# Adolescent Girl-to-Girl Bullying: Wellness-Based Interventions for School Counselors

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#### Abstract

Adolescent girl-to-girl bullying is a pervasive concern in schools across the United States. In this article, the authors describe the possible negative effects of girl-to-girl bullying on adolescent females' development and well-being and describe wellness as it relates to personal and social, academic, and career development of adolescent girls. Finally, the authors suggest relevant wellness-based interventions for school counselors to implement in individual counseling and planning, small group counseling, and large group classroom guidance curricula.

## Adolescent Girl-to-Girl Bullying: Wellness-Based Interventions for School Counselors

Remember as children when we were taught, "Sticks and stones may break my bones, but words will never hurt me?" Girl-to-girl hostility in the United States has reached epidemic proportions (Nansel et al., 2001) and extreme words and behaviors hurt thousands of adolescent girls who are bullies or victims of bullies. Girl-to-girl bullying, or relational aggression, differs from the typical masculine stereotype of physical bullying as it involves cunning forms of bullying such as sending threatening instant messages or emails over the internet, making cruel verbal comments to others, gossiping, or excluding others from specific groups (Goldstein & Tisak, 2003). Possibly most alarming is that girl-to-girl bullying may start as early as second grade (Nansel et al.).

It appears that adolescent girl-to-girl bullying may be most apparent within schools, where girls spend the majority of their time with one another (Crick, 1996). Because the ramifications of boy-to-boy and girl-to-girl bullying are increasingly more serious than ever before (as evidenced by recent national news networks' reports and videos of girls physically attacking other girls), bullying prevention efforts within the nation's schools have appeared in overwhelming amounts; e.g., Creating a Peaceful School Learning Environment (Twemlow et al., 2001); the Olweus Bullying Prevention Program (Olweus, 1993); Bully Proofing Your School (Garrity, Jens, Porter, Sager, & Short-Camilli, 2000). However, despite these prevention efforts, the alarming statistics illustrate that bullying continues to occur and may be inhibiting adolescent girls' personal and social, academic, and career normative development, as well as overall

wellness (Goldstein & Tisak, 2003). Although prevention efforts are valuable and needed, bullying interventions in schools may be the most constructive efforts we can offer girls who are experiencing bullying now.

School counselors are charged with providing accountable, intentional, and developmental guidance to all students (Baker & Gerler, 2001). From this holistic framework, school counselors are in pivotal positions to provide girl-to-girl bullying interventions to aid in increasing students' personal and social development, academic development and success, career development, and overall well-being at school. Therefore, the purpose of this article is to describe girl-to-girl bullying in schools and its effects on girls' development and well-being, and to propose wellness-based interventions for school counselors to use when working with perpetrators and victims of girl-to-girl bullying. Through a review of literature we contextualize the current state of relational aggression in schools, discuss the negative effects of bullying upon bullies and victims of bullies, overview school counselors' past and current efforts with bullying in the schools, and describe wellness as it relates to personal and social, academic, and career development of adolescent girls. Finally, we offer a foundation for bullying interventions versus the sole use of prevention efforts and suggest relevant wellnessbased interventions for school counselors to implement. Based on the American School Counselor Association's (ASCA) National Model for School Counseling (2003), this article provides school counselors with relevant information to implement strengths-and wellness-based anti-bullying interventions which can promote adolescent girls' personal and social, academic, and career development and success.

The Dilemma: Adolescent Girl-to-Girl Bullying in Schools

Adolescent girl-to-girl bullying, or relational aggression, includes behavior that harms others through damaging relationships or feelings of acceptance, friendships or group inclusion, and most often occurs among girls compared to boys (Crick et al., 2001). Behaviors associated with relational aggression include gossiping, spreading rumors, excluding, isolating or alienating others, writing notes or talking about someone, alliance seeking, stealing girlfriends or boyfriends, and terminating friendships (Crothers, Field, & Kolbert, 2005). More direct behaviors which can cause interpersonal damage may include excluding a peer from one's group, deliberately ignoring another, or withholding emotional support (Xie, Swift, Cairns, & Cairns, 2002). The consequences to female perpetrators and victims of relational aggression are well documented and include immediate and future potential problems for personal. academic, and career development (Eisenberg, Neumark-Sztainer, & Percy, 2003), including increased stress, eating disorders (Crawford & Unger, 2000), psychological disturbances (Casey-Cannon, Hayward, & Gowen, 2001; Grills & Ollendick, 2002), selfdestructive behaviors (Olafsen & Viemero, 2000), social maladjustment, deficiencies in physical wellness (Fekkes, Pijpers, & Verloove-Vanhorick, 2005), lower self-esteem, and higher rates of school absenteeism (Casey-Cannon et al.; Grills & Ollendick). Negative Effects Among Adolescent Girls

Relational aggression within schools increasingly is a problem for administrators, parents, and counselors who must find innovative ways to confront this growing trend (Yoon, Barton & Taiariol, 2004). Recent surveys indicate that between 10% and 17% of middle and high school adolescents report some form of mistreatment by their peers

(Eisenberg et al., 2003) and 23% of female victims report being bullied by other girls (Fekkes et al., 2005). The problem does not end with graduation; in fact, female relational aggression is relatively stable over time and relationally aggressive girls experience social maladjustment into adulthood (Crick, 1996). Female relational aggression develops in part due to a variety of factors including norms for feminine socialization processes, interpersonal relationship expectations for adolescent girls, socialized developmental tasks of peer attachment, and assimilation of gender identity.

One factor that contributes to the problem of relational aggression is the typical feminine socialization process perpetuated by families, schools, and communities; it appears that females' relational aggression often is related to how adolescent girls ascribe to specified gender roles and identities. Gilligan (1982) first recognized feminine socialization processes which encourage girls to conform to socially prescribed gender roles and adopt stereotypical feminine characteristics, such as emphasizing interpersonal relationships, nurturance, dependence, and passivity. Such norms for female development involve rigid expectations for female behavior in interpersonal relationships and may predispose adolescent girls to become involved in relationally aggressive behavior (Casey-Cannonet al., 2001). For example, girls with traditional gender identities match their preferences, attitudes, and behaviors with traditional feminine roles (Bem, 1981; Gilligan, 1982). Because girls are expected to maintain harmonious relationships with others, they often temper their reactions when confronted with situations provoking their anger (Hatch & Forgays, 2001). However, adolescent girls who do not learn appropriate ways to directly confront others in conflictual situations may resort to utilizing subversive tactics such as manipulation to assert power and control over others. Girls may use manipulative, covert expressions of anger, conflict resolution, and dominance by using the traditional female desire for connectedness as leverage against others (Crick & Rose, 2000), such as when girls know each other's secrets and divulge them in moments of anger.

Another factor related to interpersonal relationship expectations involves girls' tendencies to be attuned to others' needs and desires and maintaining relationships with high levels of interpersonal sensitivity, intimacy, and intensity (Rudolph, 2002). In conjunction is the normal adolescent developmental task of moving away from parents toward independence during which peer relationships and influence are very strong and girls especially, rely on peer feedback and approval for measures of self-worth, attractiveness, and self-esteem (Gilligan, 1982). Thus, development and maintenance of interpersonal relationships become central to girls' psychosocial development and well-being, but may also predispose girls to participating in and being victimized by relational aggression (Casey-Cannon et al., 2001). Although research indicates that being a victim of overt or covert peer harassment may be particularly harmful to the individual, engaging in peer harassment also may be a way to be popular and fit in with peers (Espelage & Holt, 2001). Despite its form, the overall effects of relational aggression affect three developmental areas for adolescent females: personal and social development, academic development and success, and career development.

Negative Effects on Personal and Social Development. The negative effects of female bullying upon the personal and social development of bullies and victims are profound. Adolescence is a period of rapid and intense physiological changes involving social, moral and emotional development (Nurmi, Poole & Kalakoski, 1994) that often

are resolved in unique, gender-specific ways. For girls, many changes occur in tandem with relational development among family and peers (Fiering & Lewis, 1991; Gilligan, 1991). Often, adolescence is a more vulnerable time for girls than boys (Rudolph, 2002) because of socialization variables that affect psychosocial female development, such as social and personal victimization and socialized norms of power and control (Acoca, 1998). Consequently, many adolescent girls experience negative events apart from being bullied such as increased stress, eating disorders, and even sexual abuse (Crawford & Unger, 2000). Thus, when a girl is bullied, the social and emotional effects are especially hurtful because of the importance females place on interpersonal relationships (Paquette & Underwood, 1999). Psychological disturbances that result from being bullied include lower self-esteem and attentiveness, and greater social withdrawal, anxiety, depression, suicidality (Casey-Cannon et al., 2001; Grills & Ollendick, 2002), and even self-destructive behaviors to cope with internalized distress (Olafsen & Viemero, 2000). Bullying also impacts a victim's social adjustment, and both psychological and physical wellness (Fekkes et al. 2005). Victims are not the only individuals who suffer; perpetrators of relational aggression have greater incidences of oppositional defiant and conduct disorders (Prinstein, Boergers, & Vernberg, 2001).

Negative Effects on Academic Development and Success. The consequences to victims of female bullying in academic development and success are numerous, particularly since female relational aggression usually occurs in schools. In addition to being a very painful experience, effects of relational aggression include negative feelings toward the school environment (Eisenberg et al., 2003). Bullying victims often suffer from lower self-esteem and higher rates of school absenteeism (Casey-Cannon

et al., 2001; Grills & Ollendick, 2002). Within the ranks of bullying victims, Euro American, Native American, middle school age, and female students report more harassment than others (Eisenberg et al.). Students who blend in well and who are not remarkable in any way, such as "B" students who are considered average by their peers, report being victimized at a lower rate than students who stand out from the crowd. In contrast, individuals who like school the least experience the highest rates of victimization, possibly because they already experience higher school absenteeism and decreased academic development and success. Indeed, Fekkes et al. (2005) found that victims of relational aggression tend to have lower grades. Finally, the negative effects upon bullying victims include a lack connection to their schools and decreased self-efficacy in relation to academic performance and planning for the future. These risk factors have a long-lasting impact, increasing the individuals' risk of social and health problems in the future (Eisenberg et al.).

Negative Effects on Career Development. The negative effects of female bullying also include potential career development problems for victims. Patton, Bartrum, and Creed (2004) found that self-esteem acts as a buffer for high anxiety situations, especially among adolescents. High self-esteem assists the adolescent in managing and adapting to career development and decision-making processes; consequently, students with high optimism levels score higher in career development, planning, and exploration. Conversely, students who score high in pessimism were found to have fewer career goals and lower levels of career development and exploration (Creed, Patton, & Bartrum, 2002). In sum, because bullying victims demonstrate lower self-esteem (Casey-Cannon et al., 2001) it appears possible that victims' career planning

may be delayed compared to non-victimized students, thus affecting their overall personal and social development.

Female-to-female relational aggression is a growing problem. Girls, who most often are the perpetrators and victims of relational aggression, experience a myriad of detrimental effects upon their personal and social development, academic development, and career planning. Given the serious effects of female bullying, educators need to understand what has been done and what remains to be done to address this problem.

Past Prevention Efforts and the Need for Current Interventions

The problem of female bullying is compounded by the reluctance of victims to report the abuse (Espelage & Holt, 2001). Though female bullying victims are more likely than males to report being bullied to an adult or a friend, the final decision of whether to report the incident often depends upon the victim's perception of herself and the beliefs about school adults (Unnever & Cornell, 2004). Girls who believe that bullying will not be tolerated in the school are more likely to report the incident; however, many victims do not believe that school officials will be receptive although several studies have demonstrated that schools can moderate the problems of bullying and victimization (Eisenberg et al., 2003; Fekkes et al., 2005). Research indicates that a strong relationship between the student and school personnel can reduce the emotional distress felt by victims of bullying (Eisenberg et al.). Furthermore, school-initiated efforts which incorporate school and community interaction, and individual students, teachers, and parents to promote anti-bullying interventions have been proposed as ways to change the social norms within schools to reduce bullying and to help victims of bullying.

Still, there remains the need to educate teachers, administrators, counselors, parents, and others about the widespread, complex, and prevalent nature of relationally aggressive bullying and to promote innovative, positive interventions within schools to effectively address bullying that is occurring now (Yoon et al., 2004) because current bullying programs tend to be reactive instead of preventive. By considering wellness interventions to address the problem of female relational aggression, and by integrating them within the activities of the ASCA *National Model* (2003), school counselors can better conceptualize and impact the current girl-to-girl bullying issues, specifically with adolescent girls in high schools.

Wellness-Based Interventions for Girl-to-Girl Bullying

Among youth, wellness has been defined as adhering to a healthy lifestyle, employing positive coping skills, appreciating the individual in relation to her greater environment, coping with life events, and feeling included in life activities (Sussman, Dent, Stacy, Burton, & Flay, 1995). Although few studies specifically have examined wellness among adolescents, focusing instead upon adults, some college students, and limited high school and middle school populations (Dixon Rayle & Myers, 2004; Hermon & Hazler, 1999; Myers & Mobley, 2004; Myers, Mobley, & Booth, 2003), the few studies that have examined adolescent wellness indicate that poor wellness is related to delinquent behaviors and various psychosocial issues, and adolescent levels of wellness are a precursor to adult levels of wellness (Steiner, Pavelski, Pitts, & McQuivey, 1998). Other studies have identified gender differences in levels of wellness (Connolly, 2000; Ryff & Heidrich, 1997) and have shown that certain areas of adolescent wellness can be targeted and strengthened (Sussman et al., 1995).

#### Adolescent Female Wellness

Several factors have been found to contribute, both positively and negatively, to adolescent wellness. It has been suggested that poor wellness in adolescence may lead to delinquent behavior (Hartwig & Myers, 2003) and existing studies have demonstrated that poor adolescent wellness continues into adulthood (Caspi & Elder, 1988; Pajer, 1998). Supportive family environments and peer relationships both positively and negatively affect both mental and general health among adolescents (Harter & Vanecek, 2000) with negative social influences related to increased vulnerability to depression and substance abuse (Kann & Hanna, 2000), as well as detriments to adulthood wellness (Holloran, Ross, & Carey, 2002). Gender also moderates wellness both in adolescence and adulthood (Crose, Nicholas, Gobble, & Frank, 1992; Ryff & Heidrich, 1997; Steiner et al., 1998) with females less well compared to males (Myers & Mobley, 2004; Myers, Mobley, & Booth, 2003) due to a variety of factors such as socialization processes, societal norms, and lifestyles.

Among adolescent girls specifically, lower wellness levels have been identified in areas of mental health, risky sexual behaviors, general health, dietary behaviors (Steiner et al., 1998), and stress (Litt, 2002; Rudolph, 2002). Girls experience heightened interpersonal relationship stress especially due to their greater reliance upon peers' emotional support and intimacy compared to boys (Litt), and from disturbances that develop within social and family relationships (e.g., stress arising from girls' attempts to be autonomous in opposition to familial norms that emphasize protecting daughters versus letting boys become men through challenge), that may lead to consequent depression and anxiety (Rudolph). Moderators of adolescent female

wellness have been linked to the onset of puberty, ethnic background, history of victimization, and interpersonal relationships (Hayward & Sanborn, 2002). Girls who sexually mature earlier than others tend to experience more disturbances in wellness, including psychological, physical, and behavioral difficulties, along with body image issues, academic underachievement, substance abuse, early sexual activity, panic attacks, depression, and eating disorders.

In sum, a review of current literature related to adolescent female wellness illustrates the relationship between adolescent wellness and adulthood wellness and the unique challenges to female wellness. Furthermore, utilizing a wellness-based treatment approach is consistent with the uniquely developmental, preventive, holistic, strengths-based philosophical foundation from which counselors conceptualize and treat clients (Myers, 1992). Thus, it behooves school counselors to seek ways to enhance girls' wellness in order to prevent and intervene in problems that affect girls' general well-being, including the problem of girl-to-girl bullying.

#### Wheel of Wellness

Wellness models emphasize preventing illness and pathology as well as treatment of existing pathology (Hartwig & Myers, 2003). The Wheel of Wellness (Myers, Sweeney, & Witmer, 2000; Witmer & Sweeney, 1992) is a comprehensive model of wellness, grounded in Adlerian theory, that utilizes a multidisciplinary theoretical approach to consider various influential developmental factors such as gender, culture, age, developmental processes, and the impact of external forces upon five essential domains of holistic wellness: spirituality, self-direction, work and leisure, friendship, and love. The self-direction domain also incorporates 12 additional tasks

necessary for wellness, including gender identity. In the Wheel of Wellness model, wellness is a result of well-being in each life task and concomitantly, each life task is interdependent upon the other life tasks such that changes in one life task affects change in other domains. The Five Factor Wellness Evaluation of Lifestyle (5F-WEL; Myers & Sweeney, 2001) is a 99-item assessment specifically designed to measure wellness domains that correspond to the Wheel of Wellness and is available in versions for children, adolescents, and adults. The 5F-WEL has acceptable reliability (alphas range from .90 to .92) and convergent and divergent validity (Myers & Sweeney, 1999).

The Wheel of Wellness can help school counselors understand and intervene in the unique problem of female relational aggression as it is related to girls' developmental needs. The model can be individualized to students' unique value orientations, cognitive styles, ways of interpreting concepts, and making meaning of events and processes. It is implemented in four phases: (1) introducing the wellness model and creating a definition of wellness that reflects the individual student; (2) formally and informally assessing the student's wellness in the five major life tasks (formal assessment may utilize the Wellness Evaluation of Lifestyle - youth version [Myers & Sweeney, 2001]); (3) identifying domains of wellness to be enhanced and/or targeted and consequently, implementing a relevant intervention; and (4) evaluating short- and long-term progress toward goals (Myers et al., 2000). Overall wellness is achieved by working towards optimal functioning in each life task. Working within a wellness paradigm provides counselors flexibility to emphasize various areas of wellness, as they are relevant to the needs and environment of each student. The wellness model is not only for minor adjustment issues; indeed, it accounts for

pathology and even delinquent behavior (such as bullying) by conceptualizing these issues as a result of deficiencies in various domains of wellness. Thus, interventions directly target wellness domains that need further development and both directly and indirectly enhance other domains that are functioning well.

Wellness-based interventions complement the ASCA National Standards for School Counseling (ASCA, 1997) that school counselors should adhere to, which include emphasizing students' academic performance and success, career development, and personal and social development. It is well documented that the effects upon perpetrators and victims of relational aggression include negative effects upon academic performance. Wellness interventions can be used to specifically target academic performance among female bullies and victims, addressing both the problem of bullying and girls' wellness. The following intervention plans illustrate how the Wheel of Wellness model can be utilized in small group interventions, large group guidance curricula, and individual counseling and planning. In sum, the Wheel of Wellness is useful for counseling with young adolescents as it offers flexibility in conceptualizing students from a developmental, strengths-based paradigm and subsequently adapting goals to personal, academic, and career areas of student functioning.

Enhancing Personal and Social Development

Adolescent wellness benefits the personal and social development of girls.

Various aspects of wellness have been identified as moderators of stress, achievement, and health among girls, including components of Myers et al. (2000) Wheel of Wellness such as spirituality, friendship, and love. Among inner-city adolescents, spirituality has been found to be a moderator against low self-esteem and aggressive beliefs, greater

self-esteem, and decreased reckless behaviors, physical aggression, and aggressive beliefs (Walker, 2000). Additionally, spirituality has been shown to moderate a sense of enculturation and positive academic self-competence among high risk American Indian adolescents (Graham, 2001). Friendship also is essential to teens individuating from their families of origin and establishing individual identities (Garbarino, Gaa, Swank, McPherson, & Gratch, 1995) and among girls, relationships often facilitate the development of a sense of self as well (Gilligan, 1982). Furthermore, love is an element of adolescent wellness that affects adulthood wellness. Moeller and Stattin (2001) found that adolescents who enjoy affectionate, trusting parental relationships report greater satisfaction in midlife romantic partnerships. Thus, personal and social development is an essential part of female adolescent development and the overall well-being of girls. Enhancing personal and social development is a key task for school counselors, according to the ASCA National Model (2003), as well as a key component in treating the problem of female bullving.

Individual Counseling to Enhance Personal and Social Development. Whether with a perpetrator or victim of girl-to-girl bullying, school counselors can utilize a wellness-based intervention paradigm to determine the inherent strengths and deficits among various domains of wellness and then use this information to create an individualized intervention plan to address a student's needs. To begin, using the WEL-T, school counselors can obtain a quantitative assessment of a student's overall wellness, as well as wellness levels specific to the domains of spiritually, self direction, work and leisure, friendship, and love. From the assessment data, the counselor then identifies areas in which the student scores low as potential targets for attention

throughout the counseling process. For example, a student who scores low in the friendship domain might benefit from activities which enhance social skill behaviors and interventions that address personal beliefs that are necessary components for meaningful and healthy friendships. Relevant interventions include social skills training, bibliotherapy regarding successful, age appropriate friendships, and exploring beliefs regarding friendship by listing current friendships, the successful elements of those friendships, and the problematic areas of the friendships. The counselor should reinforce the meaning of and importance of being a good friend as well as what constitutes healthy friendship. Counselor encouragement is essential as the student reaches out to possible friends. Furthermore, assessment of the effectiveness of the interventions is necessary. The counselor may obtain a formal or informal assessment from the student regarding the effectiveness of the interventions used and then adjust the intervention plan and activities as necessary and may consider administering WEL-T as a post-test to evaluate the amount of progress made in the friendship domain.

Small Group Counseling to Enhance Personal and Social Development. Since the majority of female bullying is characterized as relational aggression, it is important to utilize interventions that support positive relational interactions for both perpetrators and victims of bullying. One intervention is teaching emotion recognition within a small group format. Before appropriate peer interaction can occur, girls must first be able to recognize and moderate their own emotions. Once the students are able to recognize their own feelings, the group can move on to empathy training using such techniques as the emotional mirror in which students in pairs guess the emotions their partners are communicating through tone of voice, eye contact, and body language. This helps

students begin to accurately recognize emotions in others and react accordingly. Roleplays also are techniques to help students practice empathy skills.

Other interventions include involving the group with community volunteer work to give the group a common goal to work toward achieving. Additionally, students are able to practice empathy skills in a real life environment. Counselors may use these experiences to process students' perceptions of motives, needs, and experiences of bullying perpetrators or victims as a method of increasing understanding and empathy regarding girl-to-girl bullying. Finally, volunteer work also has the potential to awaken a sense of purpose in students (corresponding to the self-direction domain in the Wheel of Wellness), allowing them to constructively focus both positive and negative attention and energy.

Enhancing Academic Development and Success

Promoting wellness among adolescents appears to be critical to enhancing academic development and success, especially among youth who are vulnerable to health risk behaviors, and subsequently, reducing substance abuse, delinquency, teen sexual activity, and violence (Hawkins, 1997). According to the Wheel of Wellness model (Myers et al., 2000), a sense of self-direction, or feeling control over oneself and environment, is necessary to performing well academically. Litten (1999) found that a low sense of self-worth and resulting depression occurred among inner city youth without a sense of control over their environments. This sense of control over one's environment corresponds to a key variable involved in students reporting or not reporting being victimized. Without a clear sense of connection to adults within schools, such as believing that school administrators and counselors can and will intervene,

victimized youth are less likely to report being bullied. Additionally, youth who do not feel a sense of control over the future, such as having a belief that they can do something to stop being victimized, also do not report bullying and remain vulnerable. Thus, enhancing adolescent overall wellness may increase student empowerment and thus, positively affect academic success.

Small Group Counseling to Enhance Academic Development and Success. Utilizing the four-step Wheel of Wellness intervention plan (Myers et al., 2000), school counselors can implement the steps in sequential group counseling sessions specifically designed for perpetrators or victims of relational aggression. Creating such groups requires intentional planning in terms of the composition and purpose of the groups. For example, forming a group just for victims of bullying might be designed to provide a safe place for members to share experiences of being victimized and to give and receive support in the role of victim. For groups created just for female perpetrators, the school counselor might construct an arena for female bullies to explore issues of power and control and appropriate conflict resolution. In contrast, a group comprised of both victims and perpetrators might be carefully planned to increase empathy and understanding between victims and perpetrators, and to create a forum for acquiring appropriate conflict resolutions skills. With any group format, utmost attention to creating safety and trust among the group members and the school counselor must be paramount.

In the first session, the counselor first works to understand the bullying problem from the perspective of being a perpetrator or a victim. Other essential tasks include

facilitating basic group introductions, establishing of rules, and most importantly discussing what being a bully or being bullied means to each of the girls.

In the second group counseling session, the school counselor introduces the Wheel of Wellness model to students and co-constructs a definition of wellness that is reflective of the students in the group. During this session, purpose of the group is discussed, along with introducing the Wheel of Wellness model, the necessary elements of well-being (i.e., friendship, love, spirituality, work and leisure, and self-direction), and what these domains represent to group members. This introduction can be a group conversation, but it is even more beneficial to provide a visual representation of the Wheel of Wellness model to the girls and discuss it. Using a model of the Wheel of Wellness allows group members to visualize the components of wellness, invites members to begin self-disclosing their own levels of wellness in each area, and also provides the school counselor with a baseline of the group's levels of wellness that can be referred to in subsequent sessions to track change in individual members and the group as a whole.

In either the second or third group sessions, the counselor should initiate either informal, qualitative assessment (e.g., interviews that explore how the students are functioning in each of the domains of wellness -- friendship, love, spirituality, work and leisure, and self-direction) and/or formal, quantitative assessment (e.g., administering the WEL-T) of the girls' levels of wellness. Using the assessment information, the school counselor can design and introduce interventions in following group sessions that continue to enhance the students' unique strengths and assets as well as target domains of wellness that need to be strengthened. For adolescents, deficient wellness

scores in the areas of work and leisure may relate to poor academic performance as representative of an adolescent's "work duties." Strengths in other areas of wellness, perhaps spirituality, love, or self-direction, can be further enhanced as a way of increasing wellness in the domain of work and leisure. For example, a girl's strengths within spirituality domains may be used to enhance academic performance. Additionally, identifying and utilizing these inherent assets to positively cope with bullying is an essential cross-over therapeutic goal. For example, a girl who evidences strengths within spirituality and uses these assets to increase academic performance might be encouraged to brainstorm ways to utilize spirituality to positively cope with bullying (e.g., using spiritual practices such as singing, journaling, or praying to emote feelings; reframing situations in light of a spiritual paradigm; using a support system at a place of worship for support). The implementation of such interventions is flexible and may be conducted over one, two, or several sessions depending upon the needs of the group. Finally, the school counselor should evaluate the effectiveness of the interventions, an essential measure of attainment of both short- and long-term treatment goals.

Large Group Guidance to Enhance Academic Development and Success.

Fortunately, one of the growing areas of school counselors' daily work activities involves entering the "academic homes" of students: classrooms. The structure of the Wheel of Wellness model provides opportunities for an actual series of classroom lessons around wellness that easily can be integrated into bullying interventions for perpetrators and victims. Defining and presenting information on wellness and how it may be reduced by negative, bullying behaviors can be presented in classrooms for both female and male students. We suggest classroom activities that also allow girls and boys to experience

gender-specific small group discussions around academic plans, goals, and experiences regarding class work and homework. The friendship and work and leisure domains of the Wheel of Wellness are key domains to focus upon within activities. Discussions and student role plays help students better understand their academic wellness, how they define this, and how it is affected by their friendships at school. Students also can role play healthy friendship interactions at school that lead to students working together on homework and classroom assignments – thus aiding in students' academic success and development. For instance, if female students make the connection between positive, healthy relationships with other female peers and their academic comfort and performance, they may be able to work together to help in one another's academic development by sharing ideas for study and homework strategies. The classroom also is a venue for school counselors to facilitate relational bridge building among students (which females tend to do) so that students discover others are struggling with balancing commitments such as parental expectations, friendships, extracurricular activities, and academics. Wellness is ultimately about balance. School counselors can model balance for students and also help students create wellness academic plans in the classroom that encourage teamwork.

## Enhancing Career Development

Among adolescents, work and leisure often relate to school experiences and learning in preparation for career development. The work and leisure domain of the Wheel of Wellness represents the opportunity for individuals to creatively and productively express skills that in turn, produce enjoyment and fulfillment (Myers et al., 2000). Correspondingly, Lockhart and Hay (1995) suggested that healthy self-efficacy in

adolescence relates to work-related accomplishments such as performing duties, engaging in vicarious learning, and exerting control over physiological reactions to life events. Leisure, as a vital part of the human experience from youth into adulthood (Larson, Gillman, & Richards, 1997), has been related to the development of self-esteem, self-efficacy, self-worth (Mackey, 1996), and the freedom to participate in role experimentation, a significant factor in transitioning from youth into adulthood (Caldwell & Darling, 1999).

Large Group Guidance to Enhance Career Development. According to the ASCA National Model for School Counseling (2003), school counselors are responsible for delivering career development programs through large group classroom guidance curricula that address three broad standards: (1) helping students develop career awareness and employment readiness; (2) learning to employ strategies to achieve career goals; and (3) understanding the relationship between personal qualities, education, training, and the world of work. The work and leisure domain of the Wheel of Wellness indicates that career development is an essential life task that corresponds to creativity, enjoyment, and fulfillment (Myers et al., 2000). Thus, exploring students' strengths, interests, and curiosities when developing career development classroom curricula is essential, not only to enhance career development, but also to encourage growth in areas such as self-esteem and self-efficacy which mitigate bullying behaviors among both victims and perpetrators (Patton et al., 2004; Prinstein et al., 2001). In schools, career education lays the groundwork for future career development by helping students become knowledgeable about their own personal characteristics, interests, aptitudes, and skills, while developing a positive attitude toward work. Other

competencies include increasing adolescent students' awareness of and respect for the diversity of the world of work, as well as understanding how educational achievements can affect their future career choices (Benz, 1996). Within classroom guidance, school counselors can facilitate students exploring their self-perceived strengths and interests through the work and leisure domain on the Wheel of Wellness; thus, impacting all other areas of students' wellness including the inclination to bully or predisposition to be bullied (Eisenberg et al, 2003).

Small Group Counseling to Enhance Career Development. The Wheel of Wellness as an intervention paradigm specifically incorporates career development as an essential component of well-being, corresponding to the ASCA National Model (2003) mandate that school counselors promote career development among students. Using wellness-based career development interventions to address the problem of female bullying also provides school counselors with a way to meet ASCA standards while doing so. The following wellness-based, small group counseling intervention focuses on career development an intervention within a group of adolescent girls who have been victims of girl-to-girl bullying.

The main focus of the activity is to allow the students the opportunity to explore careers that might interest them by encouraging them to share their ideas first in a dyad, later with a group of classmates. Discussions should follow after the students have had time to create a chart, collage or short narrative consisting of pictures, listing responsibilities and/or identifying quotes from people in a career of interest. Several follow-up activities would undoubtedly arise from the students sharing with one another, leading to deeper questions about the careers discussed as well as excitement about

possibilities never considered prior to this type of exploration. Subsequent discussions also may lead students to discover types of careers that had *not* been chosen for discussion, thus leading to further exploration. This type of processing is virtually openended and can be adapted to include exercises designed to improve self-esteem and self-efficacy (i.e., "What I am good at," "Places I've been," or "Things I do well"), and respect for gender roles and diversity in careers, etc. Because this type of exploration has been found to play a significant role in helping young people make a healthy transition into adulthood (Caldwell & Darling, 1999), it follows that the work and leisure domain of the Wheel of Wellness will be strengthened and will help girls build more positive peer relationships, resulting in fewer incidents of bullying behaviors as well as mitigating the effects upon academic performance as a consequence of being bullied.

Intentionally attending to and enhancing wellness among adolescents appear to not only be important factors in promoting optimal adolescent personal and social development, academic success, and career development in conjunction with the ASCA National Model, but also interventions to treat girl-to-girl bullying within high schools for perpetrators and victims of bullying.

Concluding Thoughts: The End of Adolescent Girl-to-Girl Bullying?

The good news is that the public, school personnel, and school counselors are increasingly aware of and attending to the problem of girl-to-girl bullying within schools. Various interventions and school-based programs have been proposed. However, as previously discussed, many existing interventions do not account for the unique gender-specific factors that underlie the problem of female-to-female relational aggression, for both perpetrators and victims. Additionally, most of the current interventions do not

develop or enhance strengths as a way of promoting empowerment, appropriate assertiveness, and healthy coping skills to prevent bullying on the part of perpetrating females and the victims of bullying. Wellness-based interventions provide an alternative to present models. Using the Wheel of Wellness (Myers et al., 2000), wellness-based interventions for either perpetrators or victims are created with consideration of the developmental and gender-specific elements of the problem and existing strengths that can be utilized in forming a unique, personalized goals for the student.

Research clearly indicates that both psychological and physical wellness is adversely affected by girl-to-girl bullying within the schools, whether for the perpetrator or the victim. While the increase in awareness and the attempts to address the problem are positive steps, there remains a need for new, alternative interventions to combat this growing problem in American culture. Wellness-based interventions are viable alternatives. The problem of female relational aggression is deeply rooted in our socialization processes and cultural norms. As such, alleviating the problem inevitably will take time. In the meantime, it behooves school counseling professionals to seek new options with the ultimate goal of helping girls build healthy relationships and effectively manage the interpersonal connections that are essential to optimal female's academic, career, and personal and social development.

#### References

- Acoca, L. (1998). Outside/inside: The violation of American girls at home, on the streets and in the juvenile justice system. *Crime and Delinquency, 44,* 561-589.
- American School Counselor Association. (1997). *National standards for school counseling*. Alexandria, VA: Author.
- American School Counselor Association. (2003). *The ASCA national model: A framework for school counseling programs.* Alexandria, VA: Author.
- Baker, S. B., & Gerler, E. R. (2001). Counseling in the schools. In D. C. Locke. J. E.Myers, & E. H. Herr (Eds.), *The handbook of counseling* (pp. 289-318).Thousand Oaks, CA: Sage Publications.
- Bem, S. L. (1981). *Bem sex-role inventory: Professional manual.* Palo Alto, CA: Consulting Psychologists Press.
- Benz, C. R. (1996). School to work: Beginning the journey in middle school. *Clearing House*, *70*, 90-94.
- Caldwell, L. L., & Darling, N. (1999). Leisure context, parental control, and resistance to peer pressure as predictors of adolescent partying and substance use: An ecological perspective. *Journal of Leisure Research*, *31*, 57-77.
- Casey-Cannon, S., Hayward, C., & Gowen, K. (2001). Middle-school girls' reports of peer victimization: Concerns, consequences, and implications. *Professional School Counseling*, *5*, 135-147.
- Caspi, A., & Elder, G. H. (1988). Childhood precursors of the life course: Early personality and life disorganization. In E. M. Hetherington, R. M. Lerner, & M.

- Perlmutter (Eds.), *Child development in life-span perspective* (p. 115-142). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.
- Connolly, K. M. (2000). The relationship among wellness, mattering, and job satisfaction (Doctoral dissertation, University of North Carolina at Greensboro, 2000).

  Dissertation Abstracts International, 61, 1750.
- Crawford, M. E., & Unger, R. (2000). Women and gender: A feminist psychology (3<sup>rd</sup> ed.). Fairfield, PA: McGraw-Hill.
- Creed, P. A., Patton, W., & Bartrum, D. (2002). Multidimensional properties of the LOT-R: Effects of optimism and pessimism on career and well-being related variables in adolescents. *Journal of Career Assessment*, *10*, 42-61.
- Crick, N. R., Nelson, D. A., Morales, J. R., Cullerton-Sen, C., Casas, J. F., & Hickman, S. E. (2001). Relational victimization in childhood and adolescence: I hurt you through the grapevine. In J. Juvonen & S. Grahm (Eds.), *Peer harassment in school: The plight of the vulnerable and victimized* (pp. 196 214). New York: Guilford Press.
- Crick, N. R., & Rose, A. (2000). Toward a gender-balanced approach to socialemotional development: A look at relational aggression. In: Miller, P. H., Scholnick, E. K. (Eds.). Feminist approaches to developmental psychology. New York, Routledge.
- Crick, N. R. (1996). The role of overt aggression, relational aggression, and prosocial behavior in the prediction of children's future social adjustment. *Child Development*, *67*, 2317-2327.

- Crose, R., Nicholas, D. R., Gobble, D. C., & Frank, B. (1992). Gender and wellness: A multidimensional systems model for counseling. *Journal of Counseling & Development, 71*, 149-166.
- Crothers, L. M., Field, J. E., & Kolbert, J. B. (2005). Navigating power, control, and being nice: Aggression in adolescent girls' friendships. *Journal of Counseling and Development*, 83, 349-354.
- Dixon Rayle, A., & Myers, J. E. (2004). Wellness in adolescence: The roles of ethnic identity, acculturation, and mattering. *Professional School Counseling, 8,* 81-90.
- Eisenberg, M., Neumark-Sztainer, D., & Percy, C. (2003). Peer harassment, school connectedness, and academic achievement. *Journal of School Health, 73,* 311-316.
- Espelage, D. L., & Holt, M. K. (2001). Interviews with middle school students: Bullying, victimization, and contextual variable. *Journal of Emotional Abuse*, 2, 49-62.
- Fekkes, M., Pijpers, F., & Verloove-Vanhorick, S. (2005). Bullying: Who does what, when, and where? Involvement of children, teachers, and parents in bullying behavior. *Health Education Research*, *20*, 81-91.
- Fiering, C., & Lewis, M. (1991). The transition from early childhood to middle adolescence: Sex differences in the social network and perceived self-confidence. Sex roles, 24, 489-509.
- Garbarino, J., Gaa, J. P., Swank, P., McPherson, R., & Gratch, L. V. (1995). The relation of individuation and psychosocial development. *Journal of Family Psychology*, *9*, 311-318.

- Garrity, C., Jens, K., Porter, W., Sager, N., & Short-Camilli, C. (2000). *Bully proofing*your school: A comprehensive approach for elementary schools. Longmont, CO:

  Sopris West.
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development.*Cambridge, MA: Harvard University Press.
- Gilligan, C. (1991). Women's psychological development: Implications for psychotherapy. *Women and Therapy, 11,* 5-31.
- Goldstein, S. E., & Tisak, M. S. (2003). Adolescents' outcome expectancies about relational aggression within acquaintanceships, friendships, and dating relationship. *Journal of Adolescence*, *27*, 283-302.
- Graham, B. L. (2001). Resilience among American Indian youth: First Nations' youth resilience study. *Dissertation Abstracts International*, *62*, 3B, 1615.
- Grills, A. E., & Ollendick, T. H. (2002). Peer victimization, global self-worth, and anxiety in middle school children. *Journal of Clinical Child and Adolescent Psychology,* 31, 59-68.
- Harter, S. L., & Vanecek, R. J. (2000). Family of origin environment and coping with situations which vary by level of stress intensity. *Journal of Social and Clinical Psychology*, 19, 463-479.
- Hartwig, H., & Myers, J. (2003). A different approach: Applying a wellness paradigm to adolescent female delinquents and offenders. *Journal of Mental Health Counseling*, 25, 57-75.
- Hatch H., & Forgays, D. K. (2001). A comparison of older adolescent and adult females' responses to anger-provoking situations. *Adolescence*, *36*, 577-570.

- Hawkins, J. D. (1997). Academic performance and school success: Sources and consequences. In Weissberg, R. P., Gullotta, T. P., Hampton, R. L., Ryan, B. A.,
  & Adams, G. R. (Eds.), *Healthy children 2010: Enhancing children's wellness,*Vol. 8, Thousand Oaks, CA: Sage Publications, Inc., pp. 278-305.
- Hayward, C., & Sanborn, K. (2002). Puberty and the emergence of gender differences in psychopathology. *Journal of Adolescent Health*, *30*, 49-58.
- Hermon, D. A., & Hazler, R. J. (1999). Adherence to a wellness model and perceptions of psychological well-being. *Journal of Counseling and Development*, 77, 339-344.
- Holloran, E. C., Ross, G. J., & Carey, M. P. (2002). The relationship of adolescent personality and family environment to psychiatric diagnosis. *Child Psychiatry and Human Development, 32*, 201-216.
- Kann, T. R., & Hanna, F. J. (2000). Disruptive behavior disorders in children and adolescents: How do girls differ from boys? *Journal of Counseling and Development, 78*, 267-274.
- Larson, R. W., Gillman, S. A., & Richards, M. H. (1997). Divergent experiences of family leisure: Fathers, mothers, and young adolescents. *Journal of Leisure Research*, 29, 78-97.
- Litt, I. F. (2002). Gender difference in stress and immune function in adolescents:

  Report of a workshop. *Journal of Adolescent Health, 30*, 1-2.
- Litten, K. G. (1999). A prevention program design for inner-city, high school adolescents to combat learned helplessness and depression. *Dissertation Abstracts International*, *60*, 3B, 1306.

- Lockhart, J., & Hay, I. (1995). Enhancing the self-concept of at-risk adolescents using reflective thinking and a challenge-based program. *Journal of Cognitive Education*, *5*, 55-70.
- Mackey, S. K. (1996). Nurturance: A neglected dimension in family therapy with adolescents. *Journal of Marital and Family Therapy*, 22, 489–508.
- Moeller, K., & Stattin, H. (2001). Are close relationships in adolescence linked with partner relationship in midlife? A longitudinal, prospective study. *International Journal of Behavioral Development*, *25*, 69-77.
- Myers, J. E., (1992). Wellness, prevention, development: The cornerstone of the profession. *Journal of Counseling & Development, 71*, 136-140.
- Myers, J. E., & Mobley, K. A. (2004). Foundations of wellness promotion for undergraduate students: Lessons from between and within groups comparisons.

  \*\*Journal of College Counseling, 7, 40-49.
- Myers, J. E., & Sweeney, T. J. (1999). *The Five Factor Wel Manual.* Greensboro, NC: Authors.
- Myers, J. E., & Sweeney, T. J. (2001). Wellness Evaluation of Lifestyle Teen Version (WEL-T). Greensboro, NC: Authors.
- Myers, J. E., Mobley, K. A., & Booth, C. S. (2003). Wellness of counseling students:

  Practicing what we preach. *Counselor Education and Supervision, 42,* 264-274.
- Myers, J. E., Sweeney, T. J., & Witmer, J. M. (2000). The wheel of wellness counseling for wellness: A holistic model for treatment planning. *Journal of Counseling and Development*, 78, 251-266.

- Nansel, T. R., Overpeck, M., Pilla, R. S., Ruan, W. J., Simmons-Morton, S., & Scheidt, S. (2001). Bully behaviors among US youth: Prevalence and association with psychosocial adjustment. *Journal of American Medical Association*, 285, 2094-2100.
- Nurmi, J. E., Poole, M. E. & Kalakoski, V. (1994) Age differences in adolescent future-oriented goals, concerns, and related temporal extension in different sociocultural contexts. *Journal of Youth and Adolescence*, *23*, 471-487.
- Olafsen, R. N., & Viemero, V. (2000). Bully/Victim problems and coping with stress in school among 10-to12-year-old pupils in Aland, Finland [Electronic Version].

  Aggressive Behavior, 26, 57-65.
- Olweus, D. (1993). *Bullying at school: What we know and what we can do.* New York: Blackwell.
- Pajer, K. A. (1998). What happens to "bad" girls? A review of the adult outcomes of antisocial adolescent girls. *American Journal of Psychiatry*, *155*, 862-870.
- Paquette, J. A., & Underwood, M. K. (1999). Young adolescents' experiences of peer victimization: Gender differences in accounts of social and physical aggression.

  Merrill-Palmer Quarterly, 45, 233-258.
- Patton, W., Bartrum, D. A., & Creed, P. A. (2004). Gender differences for optimism, self esteem, expectations and goals in predicting career planning and exploration in adolescents. *International Journal for Educational and Vocational Guidance, 4*, 193-209.

- Prinstein, M. J., Boergers, J., & Vernberg, E. M. (2001). Overt and relational aggression in adolescents: Social-psychological adjustment of aggressors and victims. *Journal of Child Psychology, 30*, 479-491.
- Rudolph, K. D. (2002). Gender differences in emotional responses to interpersonal stress during adolescence. *Journal of Adolescent Health, 30,* 3-13.
- Ryff, C. D., & Heidrich, S. M. (1997). Experience and well-being: Explorations on domains of life and how they matter. *International Journal of Behavioral Development*, 20, 193-206.
- Steiner, H., Pavelski, R., Pitts, T., & McQuivey, R. (1998). The Juvenile Wellness and Health Survey (JWHS-76): A school based screening instrument for general and mental health in high school students. *Child Psychiatry and Human Development*, 29, 141-154.
- Sussman, S., Dent, C. W., Stacy, A. W., Burton, D., & Flay, B. R. (1995). Psychosocial predictors of health risk factors in adolescents. *Journal of Pediatric Psychology*, 20, 91-108.
- Twemlow, S. W., Fonagy, P., Sacco, F. C., Gies, M. L., Evans, R., & Ewbank, R. (2001). Creating a peaceful learning environment: A controlled study of an elementary school intervention to reduce violence. *American Journal of Psychiatry*, 158, 808-810.
- Unnever, J., & Cornell, D. (2004). Middle school victims of bullying: Who reports being bullied? *Aggressive Behavior*, *30*, 373-388.

- Walker, E. A. (2000). Spiritual support in relation to community violence exposure, aggressive outcomes, and psychological adjustment among inner-city adolescents. *Dissertation Abstracts International*, *61*, 6B, 3295.
- Witmer, J. M., & Sweeney, T. J. (1992). A holistic model for wellness and prevention over the lifespan. *Journal of Counseling and Development, 71*, 140-148.
- Xie, H., Swift, D. J., Cairns, B. D., & Cairns, R. B. (2002). Aggressive behaviors in social interaction and developmental adaptation: A narrative analysis of interpersonal conflicts during early adolescence. *Social Development*, *11*, 205-224.
- Yoon, J. S., Barton, E., & Taiariol, J. (2004). Relational aggression in middle school: Educational implications of developmental research. *Journal of Early Adolescence*, *24*, 303-318.

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