al., 2000). Currently, the program has been prepared on the basis of the features found in individuals with a positive body image. These features are: to raise awareness of the individual about the factors that influence the formation of their own body and body image; to help the individual realize the beauty and strengths of their own body; to help individuals have an objective and flexible perspective without comparing their body with others; to create awareness of the subjectivity of the concept of beauty and happiness; to increase media literacy; to help individuals gain a critical perspective for the ideal image presented by the media in regard to fad diets and cosmetic products; to help individuals create a positive inner voice that enables them to cope with the negative and automatic thoughts about their body; to help individuals expand viewpoints on finding healthy ways to deal with the physical changes in regards to specific coping with adolescence; to help individuals improve their capacity to deliver attention and care, acceptance, respect and love of their bodies; to increase the awareness of the meaning and value of life and their body; to help individuals expand their life goals related their bodies.

Positive psychotherapy-based aspects of the program: Each session in the program has been prepared in accordance with the five steps in the self-help model of Positive Psychotherapy (Peseschkian, 1987). Each stage of the treatment, the content of the sessions and sessions corresponding to this stage can be summarized as follows:

1. The observation step is the first step, and the session aims is to ensure that participants develop a wider awareness of the strategies they use to cope with body image and find what support is readily available. 2. The inventory step consists of the third and fourth sessions; it identifies objectives that are effective in the formation of their body image and examines the awareness participants have about past experiences, cultural norms, media and peers 3. The positive interpretation step is the fifth session, and the purpose is so that participants become aware of the positive aspects and functional sides of their bodies. 4. The verbalization step consists of the sixth, seventh and eighth sessions, and the purpose is to examine their ability to create a positive inner voice and a broader perspective. The solution was flexible and criticized their attempts to find a way for themselves and their bodies. 5. The objectives expansion step includes the ninth and tenth sessions. The purpose of this step is for participants to realize the meaning of their bodies and have short and long term objectives on how to improve their interest and provide the body skills and body care.

In summary, this study is based on Positive Psychology and Positive Psychotherapy. Both approaches were used in this program, and the following results are shown in Table 1. The distribution terms of Positive Psychology and Positive Psychotherapy approach of the program.

Execution and content of the program: The necessary permits and approvals from the relevant authorities were obtained before starting the study. Because of the length of time needed for the program, study sessions are held outside of school hours. Therefore, students in the experimental group received official permission from their parents before starting the program.

Positive Psychology and Positive Psychotherapy were applied to the experimental group, in the context of adolescent girls, to develop a positive body image group counseling program. This was conducted during a 90-minute session in a week. For the study at the related school, the program was conducted in a group counseling room where the necessary technical equipment was chosen and the necessary arrangements were made for the group counseling practice. The activities conducted in each session and sessions in the program are detailed below:

Table 1. The theoretical structure of the program

Sessions	Aim	Positive Psychotherapy	Positive Psychology
1. Session	To raise awareness about their body image	Observation step; Balance model, awareness	Positive and negative aspects of body image. Self-discovery
2. Session	Feelings, attitudes against the body and awareness of behavior	Observation step; Symptoms Letter	The things I can change about my body and things I cannot change.
3. Session	Create awareness about past life events that influence the formation of the body image.	Inventory Step; Hazard model, body biography	The positive aspects of little Ben's body
4. Session	Create awareness about the recent events that influence the formation of the body image	Inventory step; clothes and body Environment and body	My body heritage, unique aspects
5. Session	To make aware of the positive and functional aspects of the body.	Positive interpretation step; feels good to the body, using story	My body as a source of happiness, thanks to the body
6. Session	Skills development, coping with benchmarking and teasing	Verbalization step; coping with the negative inner voice	Creating positive inner voice

7. Session	Develop critical thinking in style against the ideal image to gain a broader perspective of beauty.	Verbalization step; dealing with media images	Develop media literacy skills to make their own definition of beauty
8. Session	Develop positive inner voice related to their bodies.	Verbalization step; mental control	Best friend of my body, Apology to the body
9. Session	Enable them to realize the meaning and value of the body for themselves	Purposes expansion step; give meaning, my life goals	Focus on the functionality of the body, My gratitude, flow list
10. Session	To ensure short and long-term plans for developing a positive body image	Purposes expansion step; maintain a positive body image and development plan	Love card, Message to me in the future Love card, change appreciated.

First Session: Information about the programs and group process is provided to the participants. Group rules are created for participants to acclimate to the group process and then they meet with each other during warming activities. After the expectations of the program are described, body image awareness activities are conducted by the participants. Group sharing was terminated after the group was provided homework. After learning expectations of the participants about their body image, awareness activities related to body image are conducted. The group was terminated after group sharing and homework was provided.

Second Session: After participant sharing related to homework, the study continued with warming activities. Then, participants own discovery activities based on feelings about the physical changes brought on by puberty and what type of coping strategies they used, was conducted. The positive equilibrium model of psychotherapy was described to participants and they were asked to draw the patterns of their own equilibrium. Participants discussed how they related with their bodies and completed a "What I can change" and "What I cannot change" table, and this table was displayed in the study hall so that it could be completed by the end of the group process. The group was terminated by providing homework after group sharing.

Third Session: After taking the participants through the sharing related to the homework, the study continued with warming activities. In this session, parental role models that influence the formation of their body image, including cultural values and media, and a "self-discovery work" is conducted with the participants. Each participant created his own body and examined their biography on the basis of the equilibrium models. The group was terminated by providing homework after group sharing.

Fourth Session: After taking the participants through the sharing related to the homework, the study continued with warming activities. In this session, the participants recognize negative automatic thoughts related to cognitive control over their bodies and it ensures that their self-discovery activities are carried out. By reading "The Girl In The Red Velvet Dress", an awareness activity was performed. The group was terminated by providing homework after group sharing.

Fifth Session: After taking the participants through the sharing related to the homework, the study continued with warming activities. A self-discovery program was conducted with the aim of participants questioning social pressure and the media and trying to offer an ideal body image. Participants created their own ideal image against the ideal image that is non-realistically offered by the media. An awareness activity was performed with the participants to ensure assessment with a critical perspective of messages forwarded by ads. The group was terminated by providing homework after group sharing.

Sixth Session: After taking the participants through the sharing related to the homework, the study continued with warming activities A self-discovery study was performed to ensure that the participants gain awareness that each body is good and private and to encourage the participants to accept differences in physical sizes. Drama activities are used to raise awareness about how making comparisons of their body image effects their ability to wake up and awareness and learning to stop making comparisons. The group benefited from the

story named “Crow and Peacock" on how to cope with being ridiculed and to develop coping skills for negative feedback. The group was terminated by providing homework after group sharing.

Seventh Session: After taking the participants through the sharing related to the homework, the study continued with warming activities A drama was performed to enable the participants to cope with negative feelings about their bodies and to recognize the relationship between body satisfaction and eating disorders. The group was terminated by providing homework after group sharing. A letter of apology to the body was written to appreciate the functions possessed by the body. The story "Perfect Camel” provided them the ability to gain a greater flexibility and broader perspective related to the beauty concept. The group was terminated by providing homework after group sharing.

Eighth Session: After taking the participants through the sharing related to the homework, the study continued with warming activities. In this session, drama studies were conducted to ensure that participants realize that they give to their body and to create awareness of what their bodies offer and may offer to them. The "Gratitude to My Body" activity was applied. The group was terminated by providing homework after group sharing.

Ninth Session: After taking the participants through the sharing related to the homework, the study continued with warming activities. The participants were asked to transform the awareness gained during the group period to create a life purpose for their bodies. The participants were asked to transform the table "What Can I Change” and “What I Can Not Change", which was a table that was posted after the first session and filled with feedback from participants leaders, into small mobile table for themselves. Activity forms named “My Life Goals, Thanks to My Body Flow” were fulfilled and they were each asked to share with the group. The group was terminated by providing homework after group sharing.

Tenth Session: After taking the participants through the sharing related to the homework, the study continued with warming activities. By again reviewing the experiences of the participants, the evaluation studies were conducted to determine how many purposes they perform. They were asked to give feedback regarding the changes and the development of themselves and their friends that they observed during the sessions. A story named “Shirt of Happiness" was read and "A Message to Future Body" activity was applied. After the sharing, qualitative and quantitative evaluation forms were completed and then the session was terminated.

3. Findings

3.1. Descriptive statistics

Table 2. Descriptive statistics of the outcomes

Scales	Group	Pre-Mdn	Post-Mdn	Fol. Mdn	Pre M	Post M	Fol. M	Pre-SD	Post SD	Fol. SD
BI	Ex.	119	132	144	115.7	128.9	149.9	9.2	10.9	18.7
	Con.	119	109	114	113.5	110.7	114	10.4	9.7	8
AF	Ex.	24	21	25	24,3	21.6	24.1	4.9	5.6	5.11
	Con.	27	29	29	27.3	29.0	28.8	4.05	3.09	3.18
PRE	Ex.	28	38	37	28.5	38.1	37.3	5.3	3.2	3.1
	Con.	26	23	24	25.5	23.5	24.1	3.8	2.7	3.5
A	Ex.	15	14	12	16.1	13.2	12.9	3.9	3.2	4.0
	Con.	16	17	19	16.2	18.1	20.1	2.4	2.8	4.5

BI: Body Image, AF: Appearance Fixing, PRE: Positive Relational Acceptance, A: Avoidance; Ex: Experiment; Con: Control; Pre-Mdn: Pre-test Median; Post-Mdn: Post-Test Median; Fol.Mdn: Follow-Up Median; Pre-M: Pre-test Mean; Post-M: Post-Test Mean; Fol.M: Follow-Up Mean; Pre-SD: Pre-test Standard Deviation; Post-SD: Standard Deviation; Fol.SD: Follow-Up Standard Deviation.

3.2. Findings related to the pre-test group comparisons

To compare pre-test scores of the experimental and control groups, the Mann-Whitney U test was used. According to the test results, it was concluded that there was no significant difference between the experimental body image scale and the control group pre-test scores (U=53,00; p=.621 p>0,05). Similarly, the

test results according to the Mann-Whitney U test concluded that there was no significant difference between experimental and control groups according to the experimental and control group pre-test scores in terms of experimental sub-dimensions and the Body Image Coping Strategies Questionnaire; "Appearance Fixing"(U=40,50, p= .185, p>0,05), "Positive Relational Acceptance" (U=38,00, p=.137 p>0,05) and "Avoidance" (U=56,00, p= .765 p>0,05) control groups. These findings showed that the experimental and control group are paired groups.

3.3. Quantitative and qualitative findings related to the effects of the experiment

Quantitative findings: To determine the efficiency of the program, a repeated-measures ANOVAs method was used. When examining the results of the individuals in the experimental group, the program had a significant effect on body image [F(1,36, 13.63) = 38.122; p<.00; effect size: 0.79]. It was also found that the individual group body image scores in the experimental group were significantly different from each other for the scale of the pre-test, post-test and follow-up test scores. According to a post hoc comparison (Bonferroni), a post-test (M=128.90, p<.00) and follow-up test scores (M= 149.90, p<.00), the participants in the experimental group were significantly higher than their pre-test scores (M= 115.72, p<.00), and follow-up test scores of the participants in the experimental group were also significantly higher than their post-test scores.

The coping strategies scale with body image, the dimension in the acceptance of positive relationships and individuals in the experimental group showed a significant difference between the pre-test, post-test and follow-up test scores [F(1,57, 15.71)=22.56; p>.01, effect size: 0.69]. According to the post hoc comparison (Bonferroni), post-test (M=38.18, p<.00) and follow-up test scores (M= 37.36, p<.00), the participants in the experimental group were significantly higher than their pre-test scores (M= 28.54, p<.00), and follow-up test scores of the participants in the experimental group were not significantly higher than their post-test scores.

However, in the coping strategies scale with body image in the size of appearance fixing, there was no significant difference between the pre-test, post-test and follow-up test scores in the experimental group of the individuals [F(1,47, 14.70)=1.96; p= .180 p>.05). Finally, for the coping strategies scale with body image, in the size of avoidance there was no significant difference between pre-test, post-test and follow-up test scores in the experimental group of the individuals [F(1,44, 14.40)=3.72; p=.092 p>.05).

For individuals in the control groups, the results indicated that there were significant effects of avoidance [[F(1,61, 16.08)=5.51; p=.020 p<.05). According to the post hoc comparison (Bonferroni), the follow-up test scores (M= 18.09, p<.05) of the participants in the control group were significantly higher than their pre-test scores (M= 16.18, p<.05). Finally, for individuals in the control groups, the results indicated that there were no significant effects on body image [F(1,49)=0.913; p= .395, p>.05], positive relational acceptance [F(0.38, 13.85)=2.15, p= .162; p>05] or appearance fixing [F(1.02, 10.28)=1.09; p= .323, p>05].

Qualitative findings: A meeting was held with the students in the experimental group after the post-test session of this study. In the meeting, questions were asked of the participants to evaluate the program. Primarily, the students in the experimental group were asked; “What are the beneficial aspects of the program?” and “What are the negative aspects of the program?” No participant provided a negative response to the second question. The responses to the first question relating to the results of the analysis are provided in Table 3.

Table 3. The program's contribution to the individuals in the experimental group

Contributions	Sample sentence
Maintenance and care	I pay more attention to personal care
Self esteem	I began to see myself as more valuable
Using healthy coping methods	I began to care for my flaws instead of focusing on them.
Mental control	I don't mind all that much and I don't think my adversity.
Body acceptance	I began to love my body.
Optimism	I have better perspectives for the future, my body and my body beauty
Body protection	I stopped causing harm to my body.

When examining the distribution of sentences related to the benefits of program, it was concluded that the program provided adolescents a better means to care for and pay attention to their bodies, improve their self-esteem, to use healthy coping methods, to increase cognitive control, to accept their own bodies and become more optimistic towards their bodies.

3.4. Findings related to the follow-up study

Quantitative Findings: The Mann-Whitney U test was used to compare the post-test and follow-up scores of both groups. According to the results, in terms of body image scale scores, individuals in the experimental group (MDN = 144) scored highly compared to individuals in the control group (Mdn=114) (U=1.00, Z= -3.90; p= 0.000; p<0.01). The body image strategies scale in the appearance of fixing size showed that individuals in the experimental group (Mdn=25.00) received lower scores compared to the individuals in the control group (Mdn=29.00) (U=23.50, Z= -2.45; p= 0.014; p<0.05). Similarly, in the avoidance size, individuals in the experimental group (Mdn=12.00) received lower scores compared to individuals in the control group (Mdn=19.00). (U=11.00, Z= -3.26; p= 0.000; p<0.00). Finally, in positive relational acceptance size, individuals' scores in the experimental group (Mdn=37.00) were higher compared to individuals in the control group (Mdn=24.00) (U=0.00, Z= -3.99; p= 0.000; p<0.00).

Qualitative Findings: In the follow-up phase, individuals in the experimental group were asked two open-ended questions. The first of these questions was: "How did you deal with negative thoughts about your body six months after the end of the program?" and "What did you do to protect your body in the six-month period at the end of the program?" A content analysis on the basis of the sentence was conducted to the responses of these questions.

The results are provided in Table 4 and Table 5.

Table 4. How to deal with negative thoughts about their body:

Coping strategies	Sample Sentence
Mental control	There is nothing to be sorry for that I cannot change.
To make transfer	I brought my stories to the group and used mobile messages.
Optimistic thinking	Everyone has positive and negative sides.
Positive suggestion	I told myself that my negative feelings will pass.
Self-acceptance	I know myself and my defects and learn to cope with them by making peace.

Table 5. Those made to protect the body

Way of Protection	Sample Sentence
Healthy nutrition	I reduce my junk food consumption.
Active life	I started playing football.
Regular sleep	I do not go to sleep at very late hours
Positive inner voice	I don't say negative things to my body
Not to give harm to the body	I'm making my hair less flat.

4. Discussion

This study was conducted with the aim of examining the effectiveness of a positive body image group counseling program for female adolescents with a negative body image. When the research results were examined, it was found that the developed program was effective. In other words, the program created a positive body image and increased adolescent girls' positive coping skills. In this section, the findings of the study were discussed in the framework of the relevant literature.

When the literature was examined, it was determined that individuals experience many physical changes during puberty. Height growth, an increase in weight and acne, the appearance of primary and secondary sexual characteristics and the ability of reproductive capacity are examples (Steinberg, 2005; Moe 1999). Adolescents having a positive body image facilitate coping with these changes in a healthy; otherwise, these changes become an important risk factor for adolescents (e.g., anorexia, bulimia, obesity, low self-esteem,

depression and smoking) (Stice, Hayward, Cameron, Killen, & Taylor, 2000; Jongenelis, Byrne, & Pettigrew, 2014; Kaminsky & Dewey, 2014; Grilo, Masheb, Brody, Burke-Martindale & Rothschild, 2005). This study contributed to the literature because a great deal was accomplished on an important issue. Furthermore, when the national literature was examined about body image in adolescents and compared with body image throughout the research that looked at the relationships between various variables (Okan & Şahin, 2010; Örsel, Canpolat, Akdemir & Özbay, 2004; Uskun & Şabaplı, 2013), an experimental study based on the development of positive body image was not observed. This study contributed to the national literature regarding this issue.

One of the theoretical bases of the program, positive psychology is a perspective on psychological problems. According to this view, psychology is not only the study of disease, weakness and damage but also the examination of great and strong properties of individuals (Seligman, 2002). The attitude that psychology is stuck in pathology leads to critique of psychology as a "Victim science". Thus far, psychologists see people as the remaining assets exposed to external factors instead of seeing them proactive and creative assets with self-determination (Seligman & Csikszentmihalyi, 2002). Positive Psychology has three major focuses; a positive experience of the individuals, positive features and studies on positive theories. With the focus on positive experiences, individual's taking satisfaction from the past experiences and at the moment feeling a sense of happiness and optimism for the future and concepts of hope (Seligman & Csikszentmihalyi, 2002). Based on these tenets of positive psychology, the purpose of the program and topics of the properties owned by individuals who have a positive body image (optimism, flexible point of view, critical perspective against the media image of the positive features of appreciation and hope) have been created from events intended for development. In this context, this study may be considered a reflection of positive psychology. This is because female adolescents in this study noticed positive experiences in the past (with regard to their bodies) through group experiences and also taking positive feedback that they had pleasure in experiencing; this provided control over the automatic negative thoughts and cognitive activities and through activities they have increased optimism and hopes by setting goals for the future.

Individuals in the experimental group that had significant differences between the pre-test and post-test scores from Body Image Scale shows strengthening of the positive aspects of individuals and can be effective in creating a positive body image. In positive psychology, the body is one of the pleasant aspects of life that causes well-being, a psychological source of pleasure and hedonic fragrances. Flavors, reading books, cooking and doing sports are located in this category (Rashid, 2009). According to positive psychology, the body has the ability for pleasure, desire and to trigger positive emotions. According to this theory, a positive body is revealed by five main mechanisms such as interpersonal touch, positive sexual behavior, physical activity, nutrition and physical pain (Hefferon & Boinwell, 2011). Providing activities to increase healthy coping skills of individuals with a negative body image, the program is a basis for the effective operation of these five mechanisms (body protection, hobbies, active living, healthy eating and positive results of negative body image experience). This study with these characteristics provides a contribution to experimental studies on body image positive psychology.

When evaluating results in terms of positive psychotherapy, individuals in the experimental group with perceptions of body image that are increased in the positive direction showed that, when prepared according to the five-step model of positive psychotherapy, the program has shown to be effective. While positive psychotherapy approach describes theoretical explanations related to the body, there are no experimental studies on the intervention in negative body image. As a result, this study contributed to the field of positive psychotherapy.

This study was conducted in the context of positive psychology and psychotherapy. According to the study findings, it was observed that adolescents expand their capacity of positive factors such as optimistic thinking, an increase in self-esteem, expanding the use of coping strategies and cognitive control making. These results may be due to activities used in the study. In the study, positive psychology activities were implemented, such as gratitude, the reason of my happiness, to compliment activity, and gratitude activity for adolescents' to live with positive emotions. Studies in the field of positive psychology show a broadening of an individual's perspectives, an increase in their capacity and a tailoring of the negativity of the past to experience positive emotions (Hefferon & Boinwell, 2011). Consequently, the cause of the gains adolescents express in this study show that the positive feelings may have been experienced through the program.

In this study, there was no significant and meaningful difference between the first test and post-test scores for individuals in the experimental group when we look in terms of appearance avoidance and correction sub-dimensions of the Body Image Coping Strategies Scale. Possible causes of this condition may be a continuation of the functionality of existing coping strategies for individuals, and it may be that learning coping skills will replace pathologies but will take time to obtain a result. A young girl wearing a large T-shirt to hide her weight is exhibiting a healthy coping strategy, and continuation of this behavior until she loses weight is an example of avoidance. When we look at this situation in terms of positive psychotherapy, although this situation cannot be a healthy coping strategy, individuals continue to use these strategies, and they are significant in terms of showing the ability to protect her from negative emotions. The results of this research show us that it is also difficult to change an adolescent's inappropriate coping strategies that they use to deal with their body image in a ten-week program. The majority of the students at the evaluation sessions stated that the duration of the program is insufficient, and it should be included in the curriculum and begin at an earlier age. The results in this respect can be used as prevention regarding negative body image and can also be used to develop positive body image programs.

When examining the literature, adolescents with a negative body image have a low self-esteem level, do not show care and attention, use unhealthy coping methods (Jongenelis, Byrne, & Pettigrew, 2014; Kaminsky & Dewey, 2014; Grilo, Masheb, Brody, Burke-Martindale & Rothschild, 2005), have trouble accepting their own bodies, and have a pessimistic view of the future and for their bodies (McCabe & Ricciardalli, 2003; Thompson, Shroff, Herbozo, Cafri, Rodriguez & Rodriguez, 2007; Neumark-Sztainer, Paxton, Hannan, Haines & Story, 2006). When considered the result of qualitative evaluation, the program was effective in eliminating the negativity expressed in the above literature while raising the level of adolescents' self-esteem, providing care and attention to their body, improving their healthy coping strategies and enabling them to acquire an optimistic view.

From the findings of the results of this study, a model based on the literature on body image can be created hypothetically, based on both theory and research. In this regard, a model is proposed in Figure 1 based on the findings of this study, hypothetical results and the research literature as a model for developing a positive body image.

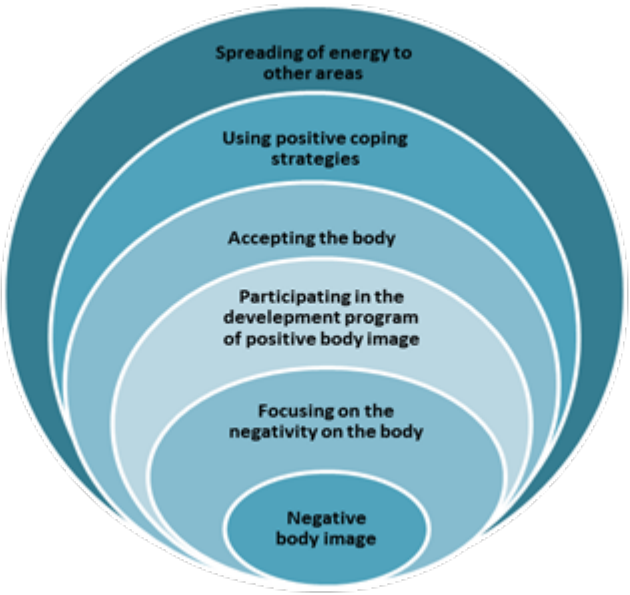

Figure 1. Hypothetical and research-oriented model of positive intervention for body image

According to this model, the first element of the model constitutes female adolescents with negative body image. When the literature is examined, it is seen that adolescents with a negative body image experience avoidance, an appearance fix, focus on being perfect, cause damage to their body, have a negative inner voice and compare themselves with others (Cash, 2002). Therefore, the second element in the model was named "Focusing on the negativity on the body." Adolescents focusing on these problems in the body need help to cope with a negative body image. Therefore, the third element in the model has been named "Participating in the development program of positive body image." Individuals who participate in structured programs

change their thoughts and behavior, which are a non-functional sense. For the formation of this change, it is necessary that individuals discover and understand themselves (Egan, 1994). Participants, who discover and understand themselves, accept themselves. Therefore, the fourth dimension in the model has been named "Accepting the body". After accepting themselves, the individuals need to apply healthy coping strategies to improve the body they value (Tylka, 2011). Therefore, the fifth dimension of the model has been named "Using positive coping strategies". According to the concept of positive psychotherapy, individuals are expanding their coping resources when they get rid of their problems (Peseschkian, 1987). At this point, the final size of the model consists of "Spreading energy to other areas."

Considering the findings of this study, it has been observed that female adolescents with a negative body image in the experimental group created a positive body image. Body image development was influenced by many factors (Cash, 2008; Moe, 1999). For this reason, tools are needed that will transform negative body images to positive ones. In this context, it can be concluded that the program developed for the study and activities implemented in the program were effective tools in developing a positive body image. In the following process, the developed program can be applied to adolescents at different age levels.

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