

Intervention Approach to Improve Body Image Perception, from the Positive Psychology Perspective

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Abstract

The following is a theoretical integration of two important topics: positive psychology and body image, in which tools of positive psychology and the importance of prevention based on it are detailed. Also, the concepts of body image in the population that is currently most vulnerable to this issue, adolescent women and young adult women, are highlighted. This review is complemented with a detailed proposal of psychological intervention designed from the approach of positive psychology and cognitive behavioral therapy. This proposal is composed of 11 sessions focused on improving the body image of women in two age ranges: adolescents and young adults who are normal weight, underweight or overweight; without falling into obesity or eating disorders. This proposal was created under two theoretical perspectives that are oriented towards the change of perceptions and behaviors that help self-acceptance of the body, with the purpose of avoiding body image distortion. Likewise, the necessary details are provided for the intervention to be applied in further investigations that offer evidence of its effectiveness and/or suggestions for improvements.

Keywords. Psychological intervention, prevention, body image.

Propuesta para mejorar la percepción de la imagen corporal, desde la psicología positiva

Resumen

A continuación se presenta una integración teórica de dos tópicos de importancia actual: la psicología positiva y la imagen corporal, en donde se detallan herramientas de psicología positiva y la importancia de la prevención basada en ella. También se puntualizan los conceptos de imagen corporal en la población que actualmente es más vulnerable ante este tema, las mujeres adolescentes y las mujeres adultas jóvenes. Esta revisión se complementa con una detallada propuesta de intervención psicológica diseñada desde el enfoque de la psicología positiva y la terapia cognitivo conductual. La propuesta consta de 11 sesiones enfocadas en mejorar la imagen corporal de mujeres en dos rangos de edad, adolescentes y adultas jóvenes con normo peso, bajo peso o sobre peso, sin caer en obesidad o trastornos de conducta alimentaria. Esta propuesta se creó bajo dos perspectivas teóricas que están orientadas hacia el cambio de percepciones y conductas que favorezcan a la

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autoaceptación del cuerpo, con el fin de evitar la distorsión de la imagen corporal. Asimismo, se proporcionan los detalles necesarios para que la intervención se aplique en futuras investigaciones que ofrezcan evidencia de su efectividad o sugerencias de mejoras.

Palabras clave. Intervención psicológica, prevención, imagen corporal.

Proposta para melhorar a percepção da imagem corporal, desde a psicologia positiva

Resumo

A seguinte é uma integração teórica de dois temas importantes: a psicologia positiva e a imagem corporal. No estudo são detalhadas as ferramentas da psicologia positiva e a importância da prevenção baseada em elas. Também, são ressaltados os conceitos da imagem corporal na população que é atualmente mais vulnerável em este aspeto, mulheres adolescentes e mulheres jovens adultas. Esta revisão é complementada com uma proposta detalhada da intervenção psicológica desenhada desde a perspectiva da psicologia positiva e a terapia cognitiva comportamental. Esta proposta esta composta de 11 sessões enfocadas em melhorar a imagem corporal de mulheres em dois rangos de idade: adolescentes e jovens adultas com peso normal ou com baixo ou sobrepeso, mais sem cair na obesidade ou desordens de alimentação. Esta proposta foi criada baixo duas perspectivas teóricas que estão orientada através da mudança das percepções e comportamentos que ajudam à auto aceitação do corpo, com o propósito de evitar a distorção da imagem corporal. Do mesmo jeito, são oferecidos os detalhes necessários de intervenção para ser aplicados em futuras pesquisas que proviam evidencia de sua efetividade e/ou sugestões para melhorar.

Palavras-chave. Intervenção psicológica, prevenção, imagem corporal.

Introduction

From the beginning of the boom of positive psychology, Seligman was interested in it being a psychology dedicated to the research of social, cognitive and individual phenomena in everyday life from a different perspective to the popular one in psychology, which is usually oriented towards the pathological (Tarragona, 2012).

From the point of view of positive psychology, this article describes social phenomena that have resulted in extreme concern in some teenage and young adult females. Nowadays, excessive worry about body image is common, which is a good indicator that the time is right to help women learn to look in the mirror and improve the perception of their bodies.

Positive Psychology

Positive psychology is defined as the scientific study of positive experiences, positive individual traits, the institutions that enable its development and

the programs that help improve the quality of life of individuals, while preventing or reducing the incidences of psychopathology (Seligman, Lee, & Steen, 2005; Seligman & Csikszentmihalyi, 2000). It focuses on the study of positive emotions to achieve a desired positive change, identifying important factors that develop well-being, happiness, optimism and self-determination (Seligman & Csikszentmihalyi, 2000).

Another reason to increase the positive emotions of the subject is to prove that positive emotions help control negative emotions and foster positive and lasting perceptions, creating thoughts of empowerment (Seligman & Csikszentmihalyi, 2000).

Seligman, Lee and Steen (2005) mention that the increase in positive emotions and thoughts is important, since they found that when psychopathological symptoms, worry and sadness are experienced, there is greater need for satisfaction and joy, and having a meaningful, purposeful life. This can be achieved by fostering positive emotions

to counteract the negative feelings (Rodríguez, 2012).

This works on a physical level as well, positive emotions provide people with the psychological resources that allow them to prevent or treat health problems more efficiently (Rothman, Detweiler, & Steward, 2000).

For this reason, prevention is very important in the field of positive psychology, since, besides avoiding health problems, it allows people to know the risks of conducts that do not seem risky (Seligman & Csikszentmihalyi, 2000). These are so common that they become a "normal" part of our routine. For example, knowing the risks of working out too much or too little, drinking too much water or none at all, continuous dieting or unhealthy eating habits, among others, while also being able to guide thoughts in a positive way that contributes to health.

Happiness.

To define happiness is a complex task, as there still isn't a definition of happiness that satisfies every aspect that happiness involves since it is a very subjective concept (Tarragona, 2012).

For Seligman (2002) it is not so important to have a concept of happiness, as it is to understand that true happiness is derived from the identification and nourishment of the person's strengths and their use in daily life.

To consider happiness as real and lasting, we must keep in mind two components: emotional (including positive and pleasant emotions, such as joy and gratitude) and cognitive (evaluating life satisfaction in general).

Peterson (2006) researched which variables are related to happiness; his results led him to describe traits on three levels of happiness, according to the type of correlation he found:

- (a) Null or very low: age (older age implies lesser happiness), gender (men are happier than women), educational levels, having children, belonging to a certain ethnic group, intelligence and an attractive physique.
- (b) Moderate: having friends, being married, spirituality, recreation, physical health, doing things well, extroversion, and ability to make decisions.

- (c) Very high: gratitude, optimism, being employed and being sexually active.

However, according to later research, the variables that predict happiness are not always the same or found in the same order (Diener & Biswas-Diener, 2008). Myers (2000) mentions that support from family was very important in the level of happiness and the support people experience; these people are also found to be less prone to illness.

According to Lyubomirsky (2008) reaching happiness depends on each individual. Moreover, he proposes a formula for happiness, which can be altered to best fit each person and help them achieve happiness. The first step is to know and use our strengths and special talents, experiencing positive emotions every day, being thankful, flowing with experiences to able to cope with new challenges, having positive personal relationships, meditating or having a spiritual life, exercising, helping others and being in contact with nature.

As we have seen, achieving happiness is complicated; however, Seligman (2011) posits that happiness is no more than feeling and being in harmony with ourselves, which means, being joyful and having a pleasant life.

Psychological Well-Being.

Positive psychology describes well-being using two types of concepts: psychological well-being and subjective well-being (Keyes, Shmotkin, & Ryff, 2002). Psychological well-being is responsible for developing abilities and personal growth, taking into account the aspects related with the positive performance of people, which are divided into six dimensions: (a) self-acceptance (positive evaluation, present and past), (b) autonomy (sense of self-determination), (c) personal growth (sense of growth and development as a person), (d) purpose in life (believing life has a purpose and meaning), (e) positive relationships with others (having and developing quality relationships with others), and (f) controlling our surroundings (being able to handle oneself effectively in one's environment) (Keyes et al., 2002).

This positive model directs people to personal abilities and development of personal growth. The development in every area is proportional to the level of maturity of the subject (Rodríguez & Quiñones, 2012).

Subjective Well-Being.

Diener (2000) claims that subjective well-being refers to what we think and how we feel about our lives, that is, cognitive and emotional conclusions that we reach when we evaluate our existence (Rodríguez & Quiñones, 2012).

According to Diener (2000), for a person to be aware of their level of subjective well-being, they must consider the following (García, 2002): (a) subjective nature: how the person qualifies their own existence, (b) global dimension: the evaluation or judgment on every aspect of their lives, and (c) positive measures: the positive experiences that they might have had.

Diener (2000) speaks of the perception of subjective well-being that every person has according to their personality and values. In this research, it was found that the people who adapt better and faster to unexpected changes (good or bad) are the one who have better subjective well-being, and tend to be happier.

There have been studies on subjective well-being and happiness, since the people with a high level of subjective well-being have several desirable qualities (Diener, 2000).

The term subjective well-being refers to what people think and how they feel about their lives, in order to know this, they must arrive at cognitive and affective conclusions after having evaluated their existence and that leads to the qualities that people usually identify as optimism, happiness and self-determination (Rodríguez, 2012).

What has been observed up to the present is, as positive psychology finds its way to prevention and therapy, the techniques that are based on improving happiness and subjective well-being will become common. The techniques that focus on these positive features will make it easier to obtain a healthy life. Nowadays there are many risk factors to people's health. Adolescent females feel pressure to comply with socially acceptable body image standards that could potentially damage their health.

Self-Concept and Body Image.

When talking about mental health, we should also talk about physical health because one depends on the other. In terms of body level, we should consider body image and physical self-concept, since having

a good reference of these two concepts helps to have a good definition of physical and mental health.

It is important to begin by defining self-concept that, according to Shavelson, Hubner and Stanton (1976), is the concept that the human being has about himself, which is based on individual and social experiences. The self-concept is organized, multifaceted, and hierarchical; it is stable, has experimental value and is differentiable. All these characteristics help to develop the self-concept in a social, academic, personal and physical environment (Cazalla-Luna & Molero, 2013).

The physical self-concept is one of the most important dimensions to create the self-concept of the teenager and is subject to social-cultural events, such as advertisement, information, family environment and friendships (Rodríguez-Fernández, González-Fernández, & Goñi-Grandmontagne, 2013).

The Physical Self-Concept is a mental representation, complex and multidimensional, that people have of their body reality with perceptive and cognitive elements like physical traits, size and body shape, together with emotional, affective, evaluative, social and other representations of aspects related to body image, such as appearance, health and weight. (Rodríguez-Fernández et al., 2013).

In addition to this, the physical self-concept has nine sub domains to define it, these are: strength, physical activity, body fat, coordination, resistance, sporting competition, health, physical appearance, and flexibility (Rodríguez-Fernández et al., 2013).

Body Image is an element of the physical self-concept, directly related to the sub domain of physical attractiveness, which refers to the perceptions that the individual has of his physical appearance, confidence and satisfaction about his own image (Goñi, Ruiz de Azúa, & Liberal, 2004).

It is known that teenage girls and young women with and inadequate body image feel and perceive themselves to be overweight or obese, even when they have a normal weigh or are even underweight (Míguez, De la Montaña, & González-González, 2011; Pérez-Gil & Romero, 2010). Amaya, Alvarez and Mancilla (2010) found that the distortion of the body image leads to risky behavior, such as restrictive dieting, excessive workouts, low self-esteem and competition among peers (Fernández-Bustos, González-Martí, Contreras, & Cuevas 2014).

Body image is the image that the mind forms of our own body, that is, the way in which our body manifests itself to us. Therefore, body image is not necessarily correlated with real physical appearance; the attitudes and reviews that the individual makes of their own body are vital (Vaquero-Cristóbal, Alacid, Muyor, & López-Miñarro, 2013).

The ideal body image is in constant evolution, which has led humans to continuously change their body image to achieve satisfaction with what they see in the mirror (Voelker, Reel, & Greenleaf, 2015).

However, this phenomenon has fostered social demands on women, who have discovered it is impossible to have an ideal body image due to the social stereotypes that have been formed over time (Díaz, Quintas, & Muñiz 2010; Jackson et al., 2014; Rodríguez-Fernández, González-Fernández, & Goñi-Grandmontagne, 2013).

The pressure exerted by society, especially the family, to achieve the body beauty has developed a collective obsession with body image, which has led to an excessive concern about everything related to body weight. Socio-cultural influences are associated with a lower valuation of a general physical self-concept and greater dissatisfaction with body image, the latter being related to opinions that cause low self-esteem (Vaquero-Cristóbal et al., 2013).

Therefore, the ideal body image becomes a priority for adolescent girls and young women that are easily influenced by stereotypes, since they are convinced this ideal will make them feel satisfied with their own body (Kaczmarek et al., 2014).

Development Stages Which Present Higher Risks.

Adolescence is the stage in which this search for perfection begins and feelings of body image dissatisfaction are manifested; there is a quest to match the perceived self-image with the ideal body image (Fernández-Bustos et al., 2014; Tiggemann & McCourt, 2015).

In this stage, the ages that present higher risks are the ages of 15 and 16 years old, since they feel higher body image dissatisfaction; they feel more social pressure to have an ideal body image and have fewer coping and self-acceptance resources, (Trejo, Castro, Facio, Mollinedo, & Valdez, 2010).

Young adult women also present body dissatisfaction. Women who presented some type

of problem with body image, or an eating disorder during adolescence, had these problems become more acute during this stage of life (Fernández-Bustos et al., 2014).

According to Cerquera, Meléndez and Villabona (2012) some young women do not have enough experience in life to help them make an objective review of themselves, and therefore present a tendency to body dissatisfaction or discomfort with their weight and body mass index (Valenciano & Solano, 2012).

This proves that the self-perception that teenage girls and young women have of self-image is becoming increasingly important in their lives; a disorder in this respect could result in psychological pathologies like anorexia or bulimia, causing damage to their health (Salazar, 2008; Sámano et al., 2015).

Studies on Body Image.

Stice, Shaw, Burton and Wade (2006) conducted an experimental investigation on adolescent and young adult women with a negative image; they used a control group and three different interventions (dissonance, healthy weight, expressive writing, and remote intervention). All the groups of this investigation, dissonance, healthy weight, expressive writing and remote, were given follow up (Stice et al., 2006). Stice, Marti, Spoor, Presnell and Shaw (2008) continued Stice's investigation and proved that the results were sustained one, two, and three years later.

Castillo and Moncada (2010) examined the effect of mandatory physical exercise in a population that was around 25 years old, proving that it is not enough to work out; it is also necessary to have a positive perception and purpose to do it. On the other hand, Contreras, Gil, García, Fernández-Bustos and Pastor (2012) applied a program to prevent body distortion and dissatisfaction through cognitive-behavioral contributions, cognitive-social learning and physical education, achieving an improvement of body image perception.

Studies have recently focused on the positive impact of body image and health to achieve well-being and happiness in people. Basically, to have the body that would make us happy, it is necessary to own a perceived self-efficacy to control weight and daily physical activity (Leija-Alva et al., 2011; Ojeda, 2011; Richards et al., 2015).

Tylka and Homan (2015) claim that athletic people who accept themselves and feel accepted by others, tend to have better physical performance, health, satisfaction and more sense of commitment than those who work out to achieve the ideal body.

Carrillo and Del Moral (2013) studied the personal and social factors to promote happiness in female adolescents and young adult women concerning their body image. They proved that to promote body image happiness, a strong self-concept must be created, and social bonds with the help of partners and family.

Ruiz-Ariza, de la Torre-Cruz, Redecillas-Peiró and Martínez-López (2015) connected physical exercise with well-being, happiness and body image. Voelker et al. (2015) got adolescents to improve their body image through self-acceptance, focusing on self-esteem and the creation of social networks, as well as a change in the internalization of body image.

Moreover, Garaigordobil (2015) analyzed the relationship between happiness and self-concept in teenagers ages 14 to 16 and healthy life practices as prevention strategies for psychopathologies, proving that several behavioral and cognitive strategies promote feelings of happiness.

Gasco, Briñol and Horcajo (2010) conducted an investigation to prove the change in attitude towards body image through three interventions that are based on fostering positive thoughts (active, passive and neutral) on body image in women. There was an improvement in body image, especially in those women whose intervention was based on the implementation of positive active thoughts.

According to the investigations conducted up to now, the results are that body image has been studied, looking to improve the concept that we have of body image through thoughts and conducts that improve both body image and self-concept. Through cognitive-behavioral techniques, improving the quality of life (healthy diet and exercise), and strategies focused on the pursuit of happiness, self-acceptance and well-being.

Investigations Considering the Age of the Women.

The range of ages proposed in different investigations also vary, some investigators take ages ranging from 10 to 20 years old, or from 14 to 16, others from 13

to 20, others give priority to the college years and some others don't have a range of exclusion for age, going from 4 to 24 years old. Although it is evident that age varies greatly between authors, most of them agree that the most vulnerable ages are the teenage and young adult years (Vaquero-Cristobal et al., 2013).

Elosua (2013) classified the levels of dissatisfaction according to sex and age, finding that there is a higher dissatisfaction with body image among women, teenagers (ages 10 to 18) being the ones with most problems with perception of their bodies; 15 years old were the group with higher risk. In adult women (ages 19 to 20) levels of dissatisfaction are more leveled, although not completely (Bully & Elosua, 2011).

In another group, where the age ranged from 4 to 23 years old, a higher level of dissatisfaction with body image in women was observed (Mintem, Petrucci, & Lessa, 2015). This study revealed that those who had a higher body fat index showed a greater risk of dissatisfaction due to the perception of themselves as being fatter than the ideal standard. Body image dissatisfaction was highest in women 23 years old.

Proposed Intervention

Programs must be carried out that focus on high-risk populations, teenagers and young adult women who have a low self-concept, depression or the initial impulse of an eating disorder (Fernández-Bustos et al., 2014; Mintem et al., 2015).

According to Richards et al. (2015), there are certain factors that must be taken into consideration to help achieve happiness and build mental health, which could be fostered by physical activity, since this promotes positive body image in the individual and makes them feel more satisfied with their body image (Gasco et al., 2010; Halliwell, 2015; Scorsolini-Comin & Santos, 2010).

It is important to build a positive body image from the cognitive perspective, considering the flexibility of body image as complementary based on processes of body appreciation, taking into account the attitudes and behaviors that represent a deliberate and active acceptance of body flaws and imperfections (Axpe, Infante, & Fernández, 2015; Araigordobil, 2015; Webb, Butler-Ajibade, & Robinson, 2014).

It is imperative to study how to positively influence body image according to the needs of each group, since they vary depending on age and worries corresponding to each stage (Diehl & Hay, 2011; Vaquero-Cristobal et al., 2013). Therefore, the proper age range must be defined and the intervention must be focused on the positive with cognitive-behavioral therapy. A face-to-face therapy would be advised (Franko, Cousineau, Rodgers, & Roehrig, 2013), with well-outlined inclusion and exclusion criteria.

This is the proposal for treatment in adolescent and young adult women with the goal of improving body image and happiness. For this purpose, cognitive-behavioral techniques will be used from the perspective of positive psychology, which promote a positive body image.

Basic Conditions for Implementation.

(a) Type of therapy: group, face-to-face and individual; (b) number of participants: no more than 15 people; (c) sessions one to nine: group therapy; (d) sessions 10 and 11: individual; (e) frequency: once a week; and (f) duration: 1.5 hours.

Explanatory notes: homework will be given at the end of each session and at the beginning of the session, there will be a space for at least one of the participants to express how she felt when doing the homework.

Characteristics of the population.

The intervention is recommended to be applied by separating women according to their age range: adolescents 12 to 18 years old, and young adults from 19 to 25 years old. In both age groups people who have normal weight can be included, as well as people who are underweight or overweight, without falling into obesity ranges or any type of eating disorder. The tasks of the sessions can have variations in order to adjust to the needs of time and resources of each age group. The order of the application of techniques in the sessions should be the same.

Description of scales.

The following is a brief description of the suggested scales for this intervention. Body Image Automatic Thoughts Questionnaire (MBSRQ), adapted by

Botella, Ribas and Benito (2009). It is a Likert scale with five answer options for 69 items. Cronbach's alpha = 0.884.

Questionnaire on Automatic Thoughts on Body Image (BIATQ) adapted by Perpiñá et al. (2003). It is a Likert scale of 52 items with five answer options. It presents an internal consistency of $\alpha = 0.90$.

Physical Self-Concept Questionnaire (CAF) of Goñi, Ruiz de Azúa and Rodríguez (2006). It consists of 36 items, with five answer options. Cronbach's alpha = 0.93.

Psychological Well-Being Scale: adapted by Díaz et al. (2006). The total items of the Likert Scale is 39, with six answer options. Cronbach's alpha = 0.84.

Subjective Happiness Scale (SHS), adapted by Quezada, Landero and González (2016). It has four items in a Likert scale of seven answers. The test has a Cronbach's alpha = 0.77.

Description of the Sessions.

Session 1.

1. Brief explanation of the purpose of the intervention and proceed to explain and sign the written consent. Later, we will apply the scales of evaluation: physical Self-Concept (CAF), Subjective Happiness Scale (SHS); Body Shape Questionnaire (BSQ).
2. In this session, we will rapport (Ibáñez-Tarín & Manzanera-Escartí, 2012). Afterwards, we will conduct a technique called "the spider web", the group forms a circle and one of the members gets a ball of yarn, she must then say her name, age and what she most likes to do; she will then throw the ball to another partner (without letting go of the string), who should also introduce herself. The action is repeated until everyone in the group has introduced themselves. Whoever gets the ball last must return it to the person who gave it to them and repeat that person's information, until it gets back to the first person who began the activity.

Session 2.

1. Psycho education (Stice et al., 2006). In this session, we focus on the advantages of having a good body image and healthy habits. We will

also explain what positive emotions are and how to increase them (joy, interest, satisfaction, and love).

2. Homework: Journal (Stice et al., 2006). It identifies the activities that help have a healthy body, and they must do at least one of those activities and write down their experiences. The journal can be written by hand or on an electronic device, the only condition is that they can bring it to the sessions (this task will be completed throughout the intervention).

Session 3.

1. Divided in groups of three, they will share the activities they did during that week and how these made them feel better.
2. Cognitive dissonance (Stice et al., 2006). In this session, we will obtain rapport starting with each member of the team saying three physical characteristics that are positive about a teammate, explaining why she thinks they are good. The receptors will be advised not to give any negative comments or disapproving feedback to their teammates, just express thanks to their partners.
3. Homework: Feeling grateful (Park, Peterson, & Sun, 2012): Looking in the mirror and observing each of the characteristics that were described by their partners, describing the positive characteristics of those parts of the body. Do this daily until the next session.

Session 4.

1. Review of homework in teams, each member of the team will talk about how they felt doing this.
2. Cognitive restructuring: Debate on distorted thoughts (Anuel, Branco, Brito, Rondón, & Sulbarán, 2012). During this session, each participant will get a piece of paper and they will be asked to write the characteristic they consider most unpleasant about their body and explain why it is so. Then, they will get a container where they will put that paper and later, each will draw a paper from the container and read it out loud. The psychologist will start with a rhetorical question to discard that idea; then the rest of the group asks questions until the idea is discarded.

3. Homework: Detection and use of abilities (Park et al., 2012). We will begin rapport by asking each participant to remember a physical activity that they can do with great ease and to do so at least three times a week, throughout the intervention.

Session 5.

1. We will start with the review of homework in groups, each team member will share their experiences in the homework they completed during the week.
2. Self-observation and record (Anuel et al., 2012): They will draw their silhouette and describe ten positive characteristics of their body image and ten for their personality; they will emphasize the three characteristics from each area. There will be plenty of time for volunteers to show their drawings.
3. Homework: Feeling grateful (Park et al., 2012): In front of a mirror, repeat the three characteristics that describe them and thank themselves for each of them. This will be done every day. Ask their families, partners and friends the positive characteristics that describe them and why.

Session 6.

1. We will start by sharing their experience with homework with the group voluntarily.
2. Identifying recreational activities and describing those activities (Park et al., 2012). Participants will be asked to plan one activity for each day of the next week; it must be an exciting activity that they haven't done in a long time and they will describe it in detail. They must write down in the activity, date and time on which it took place and take that information with them to the next session.
3. Homework: detecting strengths and physical and psychological abilities (Park et al., 2012). In this session, participants will be asked to do the activities described by them; in case that they can't do exactly what they described in their papers, they will be asked to do something similar and be accompanied by a loved one.

Session 7.

1. Description of the abilities and strengths they have discovered (Park et al., 2012). During this session, participants will be asked to join teams of three and tell their experience. Once they are finished, they must complete the phrase: "This helped me discover that I can..."
2. Homework: developing strengths and abilities (Park et al., 2012). In this session, we will obtain rapport by asking participants to write a paper on how they will develop that ability and start executing their plan. They must practice this week by week until they fully develop that skill.

Session 8.

1. Sharing the positive aspects that are being developed. We will explain what commitment is and they will write a contract where they give three short-term goals (2 weeks), medium-term goals (one, two or three months) and long-term (7 months to a year).
2. Writing the action plan: In this session, participants will be asked to take home and write down their plan on how they are going to achieve those goals; they will be asked to step forward and read the contract for the group and then they will sign it.
3. Homework: Write down all the steps using different colors and put it in a visible place.

Session 9.

1. Presenting the action plan, volunteers can talk about their plan before the group.
2. Thank you letter to oneself (Park et al., 2012). In this session, each participant must write a letter to herself by dating it a month back, where they will recognize their achievements and list the goals they still have to achieve and how they will do it.
3. Homework: Reviewing the diary. Writing in the journal and reading from it, pay attention to the areas that have improved.

Session 10.

1. Individual session. During this session, each participant will read their letter out loud and

give feedback. The experimenter will validate or reconstruct what the participants said.

2. Preventing relapses. In this session, the participants will read the letter they wrote to themselves. Reading from the letter will remind them of how far they have come or what to avoid so they can keep moving forward.
3. Presenting the post-treatment test and closing of the course.
4. After presenting the test there will be a small closing where all the participants will acknowledge their progress and will make positive observations on their advances.
5. A permanent homework to practice is experiencing positive emotions and do something they really like to do every month.

Session 11.

Follow up. These sessions can be face-to-face or by e-mail. This follow up will take place six months after treatment, exploring the individual progress and questioning the changes obtained after the intervention. Closing of the intervention program.

Conclusions

For studies relevant to positive psychology, it is important to broaden the techniques that help preventing psychopathologies. To achieve this, it is necessary to amplify positive emotions and cognitions to develop coping tools when dealing with difficult situations. This does not mean denying negative emotions or psychopathologies, but rather using them to conceptualize what is needed to be confronted or improved and achieving an integral well-being.

For researchers, well-being is achieved with a good conception of oneself, taking into consideration mental and physical health. However, for adolescent and young adult women, this is complicated because they tend to neglect their physical and mental health in order to achieve an ideal body image according to the beauty standards of their social context.

As a consequence, there has been an increased interest in investigating factors affecting body image, both in the descriptive section, developing qualitative investigations, and the experimental

section, creating programs in favor of healthy habits and prevention of disorders related to body image. Nevertheless, the research recognizes that there are still issues to be explored in this field.

For this reason, this article of reflection proposes a psychological intervention which although it has not been proved, presents an integral program with strategies to obtain psychological or subjective well-being, and also healthy behaviors and cognitions in such a way that the women who implement this program have a positive impact on their mental and physical level, in order to prevent risky behaviors.

One of the attributes of this program is that each therapist can adapt it by making the necessary modifications to adjust it according to language, customs and occupations that the participants in each group have according to their age range, since this program was made considering these needs and the techniques that are proposed are flexible according to the needs of each group.

Nonetheless, this program is not recommended for people who have a diagnosis of an eating disorder or obesity as the tasks can be very confrontational, and rather than helping to overcome, they can aggravate the psychopathology presented. Also, it should not be applied to a male population for, although it has been shown that there is currently a growing concern about body image, their needs are different from those of women.

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